


4905 HARRISONS SABBATH DR

01322130

1/8/2008

duponbj

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

RONNIE DEDMON SURVEYING
4837 HIGHWAY #16 NORTH DENVER
PO BOX 494, DENVER N.C.,28037
PHONE: (704)483-4908

5328R

This is to certify that on NOVEMBER 21, 2006, I made or directly supervised an accurate survey on behalf of JOHN & LINDA HIGBEE situated in LEMLEY Township, MECKLENBURG County, North Carolina, briefly described as ALL OF LOT #6 of STILLWELL AT CASHION ROAD FARMHOUSE CLUSTER #3 AS REVISED MB: 43-73 and shown on the accompanying survey entitled: PHYSICAL SURVEY FOR JOHN & LINDA HIGBEE

I made careful inspection of said premises and any improvements located thereon at the time of the survey.

I further certify as to the existence or nonexistence of the following at the time of the survey.

1. Right of ways, old highways, abandoned roads, lanes or driveways, across said property:
( ) none visible (✓) shown on plat

2. Springs, streams, rivers, ponds, or lakes located, bordering on, or running through said premises:
(✓) none visible ( ) shown on plat

3. Cemeteries or burial grounds located on said premises:
(✓) none visible ( ) shown on plat

4. Utility poles or lines located on or overhanging said premises:
(✓) none visible ( ) shown on plat

5. Joint driveways, or walkways, party walls or rights of support, porches, steps, roofs, or garages used in common.
(✓) none visible ( ) shown on plat

6. Encroachments, overhanging projections, or disputed boundaries:
(✓) none visible ( ) shown on plat
Explanation: _____

7. Physical evidence of boundary lines:
(✓) iron pins found/ set at corners (shown on plat)
( ) other (explain)_____

8. Is property improved? ( ) ~~yes~~ ( ) no
If yes,
A. ( ) Foundation ( ) under construction
B. ( ) ~~Building~~ is: ( ) brick ( ) vinyl ( ) ~~rock~~
( ) aluminum ( ) ~~wood~~ ( ) stucco
( ) Other: _____
Building is: ( ) one story ( ) ~~two~~ story
( ) split level ( ) 1.5 story
( ) basement ( ) other: _____

9. Indication of new consrtuction, alterations or repairs:
( ) no ( ) yes (explain): NEW House 100% COMPLETE

10. Changes or proposed changes in street lines:
( ) ~~none~~ visible ( ) shown on plat

11. Recent street or sidewalk construction repair:
( ) ~~none~~ visible ( ) shown on plat

12. Does property abut a dedicated public road?
( ) yes, see plat ( ) ~~no~~

13. Is property subject to restrictive covenants?
( ) yes ( ) ~~none~~ furnished to surveyor as of this date
If yes, do the improvements use and occupancy comply with them?
( ) yes ( ) no (explain) _____
_____

14. Is any portion of the subject property located in a special flood hazard area as determined by the National flood Insurance Program. (NFIP)
( ) ~~yes~~ ( ) no

Community Panel Number: 37119C-0064-E
Effective Date: 2-4-04 Zone: _____
Finished Floor Elevation: N/A
Lowest Adjacent Grade: _____
Note: STRUCTURE IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA

Professional Land Surveyor: Phillip A. Hemp
PLS # 4164

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

# OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5728-B Permit #: _____ Tax Parcel #: 013 221-30

Property Owner: JOHN HIGBEE

Job Location Address: 4905 HARRISON SABBATH DR

City: HUNTERSVILLE State: NC Zip Code: 28073

**Operation Permit Issuance Date:** 11-1-06 Contractor Name: _____

PPR 11/3/06 WASP

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: _____ gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 20/36 inches

Trench Width: 3 feet

Line Spacing: 9 FT feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: N/A inches (Type) INV. EZF

Depth of Cover: 20-24" inches

Distribution Device: D-Box

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 FT feet

Distance from Property Line: 10 FT feet

Distance from Water Supply Source: 90 FT feet

Inspection Dates

Tank(s) Inspected: 11-1-06

Excavation Inspected: 11-1-06

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED IN ACCORDANCE W/ INSTALLATION APPROVAL

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

**Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.**

Comments: System Classification & Type: II-g INV EZF

DENR Authorized Agent: Kelly Randall Signature: Kelly Randall

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

**INSTALLATION APPROVAL for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 5328B Permit #: _____ Tax Parcel #: 013-221-30

Property Owner: JOHN HIGBEE

Job Location Address: 4905 HARRISON SABBATH DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

**Installation Approval Issuance Date:** 10/12/06

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 11/12/06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 30-36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) INV.

Distribution Device: D-BOX

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

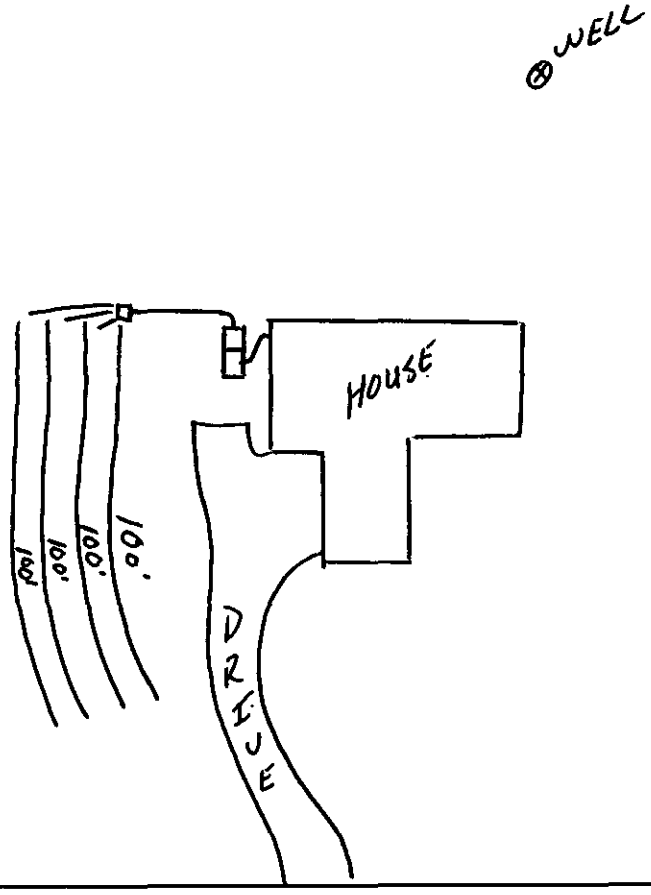
Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: IIIg INNOVATIVE SYSTEM

DENR Authorized Agent: Jeremy Michelone, R.S. Signature: Jeremy Michelone, R.S.

X 39013

FEE: 300.00
DATE: 2/1/06 JKA

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

HD 163180 ACS

PERMIT NUMBER: 5328B
PARCEL NUMBER: 013-221-30

JOB LOCATION ADDRESS: 4905 Harrisons Sabbath Drive
PROPERTY OWNER: John Higbee
BUILDING CONTRACTOR: Lodestar Builders
SUBDIVISION NAME: Stillwell
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 12/29/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5328B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

## CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5328B** Tax Number: **01322130**

- 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

**Primary Wastewater System**

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

| | | | |
|---|---|---|---|
| **0.3** Long-term acceptance rate (GPD/ft^2) | **480** Max gallons/day wastewater flow | **1200** Absorption Area (ft^2) | **9** Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☒ Yes ☐ No | **1500** Gallon septic tank | **400** Total trench length (ft) | **30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.) |
| **4** Bedrooms in residence | ____ Gallon pump tank | __ Depth of stone (in) | |

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

Additional conditions:

**Repair Area System**

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

| | | | |
|---|---|---|---|
| **1200** Absorption Area (ft^2) **400** Total trench length (ft) | __ Depth of stone (in) | **9** Trench spacing (min. on centers) (ft) | **30** Maximum trench depth (in) |

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Mabe, R.S. 12/29/05

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

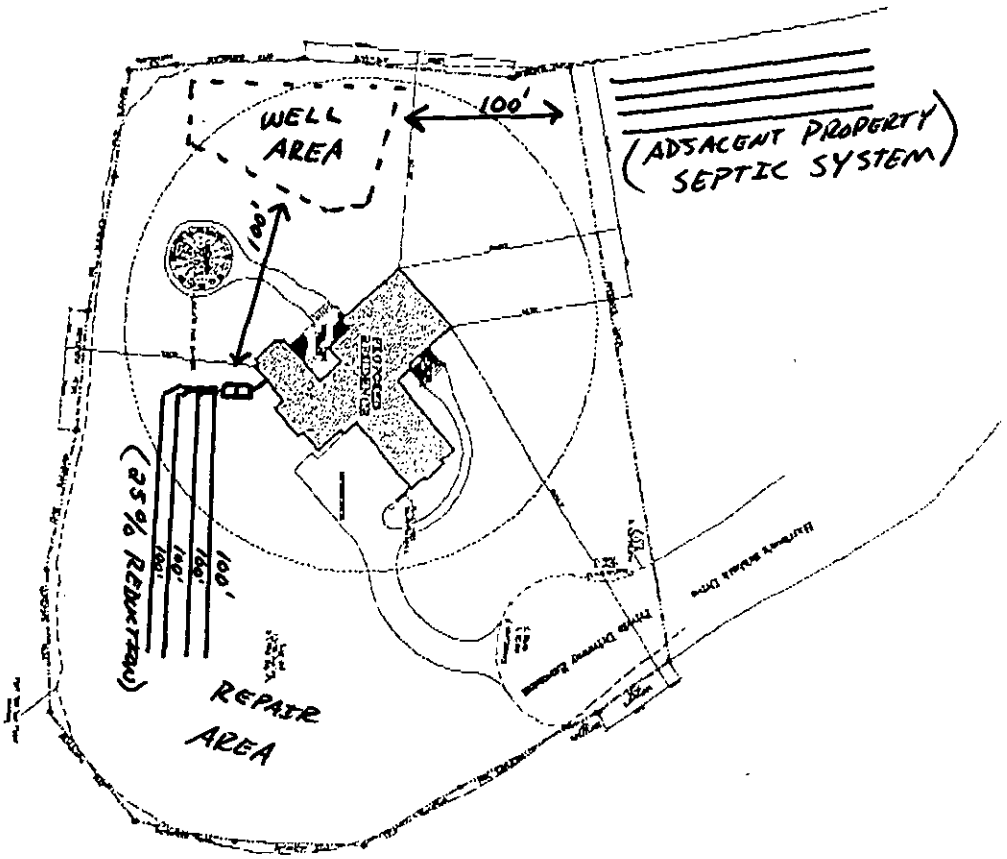
NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE # 5328B
T.C. # 013-221-30

4905 HARRISONS SABBATH DRIVE

## COMMENTS @

→ FOUR BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ INSTALL 4 LINES x 100' x 3'
→ 400 TLF
→ TYPE III g INNOVATIVE SYSTEM & REPAIR




* WELL PERMIT REQUIRES GROUT TO BE PLACED FULL EXTENT OF THE CASING.

Jimmy Mullis, RS
12/29/05

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 12/19/05
**Receipt #:** 39131
**Check / Auth #:** VISA 325730
**Received By:** CRAIGGY

**Amount:** 100.00
**Tendered:** 0.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** DAN WEST BUILDERS
**Attn:**
**Address:** 18631 A NORTHLINE RD
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0704 | Change in Plot Plan<br>CASHION RD, LOT 3-6/FILE 5328B | | 1 | 100.00 | 100.00 |

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

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

P29100 cc# 325730
design plot plan 12/19/05

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

**DATE:** _____ **PERMIT NO:** 53028B
**PARCEL NO:** 013-221-30

**JOB LOCATION ADDRESS:** 2905 Hercissons Sabbath Dr.
**PROPERTY OWNER:** _____
**BUILDING CONTRACTOR:** _____
**SUBDIVISION NAME:** Neighborhoods at Stillwell
**AUTHORIZATION ISSUED BY:** Jenny Mitchell RS **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. 53028B, 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.

Angie Blount 1/7/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

0704

Permit Number: 532818 — IMPROVEMENT PERMIT — Tax Number: 013-221-30

- 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<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 0.3 Long-term acceptance rate | 720 Max gallons/day wastewater flow | 1800 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| Yes Serviced by private well | 1500 Gallon septic tank | 600 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 | ___ 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<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 1800 Absorption Area (Sq ft)<br>600 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 Nichols R.S. 1/20/04
DEHNR Authorized Agent — Date

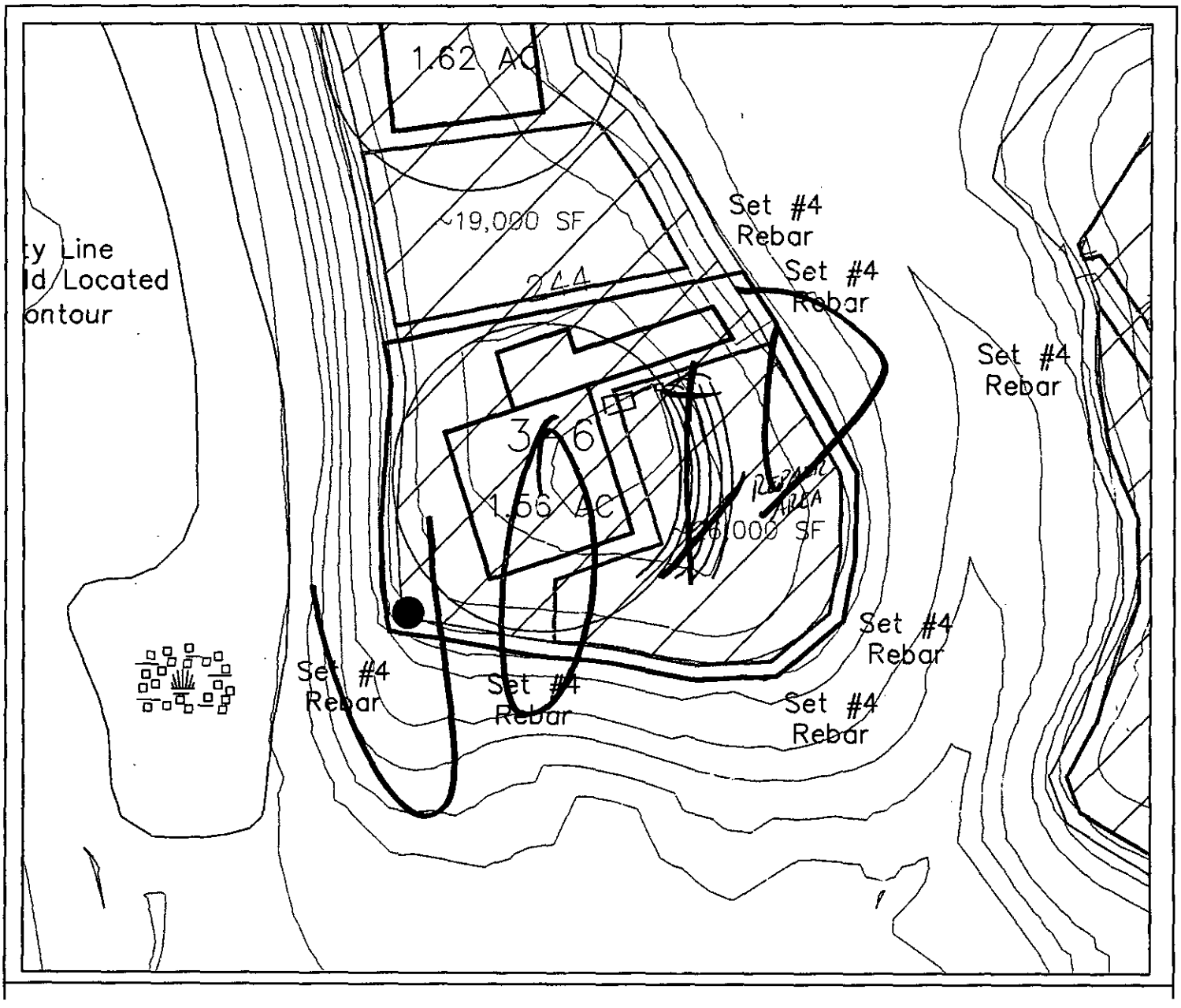
Angie Blount 1/7/04
Owner/Agent Signature — Date

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

5328B

013-221-30




→ 6 Bedroom House

→ 1500 gallon tank

→ 5 lines x 120' x 3'

→ 600 TLF

→ Type III g Innovative System & Repair

Angie Blount 7/7/04

Jimmy Mickle R.S. 1/20/04

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

Sheet: 1
Property ID: 013-221-30
Lot #: Lot 6, Pod 3
File #: 5328B
Code: 1

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: 09/12/2003
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: 1.56a
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 | 0-4 | GR/SCL | FR/SEXP/SS/SP | >53" TO SOIL WETNESS | 53 | N/A | NONE | PS, IV .3GPD/FT$^2$ |
| | | 4-53 | SBK/C | FI/SEXP/S/P | | | | | |
| 2 | " | 0-5 | GR/CL | FR/SEXP/SS/SP | >50" TO SOIL WETNESS | 50 | " | " | " |
| | | 5-50 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-22 | GR/SCL | FR/SEXP/SS/SP | >52" TO SOIL WETNESS | 52 | " | " | " |
| | | 22-39 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 39-52 | SBK/CL | FR/SEXP/SS/SP | | | | | |

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

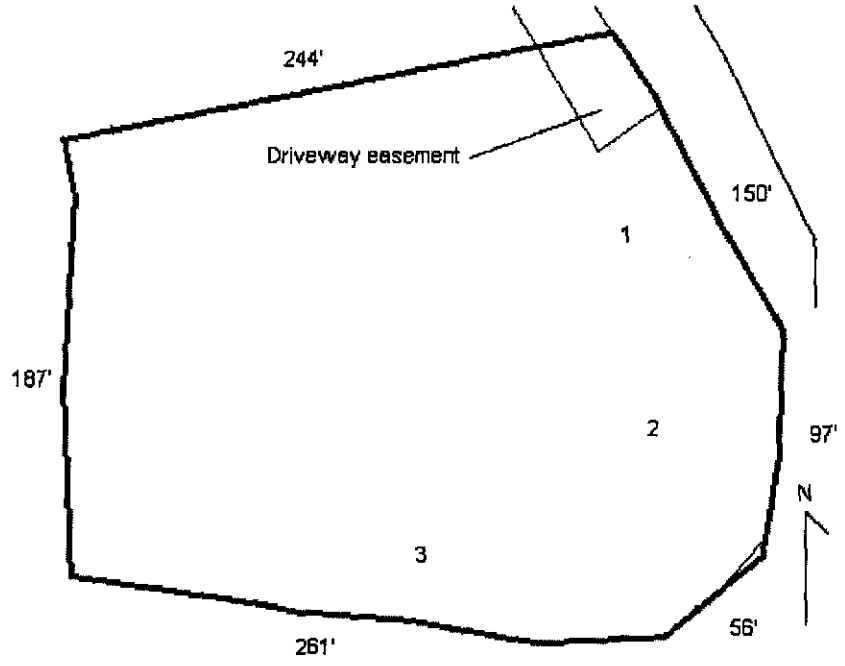
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 9/16/2003 W. R. Marlin
Others Present: A. Rollans

FILE # 5328B

## COMMENTS: 100% repair

| 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: 250
DATE: 4/10/03

# 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 #: 03285

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01322130

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell

LOT NUMBER: 3-6

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: Closed

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4000 - 6000 SF

NUMBER OF BEDROOMS: 6

NUMBER OF OCCUPANTS:

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

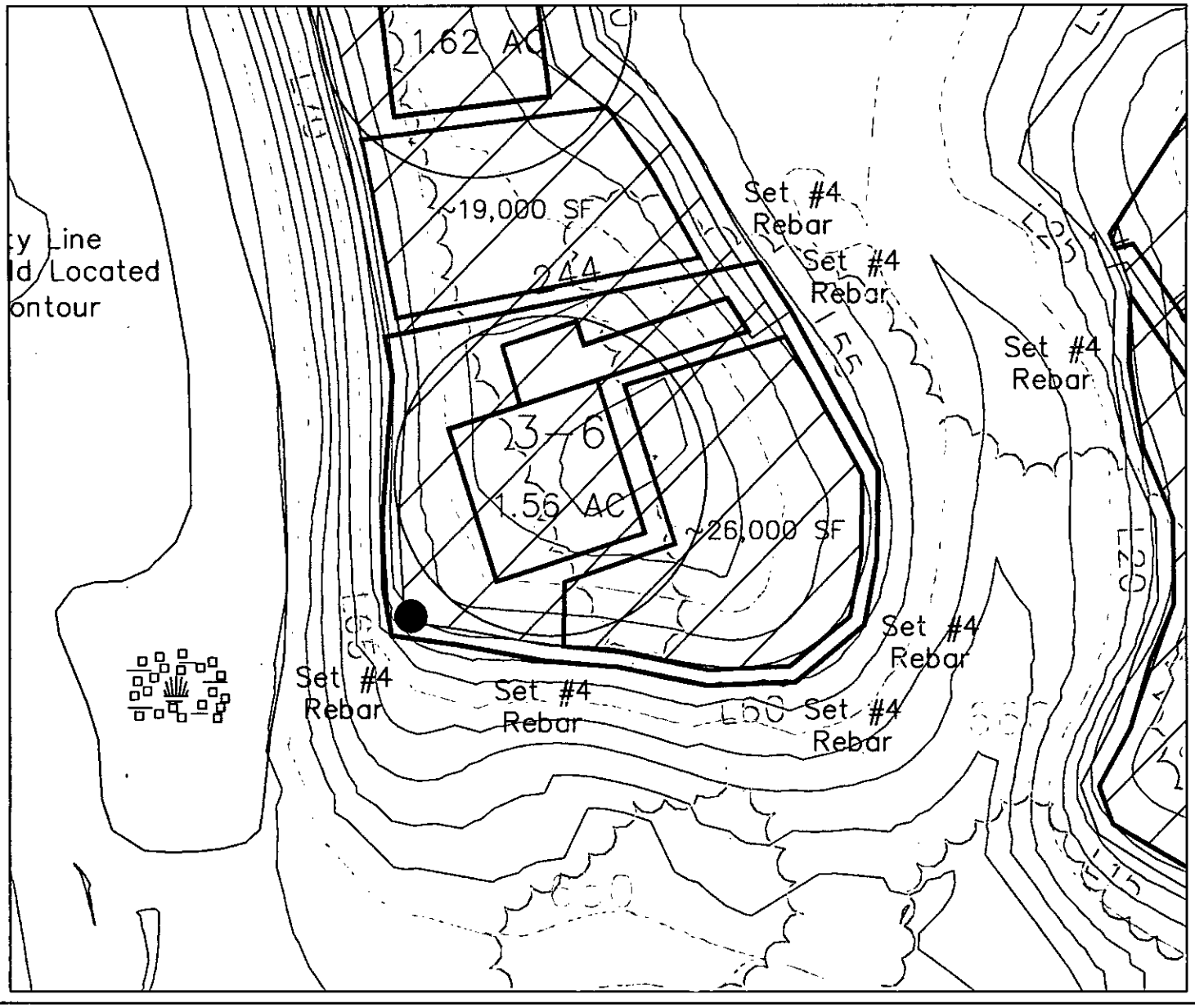
DAYTIME PHONE: (704) 202-7877 (m)
720-9405 (o)

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




## 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 BROOKER COMPANY, INC.
- CASHION ROAD LOT 3-6 -
IREDELL COUNTY, NORTH CAROLINA
MAY 2003

S&EC Soil & Environmental Consultants, PA
230 Griffith Court, Suite C ▪ Concord, North Carolina 28025 ▪ Phone (704)782-0422 ▪ Fax (704) 782-0426

| | |
|---|---|
| PROJECT NO. | 03-1243 |
| PROJECT MGR. | S.A.R. |
| DRAWN BY | S.A.R. |
| FIELD WORK | S.A.R. |
| W.O. & D.N. | |
| SCALE | 1" = 100' |
| FILE | C:\SEC\JOBS\1243 |

CHARLOTTE.

**Laboratory Analysis Report**
Report Date: 11/27/2006 11:03 AM

## LABORATORY SERVICES DIVISION

LOCATION: G-229
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/20/2006 16:30
CHAIN OF CUSTODY #: 061121081901
SAMPLE DESCRIPTION: Grab

| | Parameter | Result | Units | RL | Method | Start Date/ | Time | Analyst |
|---|---|---|---|---|---|---|---|---|
| **AB94346** | **E. COLI-PA** | **Absent** | **P/A** | | SM 9223B | 11/21/2006 | 8:30 | MKV |
| **AB94346** | **Total Coliform- P/A** | **Absent** | **P/A** | | SM 9223B | 11/21/2006 | 8:30 | MKV |

Comment:

Laboratory Supervisor: _____

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

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

## CHAIN OF CUSTODY RECORD



| | |
|---|---|
| CLIENT: | **Mecklenburg County, LUESA - Groundwater & Wastewater Services** |
| FACILITY: | Groundwater **(Potable Water)** |
| ADDRESS: | 4905 Harrisons Sabbath Drive, Huntersville, NC 28078 |
| LAB CODE: | REAL PRIV (NEW) TNC MPL PME AMB LM OTHER |

**Send Report To:**
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06112106 1961
Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Analyses Requested: Total Coliform |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G-229 | DH | 11-20-06 4:30pm | N/A N/A | N | NA | 9.3 | | | | X | 100 ml | | 2 | | | | | | X | | X |
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AB 54346

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

| Relinquished By (Signature) | Received By (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | [signature] | 11-20-06 | 1715 |
| Relinquished By (Signature) | Received By (Signature) | Date | Time |
| Relinquished By (Signature) | Received By (Signature) | Date | Time |
| Relinquished By (Signature) | Received By (Signature) | Date | Time |
| Relinquished By (Signature) | Received By (Signature) | Date | Time |

Form Revision 07; effective 02/16/2006

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

**Laboratory Analysis Report**
Report Date: 7/18/2006 04:08 PM

## LABORATORY SERVICES DIVISION

LOCATION: G-229 HARRISON SABBATH DR
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/12/2006 14:15 CHAIN OF CUSTODY #: 06070208
SAMPLE DESCRIPTION: Grab

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| **AB79302** | **NITRATE** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 7/14/2006 10:12 | EWN |
| **AB79302** | **NITRITE** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 7/13/2006 16:43 | EWN |

Comment:

Laboratory Supervisor: _____

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

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

**CHAIN OF CUSTODY RECORD**

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

PAGE 1 OF 1

| | |
|---|---|
| CLIENT: | **Mecklenburg County, LUESA - Groundwater & Wastewater Services** |
| FACILITY: | *Groundwater* **(Potable Water)** |
| ADDRESS: | 4905 Harrisons Sabbath Drive, Huntersville, NC 28078 |
| LAB CODE: | REAL PRIV (NEW) TNC MPL PME AMB LM OTHER |

**Send Report To:**
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

**COC#:** 06070208

Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | Chemical Preservative: HNO3 | Chemical Preservative: H2SO4 | Chemical Preservative: NaOH | Chemical Preservative: HCl | Chemical Preservative: Na2S2O3 | Chemical Preservative: pH Correct | Analyses Requested: Nitrate | Analyses Requested: Nitrite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AB79302 G-229 | DH | 7-12-06 2:15 pm | N/A N/A | N | | 6.0 | | | | X | 500 ml | | 1 | | | X | | | | ✓ | X | |
| AB79302 G-229 | DH | 7-12-06 2:15 pm | N/A N/A | N | | 3.7 | | | | X | 125 ml | | 1 | X | | | | | | | | X |

Instructions:
- Complete all yellow shaded sections
- For each parameter requested circle the X to verify your request.
- Nutrients include:
- Metals: Itemize the individual metals requested here -
- For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
- Blue is for lab use only

Comments: ****Nitrate and Nitrate Analysis Requested****

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | | 7/12/06 | 1614 |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |

Form Revision 07; effective 02/16/2006

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

CHARLOTTE.

**Laboratory Analysis Report**
Report Date: 7/14/2006 03:45 PM

## LABORATORY SERVICES DIVISION

LOCATION: G-229 4905 HARRISONS SABBATH D
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/12/2006 14:15 CHAIN OF CUSTODY #: 06070207
SAMPLE DESCRIPTION: Grab

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| **AB79301** | **E. COLI-PA** | **absent** | **P/A** | | SM 9223B | 7/13/2006 8:45 | KEK |
| **AB79301** | **Total Coliform** | **present** | **P/A** | | SM 9223B | 7/13/2006 8:45 | KEK |

Comment:

Laboratory Supervisor: _____

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

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

## CHAIN OF CUSTODY RECORD



| | |
|---|---|
| CLIENT: | **Mecklenburg County, LUESA - Groundwater & Wastewater Services** |
| FACILITY: | Groundwater **(Potable Water)** |
| ADDRESS: | 4905 Harrisons Sabbath Drive, Huntersville, NC 28078 |
| LAB CODE: | REAL PRIV (NEW) TNC MPL PME AMB LM OTHER |

**Send Report To:**
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

**COC#:** 06070207
Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Analyses Requested: Total Coliform |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AB79301 G-229 | DH | 7-12-06 2:15 pm | N/A N/A | N | NA | 15.3 | | | | X | 100 ml | | 1 | | | | | | X | | X |
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**Instructions:**
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: **3-DAY TAT REQUESTED**

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | | 7/12/06 | 16:12 |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |

Form Revision 07; effective 02/16/2006

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

Mecklenburg County 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

53288

**Permit #:** 10000229 **Tax Parcel #:** 013-221-30
**Property Owner:** John Higbee
**Job Location Address:**
**City/ETJ:** **State:** NC **Zip Code:**
**Permit Issuance Date:** 12/29/2005
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:** YES
**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A 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):**

X Grout must be placed the full extent of the casing.

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

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

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

**Other Conditions of This Permit:**

Jeremy Mitchell, R.S.
Authorized Agent: Print Name

Jeremy Mitchell R.S.
Signature:

DAN WEST
Owner/Legal Agent: Print Name

Dan West
Signature:

# 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 & Wastewater Services** |
| FACILITY: | Groundwater **(Potable Water)** |
| ADDRESS: | 4905 Harrisons Sabbath Drive, Huntersville, NC 28078 |
| LAB CODE: | REAL PRIV (NEW) TNC MPL PME AMB LM OTHER |

**Send Report To:**
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

**COC#:**

Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Analyses Requested: Total Coliform |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G-229 | DH | 11-20-06 4:30pm | N/A N/A | N | NA | | | | | X | 100 ml | | 2 | | | | | | X | | X |
| | | | | | | | | | | | | | | | | | | | | | |
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**Instructions:**

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

| Relinquished By (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | | | |
| Relinquished By (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |



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

# 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 & Wastewater Services** |
| FACILITY: | Groundwater **(Potable Water)** |
| ADDRESS: | 4905 Harrisons Sabbath Drive, Huntersville, NC 28078 |
| LAB CODE: | REAL PRIV (NEW) TNC MPL PME AMB LM OTHER |

**Send Report To:**
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

**COC#:**
Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Analyses Requested: Nitrate | Nitrite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G-229 | DH | 7-12-06 2:15 pm | N/A N/A | N | | | | | | X | 500 ml | | 1 | | | X | | | | | X | |
| G-229 | DH | 7-12-06 2:15 pm | N/A N/A | N | | | | | | X | 125 ml | | 1 | X | | | | | | | | X |
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**Instructions:**

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include:

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: ****Nitrate and Nitrate Analysis Requested****

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | | | |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |

Form Revision 07; effective 02/16/2006

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

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

## CHAIN OF CUSTODY RECORD



| | |
|---|---|
| CLIENT: | **Mecklenburg County, LUESA - Groundwater & Wastewater Services** |
| FACILITY: | Groundwater **(Potable Water)** |
| ADDRESS: | 4905 Harrisons Sabbath Drive, Huntersville, NC 28078 |
| LAB CODE: | REAL PRIV (NEW) TNC MPL PME AMB LM OTHER |

**Send Report To:**
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

**COC#:**
Sampled By (Print Name)
Debra Howell

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System: Y or N | Sample Temperature: Collection Temp °C | Sample Temperature: Receipt Temp °C | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Analyses Requested: Total Coliform |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G-229 | DH | 7-12-06 2:15 pm | N/A N/A | N | N/A | | | | | X | 100 ml | | 1 | | | | | | X | | X |

**Instructions:**

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite.

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | | | |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |



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

04/28/2006 11:28 7048924705 B K WELL DRILLING PAGE 01

APR-28-2006 10:55 MECKLENBURG CO GWS 704 336 8940

229 4905 Harrisons Sabbath Dr. 5328B Debra

# RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3265

1. WELL CONTRACTOR: Ralph Bailey
Well Contractor Company Name: B & K Well Drilling INC
Street Address: 832 Mount Mourne Rd
City: Mooresville State: NC Zip Code: 28117
Area code - Phone number: 704-492-4698

2. WELL OWNERSHIP:
SITE WELL ID (If applicable): 4906 Harrisons Sabbath Dr
STATE WELL PERMIT # (If applicable):
OWNER (If other than contractor):
WELL USE (Check Applicable Box): Residential
DATE DRILLED: 4-10-11-06
DEPTH DRILLED: 265 ft. MSL

3. WELL LOCATION:
CITY: Mooresville COUNTY: MECK
Beaty's Ford Rd to Caspian Stillwell Rd
(Subdivision Name, Lot No., Section, Block No., Phase, Zip Code)
(GPS) LATITUDE: 4906 Harrisons Sabbath Rd
LONGITUDE:
Latitude/Longitude source: DGPS Topographic map
Accuracy of well based on choice on a GPS? How well was measured to this Form 2 well owner GPS?

4. WELL CONTRACTOR:
CONTRACTOR NAME: Loadstar Builders
STREET ADDRESS: 18631 A Northline Rd.
CITY: Cornelius STATE: NC ZIP: 28031
Area code - Phone number:

5. WELL DETAILS:
a. TOTAL LENGTH: 265
b. DID WELL REPLACE EXISTING WELL? YES NO
c. WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated within 12 inches of land surface may violate 15A NCAC 2C .0118
e. YIELD (gpm): 50 METHOD OF TEST: Blow

6. DRILLING LOG:

| From | To | Formation Description |
|---|---|---|
| 0 | 60 | Red Clay |
| 60 | 75 | Granite |
| 75 | 265 | Gray Rock |

7. CASING: Depth From / To / Diameter / Material / Weight

| From | To | Diameter | Material | Weight |
|---|---|---|---|---|
| 0 | 105 | | | |
| 150 | 265 | | | |

8. GROUT: Depth From / To / Material / Amount

| From | To | Material | Amount |
|---|---|---|---|
| 0 | 75 | | |

9. SCREEN: Depth From / To / Diameter / Slot Size

10. SAND/GRAVEL PACK: Depth From / To / Size / Material

11. REMARKS:

Rec'd 5/1/06

Ralph Bailey
SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE
Ralph Bailey
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit this completed to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center, Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Permit # 10000 229

Tax Parcel # 013-221-30

4905 Harrisons Sabbath Dr.

Owner
John Higbee

# ACTIVITY REPORT



**LOG NUMBER:** 2005-00462
**ACTIVITY DATE:** 12/22/2005
**TYPE OF ACTIVITY:** Office Report
**FILE DESCRIPTOR:** GW-G- DUKE POWER MCGUIRE LANDFILL

## SITE INFO

**SITE:** DUKE POWER MCGUIRE FILL
**PARCEL ID:** 01315102A
**ADDRESS:** 13568 N.C. 73 HY
HUNTERSVILLE NC 28078- -

**CONTACT:** Mike Phillips
**BUSINESS PHONE NO:** (704) 875-4765

## ACTIVITY

EPIC Report for ARGU Review
4905 HARRISONS SABBATH DR
Tax Parcel ID # 013-221-30
File # 5328B

Public water supplied by CMU is NOT available at this site.

12/19/2005 (Monday) - Received request for ARGU review for new water supply well located at 4905 HARRISONS SABBATH DR

12/20/2005 (Tuesday) - Completed ARGU review:

Identified two MPL sites within 2,000 feet of the subject parcel:
MPL# 884 Duke Power McGuire Landfill (Closed Sanitary Landfill)
MPL# 1149 Stephens Residence (Home Heating Oil UST).

File review of Duke Power McGuire Landfill file indicates:
No violations of 2L Standard in monitoring well samples.
Chromium and Barium detected in monitoring network below 2L Standard at levels considered naturally occurring.
Groundwater gradient shown on map in file is generally to the NW away from subject property.

NOTE: Mandatory setback for a new well is 500-ft from the waste disposal boundary for a sanitary landfill. A review of the plot plan and survey of the Duke Power Co landfill site indicates that the entire parcel where the proposed well is located falls outside the 500-ft exclusion zone. Approximate distance from proposed well site to Landfill parcel is 1,800 feet.

File review of Stephens Residence indicates:
Soil contamination resulted from leaking home heating oil UST. Soil to groundwater maximum soil contamination level exceeded based on results of 2/27/2003 samples. On-site water supply well at this residence was sampled 3/26/2003 during the MPL resample of Duke Power Landfill. No contaminants detected in that well sample.

According to Allen Schiff NCDENR, the extent of contamination has been fully defined and approval has been granted for the removal of approximately 100 tons of affected soils to be paid for by the trust fund. However, soil has not been excavated as of 5/2/05. Proposed well site property is located approximately 1,500 feet from source area of release.

Based on this review this permit application is approved with the following conditions:
Full grouting of well casing. No addition required sampling is prescribed.

END.

## VIOLATIONS

VIOLATION COMMENTS:

VIOLATION # DESCRIPTION

## SAMPLES

## SUMMARY

| | | | |
|---|---|---|---|
| **STATUS:** | CLOSED | **TIME ON SITE:** | 0:00 |
| **DATE CLOSED:** | 02/01/2006 | **TRAVEL TIME:** | 0:00 |
| **MISC EXPENSES:** | 0.00 | **ADMIN TIME:** | 2:00 |
| | | **MILEAGE:** | |

**STATE REPORT FORM:**

**SUMMARY:**

## SIGNATURES

**ENVIRONMENTALIST:** _____ **DATE** 12/22/2005

Dennis Tyndall

**REVIEWED BY:** _____ **DATE** 01/23/2006

Kelly Randall

# ACTIVITY REPORT



**LOG NUMBER:** 2005-00462
**ACTIVITY DATE:** 12/22/2005
**TYPE OF ACTIVITY:** Office Report
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## SITE INFO

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**PARCEL ID:** 01315102A
**ADDRESS:** 13568 N.C. 73 HY
HUNTERSVILLE NC 28078- -

**CONTACT:** Mike Phillips
**BUSINESS PHONE NO:** (704) 875-4765

## ACTIVITY

EPIC Report for ARGU Review
4905 HARRISONS SABBATH DR
Tax Parcel ID # 013-221-30
File # 5328B

Public water supplied by CMU is NOT available at this site.

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END.

## VIOLATIONS

VIOLATION COMMENTS:

VIOLATION # DESCRIPTION

## SAMPLES

## SUMMARY

| | | | |
|---|---|---|---|
| **STATUS:** | CLOSED | **TIME ON SITE:** | 0:00 |
| **DATE CLOSED:** | 02/01/2006 | **TRAVEL TIME:** | 0:00 |
| **MISC EXPENSES:** | 0.00 | **ADMIN TIME:** | 2:00 |
| | | **MILEAGE:** | |

**STATE REPORT FORM:**

**SUMMARY:**

## SIGNATURES

**ENVIRONMENTALIST:** _____ **DATE** 12/22/2005

Dennis Tyndall

**REVIEWED BY:** _____ **DATE** 01/23/2006

Kelly Randall

T.C. # 013-221-30

4403 MARRISONS SABBATH DRIVE

## COMMENTS:

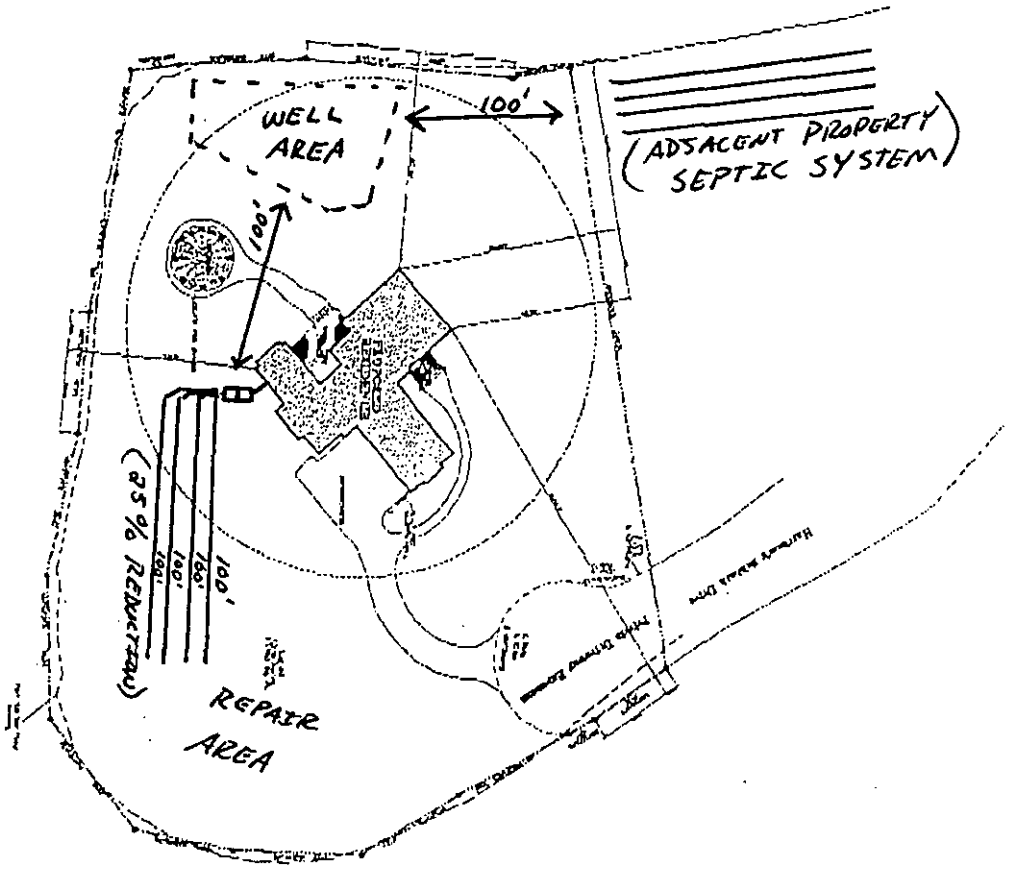
→ FOUR BEDROOM HOUSE

→ 1500 GALLON SEPTIC TANK

→ INSTALL 4 LINES X 100' X 3'

→ 400 TLF

→ TYPE III g INNOVATIVE SYSTEM & REPAIR




* WELL PERMIT REQUIRES GROUT TO BE PLACED FULL EXTENT OF THE CASING.

Jimmy Mullis, RS

12/29/05

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 #:** 10000229 **Tax Parcel #:** 013-221-30
**Property Owner:** John Higbee
**Job Location Address:**
**City/ETJ:** **State:** NC **Zip Code:**
**Permit Issuance Date:** 12/29/2005
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:** YES
**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A 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):**

X Grout must be placed the full extent of the casing.

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

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

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

**Other Conditions of This Permit:**

Jeremy Michelone, R.S.
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Date:12/20/2005
Reviewed By:_DFT___

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 013-221-30 File # 5328B

Street Address: 4905 HARRISONS SABBATH DR

Contamination Site Information

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

Tax Parcel ID #: 013-151-02 MPL # 884

Street Address: 13568 HWY 73 Huntersville NC 28078

DENR Incident #: None Assigned

Current Status: Post closure landfill monitoring and reporting per 15A NCAC 13B NC Solid Waste Management Rules Why? Required for all closed sanitary landfills closing after 1979.

Responsible Party: Duke Power Company

Responsible Party Contact Info: 13568 HWY 73
Huntersville, NC 28078
(704) 373-4947

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC). No 2L Violations

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

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

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

| | | |
|---|---|---|
| If Yes | ARGU is a 1500-foot buffer around the maximum extent of contamination | Y |

If No, is the source area defined?

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

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

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

Reviewer Comments: Site located outside of 1500-ft ARGU buffer.

Date:12/20/2005
Reviewed By:_DFT___

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 013-221-30 File # 5328B

Street Address: 4905 HARRISONS SABBATH DR

Contamination Site Information

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

Tax Parcel ID #: 013-221-02 MPL # 1149

Street Address: 4918 Cashion Road

DENR Incident #: 27491

Current Status: Assessment of Soil Contamination Completed remediation pending Why? Funds approved by NCDENR for removal of 100 tons of contaminated soil. Soil not yet removed per Allen Schiff 5/2/2005.

Responsible Party: Kathleen Stephens

Responsible Party Contact Info: Ms. Stephens C/O David Baker, Baker & Baker, PLLC
4918 Cashion Road Huntersville, NC 28078
(704) – 895-7969

File Review

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

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

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

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

| | | |
|---|---|---|
| If Yes | ARGU is a 1500-foot buffer around the maximum extent of contamination | Y |

If No, is the source area defined?

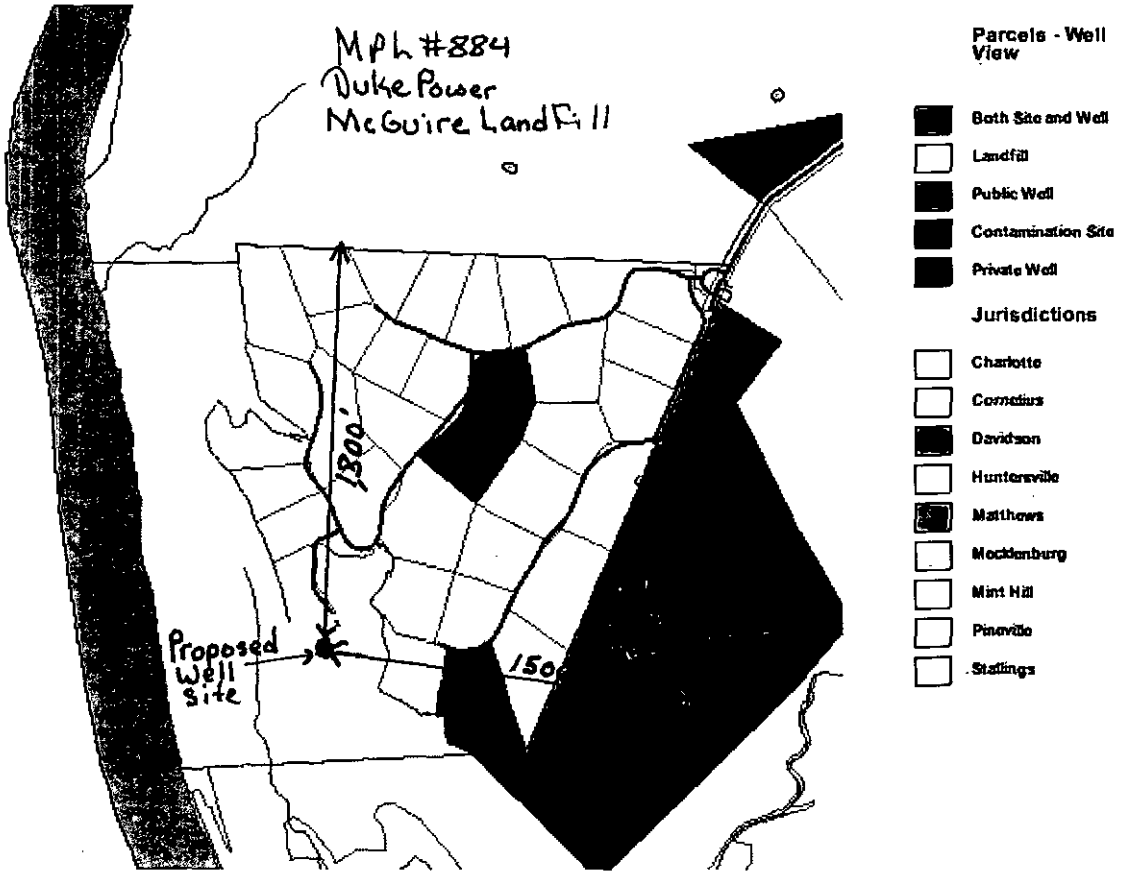
| | |
|---|---|
| If Yes | ARGU is a 1500-foot buffer around the source area |
| If No | ARGU is a 1500-foot buffer around the contamination site property boundary. |

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

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

Reviewer Comments: No additional sampling requirements are prescribed for this proposed well due to the distance (1500-ft) from the Stephens Residence heating oil UST contaminated soil site. Proposed well is not at risk of receiving contaminants from this site. Supply well at the Stephens Residence contamination site was sampled for semi-volatile and volatile organics 3/26/2003. None were detected. Full grouting of casing required.

# MECKLENBURG COUNTY
## Well Information System




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

325750

GWS – RES. APP 07/05

SEPTIC FEE: ____
DATE: ____
CRT [ ]

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

WELL FEE: 400.00
DATE: 12/19/05
CRT [ ] JC

FILE # 5328B

**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 #: 013-221-30
STREET ADDRESS: 4905 Harrisons Sabbath Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: Nebachoods AT STILLWELL
LOT #: 3-60 4

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: 4106
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:**

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

**WATER SUPPLY:**

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☒ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☒ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☒ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☒ NO | DESIGNATED WETLANDS | ☐ YES | ☒ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☒ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☒ NO |

**PROPERTY OWNER:**

NAME: John Higbee
ADDRESS: 824 ARBORDALE LN
CITY: WEXFORD
STATE: PA ZIP: 15090
HOME PHONE: 724.935.3498 WORK PHONE:
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DAN WEST - BUILDER
ADDRESS: 18631-A NORTHLINE Rd.
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE: 704.296.2985
MOBILE PHONE: 704.201.1113 FAX: 866.895.0121

WHAT DATE WAS THIS PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 11/2006

*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.

Dan West 12/19/05
Owner's/Agent's Signature Date

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

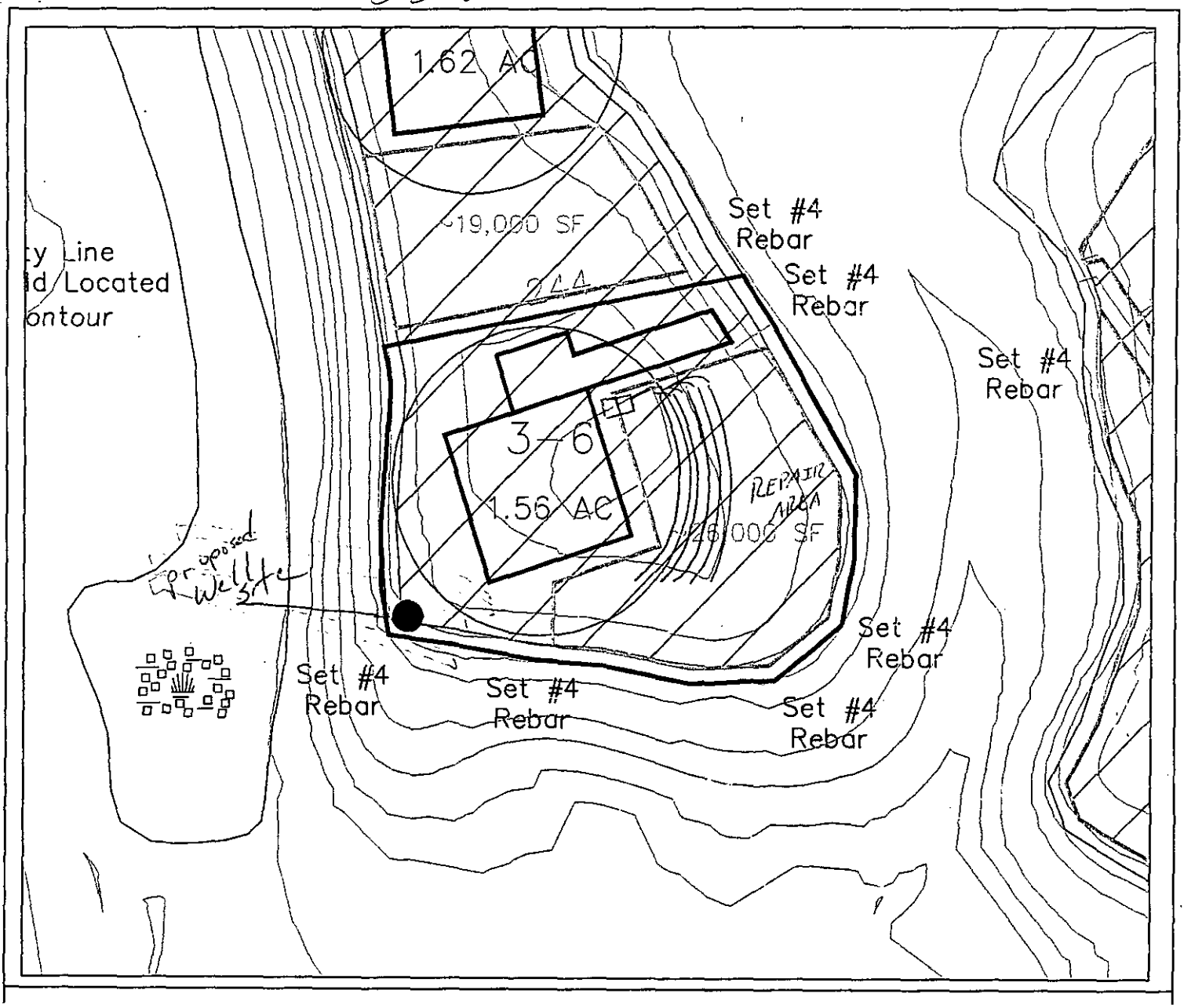
*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, 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.

Dan West 12/19/05
Owner's/Agent's Signature Date

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

0753

5528D 5328D 015-221-50




→ 6 Bedroom House

→ 1500 gallon tank

→ 5 lines x 120' x 3'

→ 600 TLF

→ Type IIIg Innovative System & Repair

D. Angie Blount 7/7/04 Jimmy Mickle RS 1/20/04

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 12/19/05 | **Amount:** | 400.00 |
| **Receipt #:** | 39130 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 325730 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | DAN WEST BUILDERS |
| **Attn:** | |
| **Address:** | 18631 A NORTHLINE RD |
| **Address:** | |
| **City/State/Zip:** | CORNELIUS, NC 28031 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>CASHION ROAD, LOG 3-5/FILE 5328B | | 1 | 400.00 | 400.00 |

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

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