

15320 JUNE WASHAM RD

00743118

1/8/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5223 B WASPS App #: 1792

Primary ES assigned to project: OJ

Secondary ES assigned to project: _____

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

I. File Review:

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

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 5-15-07

OP issued date: 6-7-07

Review performed by: CR

Date performed: 6-1-07

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 #: 5223B Permit #: 1742 Tax Parcel #: 007-431-18

Property Owner: JON & GABRIELLE CRAIG

Job Location Address: 15320 JUNE WATHAM ROAD

City: DAVIDSON State: NC Zip Code: 28036

Operation Permit Issuance Date: 6/7/07 Contractor Name: STEVE JORDAN

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: GOULDS 1/3 HORSE

Drainfield Installation ☐ N/A

Trench Depth: 28 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 3 @ 133 feet

Depth of Media: 12 inches (Type) CHAMBER

Depth of Cover: 16 inches

Distribution Device: P. MANIFOLD

Inspection Dates

Tank(s) Inspected: 6/7/07

Excavation Inspected: 6/7/07

Pump & Controls Inspected: 6/7/07

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

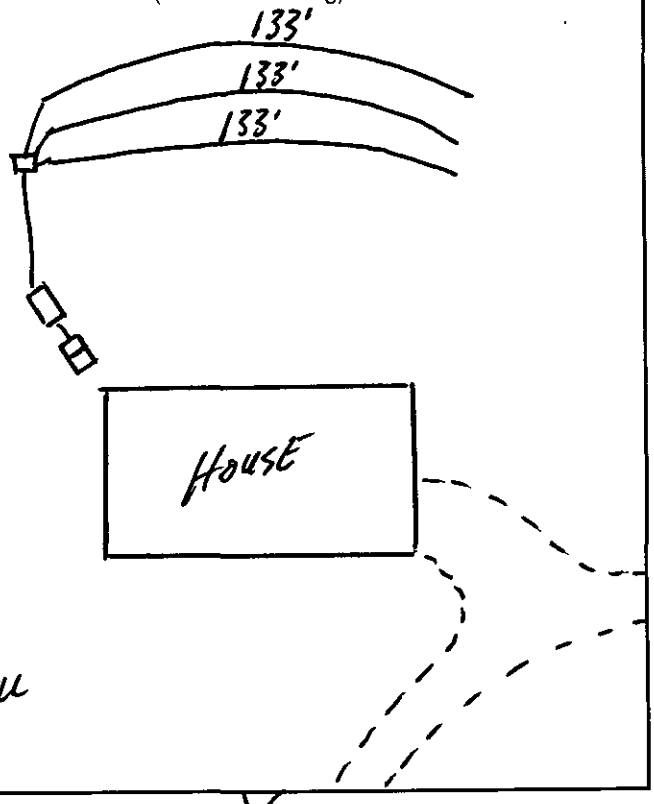
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 100' feet

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: III b Pump to 25% Reduction

OPERATE + MAINTAIN PER 1961

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

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 #: 522BB Permit #: 1742 Tax Parcel #: 007-451-18

Property Owner: JON & GABRIELLE CRAIG

Job Location Address: 15320 JUNE WASHAM ROAD

City: DAVIDSON State: NC Zip Code: 28036

Installation Approval Issuance Date: 5/15/07

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 6/15/07, 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: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet OR 3x133'

Depth of Media: 12 inches (Type) 25% RED.

Distribution Device: PRESSURE MANIFOLD

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 _____

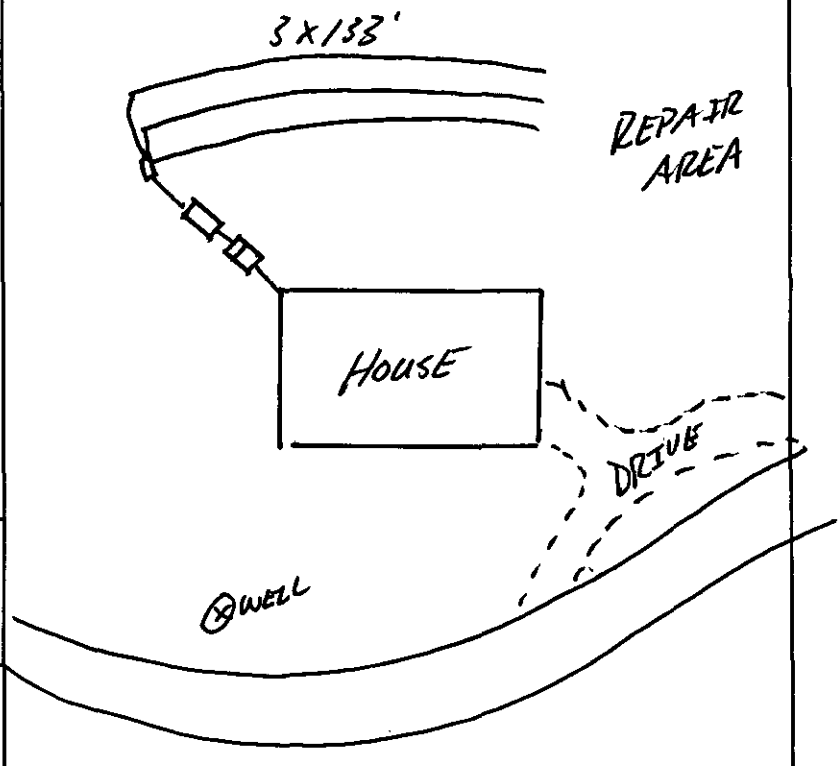
Minimum System Setbacks

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: 1116 PUMP TO 25% RED. System
PRESSURE MANIFOLD

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/03/07	**Amount:**	50.00
Receipt #:	47414	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X40183
Contractor: DREAM WORKS ENTERPRISES INC
Attn:
Address: 516 RIVER HIGHWY STE D#135
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 15320 June Washam Rd/file 5223B		1	50.00	50.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
50.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 01/03/07
Receipt #: 47415
Check / Auth #: CHARGE
Received By: CRAIGGY

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X40183
Contractor: DREAM WORKS ENTERPRISES INC
Attn:
Address: 516 RIVER HIGHWY STE D#135
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 15320 June Washam Rd./file 5223B		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00					

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

LD

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

Permit #: **30001742** GWS File #: **5223B** Tax Parcel #: **007-431-18**

- 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):** 1/3/2012

Type of Installation: *Residential - New System* Lot Number: 6

Structure Type: HOUSE Size (ft^2): 4008 # Bedrooms: 4 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd): 480 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): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

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

Repair System Specifications:

Design Flow (gpd): 480 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): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the 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: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 1/3/2007

Owner/Legal Agent: Rhonda Gaus
Print Name

Signature: Rhonda Gaus

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 214 Charlotte, NC 28202
Phone: (704) 336-5109 Fax: (704) 336-6804

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30001742 GWS File #: 5223B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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DENR Authorized Agent: Jeremy Michclone

Signature: Jeremy Michclone R.S

Date Issued: 1/3/2007

Owner/Legal Agent: Rhonda Gaus
Print Name

Signature: Rhonda Gaus

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 #: **30001742** GWS File #: **5223B** Tax Parcel #: **007-431-18**

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- 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.
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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 1/3/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

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 #: **30001742** GWS File #: **5223B**

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DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 1/3/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

FILE # 5223B

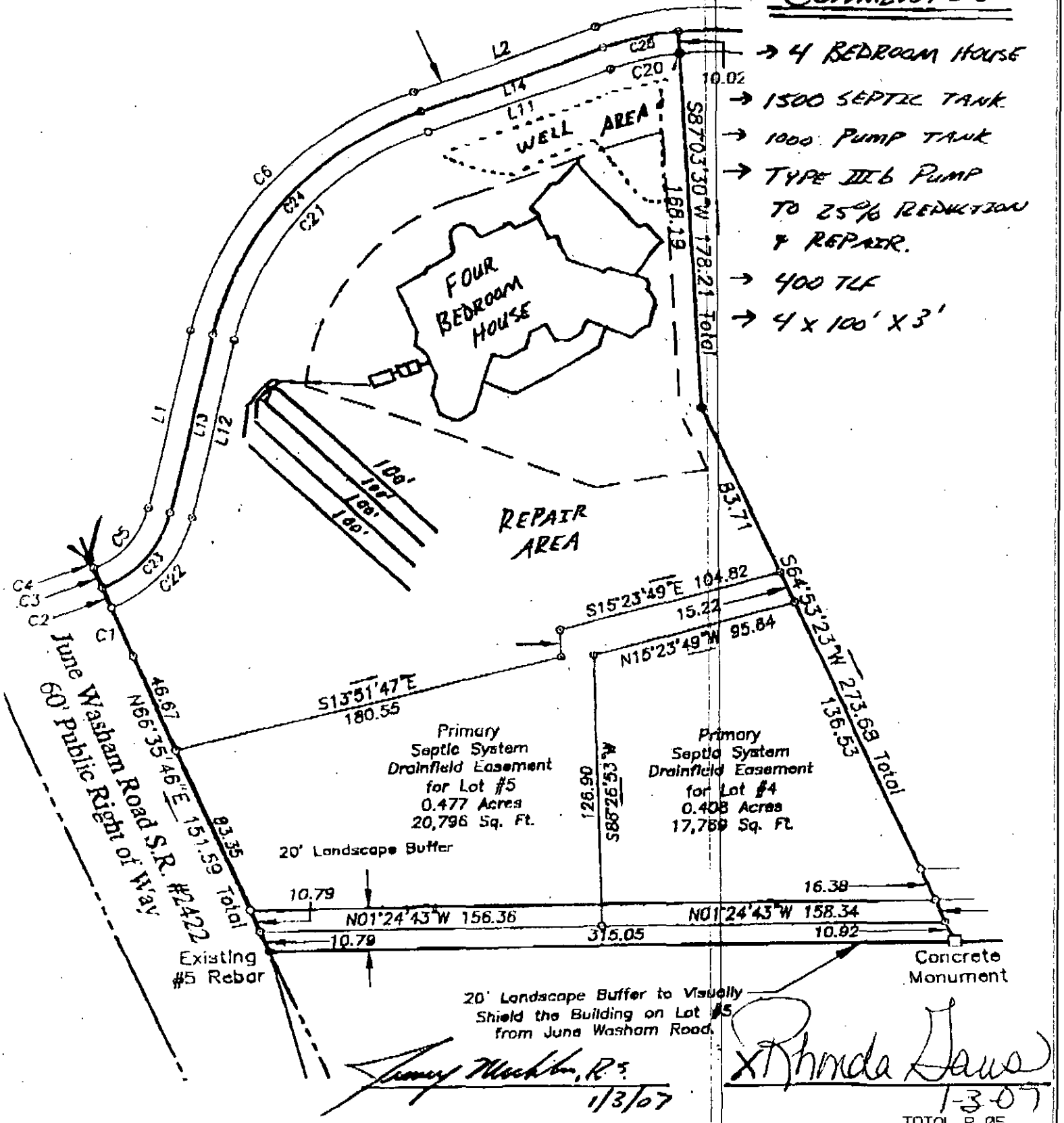
PERMIT # 1742

PARCEL # 007-431-18

15320 JUNE WASHAM ROAD

COMMENTS:

→ 4 BEDROOM HOUSE
→ 1500 SEPTIC TANK
→ 1000 PUMP TANK
→ TYPE III b PUMP TO 25% REDUCTION & REPAIR.
→ 400 TLF
→ 4 x 100' x 3'



Tommy Mackey, RS
1/3/07

X Rhonda Dawe
1-3-07

TOTAL P.05

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

Sheet: 1
Property ID: PO 007-431-02
Lot #: 6
File #: 5223B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: William Brewster Co., Inc.
Applicant: Ashley Rollans
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 05/12/2003
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: .4a. Inv.
Location of Site: Off June Washam 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	SOIL MORPHOLOGY .1941 .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, 6	0-5	GR/SCL	FR/SEXP/SS/SP	>60" TO SOIL WETNESS	60	N/A	NONE	PS, IV .3GPD/FT^2
		5-20	SBK/C	FI/SEXP/S/P					
		20-60	SBK/CL	FR/SEXP/SS/SP					
2	"	0-4	GR/CL	"	>55" TO SOIL WETNESS	55	"	"	"
		4-23	SBK/C	FI/SEXP/S/P					
		23-55	SBK/CL	FR/SEXP/SS/SP					
3	"	0-2	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		2-21	SBK/C	FI/SEXP/S/P					
		21-48	SBK/CL	FR/SEXP/SS/SP					
4	"	0-6	GR/SCL	"	>51" TO SOIL WETNESS	51	"	"	"
		6-27	SBK/C	FI/SEXP/S/P					
		27-51	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	1\1\b	1\1\b
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

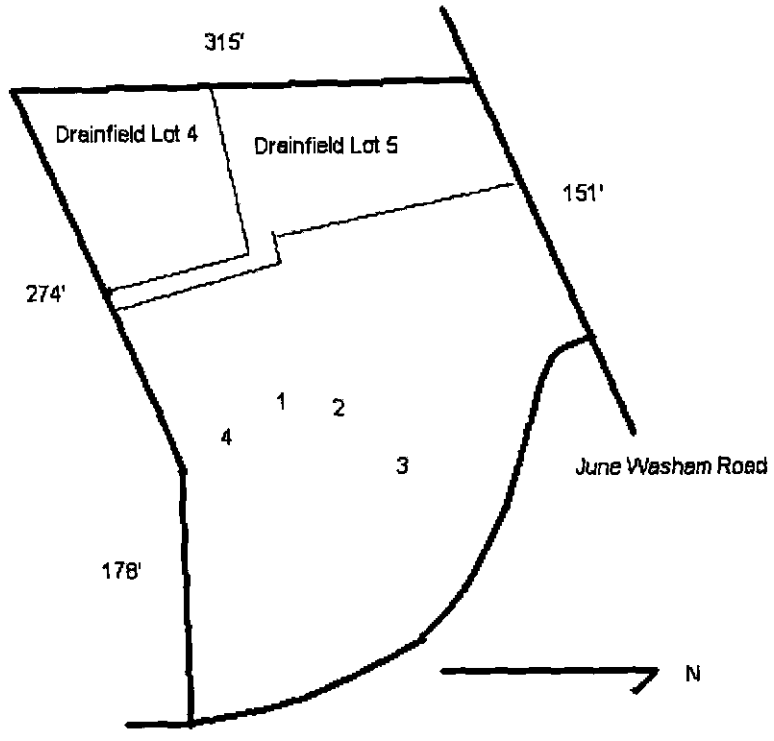
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/20/2003. W. R. Marlin
Others Present: A. Rollans

FILE # 5223B

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	



1742

GWS – RES. APP 07/05

SEPTIC FEE 200.00
DATE 12/18/06
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

FILE # 5223B

WELL FEE
DATE
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

RECEIVED
DEC 20 2006
LUESA

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00743118
STREET ADDRESS: 15320 June Washam Rd.
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Combray Woods
LOT #: 6
TOWNSHIP: Davidson

☒ 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: 4008
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

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: Jon & Gabrielle Craig
ADDRESS: 11012 Heritage Green Dr.
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: 704895-2895 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Dreamworks Enterprises
ADDRESS: 516 River Hwy Ste D #135
CITY: Mooresville
STATE: NC ZIP: 28117
HOME PHONE: WORK PHONE: 7046634125
MOBILE PHONE: 7041829837 FAX: 7046634370

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-30-06
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5-31-07

*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.

Rhonda Jaws 12-18-06
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.

Rhonda Jaws 12-18-06
Owner's/Agent's Signature Date

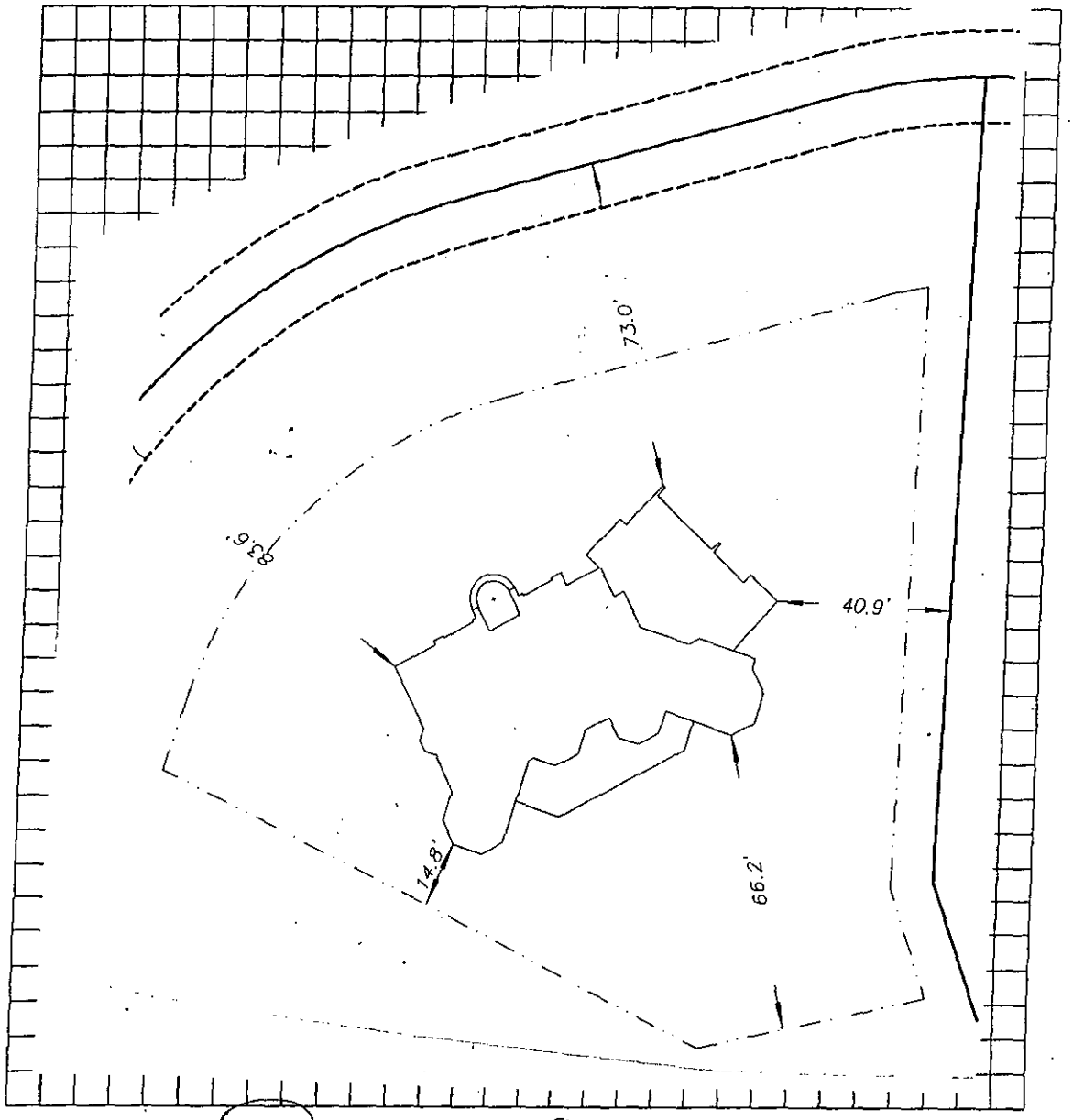
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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

File #_____
Date_____

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	Rhonda Sams
Date	12-18-06

LBC 12/15/04

MECKLENBURG COUNTY

LAND USE AND ENVIRONMENTAL SERVICES

Payment Receipt

Receipt Information

Date:	12/18/06	**Amount:**	200.00
Receipt #:	47277	**Tendered:**	200.00
Check / Auth #:	CHECK 1767	**Returned:**	0.00
Received By:	MULLIVR		

Account Information

Account #: 100000
Contractor: DREAM WORKS ENTERPRISES INC
Attn:
Address: 516 RIVER HWY STE D
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen PN# 00743118/15320 JUNE WASHAM RD		1	200.00	200.00

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

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

VOID

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

DATE: _____ PERMIT NO: 5223B
PARCEL NO: 00 007-431-02

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: William Brewster Co., Inc
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Combing Woods
AUTHORIZATION ISSUED BY: Penny Mathis RS. DATE: 11/14/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5223B, 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 on file before CA Release

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 11/24/03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

rmit Number: 5223B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: PO 007-431-02

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes ✓ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
___ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

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	NA Depth of stone	

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

Site modifications required:

Additional Conditions: Install 4 lines x 150' x 3'
Agreement forms on file before CA Release

Repair Area System Type
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
___ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1800 Absorption Area (Sq ft) 600 Total Trench Length (Ft)	NA 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.

Jimmy Middle R.S. 11/14/03
DEHNR Authorized Agent Date

Angie Blount 11/24/03
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

5223B

June Washam Road S.R. #24[illegible]
60' Public Right of Way

Existing
#4 Rebar

N66°55'46"E
151.59

S76°43'45"E
449.91

1.25" SCH40 TURNUP
AT END OF EACH LINE

IMPERVIOUS DAM

2-2"SCH 40
GATE VALVES
IN PROTECTIVE BOX

CHECK VALVE

2" GATE VALVE AT
START OF EACH LATERAL

CLEAN OUT

2" SCH40 SUPPLY LINE
APPROXIMATELY 350'.

2" GATE VALVE AT
START OF EACH LATERAL

CLEAN OUT

H40 PVC MANIFOLD

CLEAN OUT

40 PVC MANIFOLD

HECK VALVE

2-2"SCH 40
GATE VALVES
PROTECTIVE BOX

IMPERVIOUS DAM

1.25" SCH40 TURNUP
AT END OF EACH LINE

6
104,860 SF
2.41 AC

5
109,147 SF
2.51 AC

UN

UN

UN

UN

1500 GAL PUMP TANK

1500 GAL SEPTIC TANK

315

274

178

90

Angie Blount
11/24/03

LEGEND

- Proposed drainfield areas. Approved by Mecklenburg County Environmental Health.
- UN — Unsuitable areas.
- Drainfield easement.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FLAG #	COLOR	ROD READ.	LENGTH
1	R	3.8	200
2	O	4.1	240
3	Y	4.4	250
4	B	4.6	150
5		5.4	135
6		5.9	115
7		6.4	100
8		6.8	100

TOTAL FOOTAGE = 1280'

SYSTEM
- LINES 5 - 8
- 600' (25% REDUCTION)
- PRESSURE MANIFOLD

REPAIR
- LINES 1 - 3
- 3 x 200' = 600' (25%)
- PRESSURE MANIFOLD

SHEET 1 OF 1

SHEET TITLE:
SITE PLANS
&
DRAINFIELD LAYOUT

PROJECT NAME:
WILLIAM BREWSTER CO.
- COMBRAY WOODS LOT 6 -
MECK. COUNTY, NORTH CAROLINA
OCTOBER 2003

S&EC
Soil & Environmental Consultants, PA
236 Loffhill Court, Suite C ▪ Concord, North Carolina 28659 ▪ Phone (704)720-9485 ▪ Fax (704) 720-9406

FILE C:\SEC\JOBS\1242
SCALE 1" = 50'
S.A.R., W.O. & B.K.
FIELD WORK
S.A.R.
DRAWN BY
S.A.R.
PROJECT MGR.
05-1242
PROJECT NO.

Combray Woods Lot #6

Mecklenburg County, NC
S&EC #5-1242
6-Bedroom Conventional system

DESIGN FLOW	= 720 GPD
SOIL APPLICATION RATE	= 0.30 GPD/SQ.FT
DRAIN LINE (LINEAR FEET)	= 600' (EZ-FLOW OR CHAMBER)
TOTAL AREA TRENCH BOTTOM	= 1800 SQ. FT.
TRENCH BOTTOM	~ 24 INCHES
SOIL CAP REQUIREMENT	= NA
SOIL CAP MATERIAL	= NA
# DRAINLINES	= 5 LINES (100 – 150')
SUPPLY LINE LENGTH	~ 80' (BASED ON AUTOCAD MAP)
DISTRIBUTION	~~= PRESSURE MANIFOLD~~ D-BOX
SEPTIC TANK	= 1500 GALLONS
PUMP TANK	~~= 1500 GALLONS~~
PUMP	= MYERS ME50 OR COUNTY APPROVED EQUAL
FLOW	= NOT CALCULATED
TDH	~ 13'

APR-10-05 01:15 PM

FEE: 200 DATE: 4/18/05 Jeremy CA

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

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

FILE #: 523313

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: See vicinity map

TAX/PARCEL NUMBER: 00743102 PO

STREET ADDRESS: ~~15200~~ June Wosham Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Combraywoods

LOT NUMBER: 6

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000-6000 SF

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS:

CLOSING DATE: _____

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 X NO
EXISTING WASTEWATER SYSTEMS — ___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS — ___ YES X NO
WELL, SPRINGS OR WATERLINES — ___ YES X NO
DESIGNATED WETLANDS — ___ YES X NO

PROPERTY OWNER:

NAME: William Brewster Co., Inc
(LAST) Jacobus (FIRST) Frank (MI)
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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 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: 4/18/05

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5223B WASPS App #: 1759

Primary ES assigned to project: Jeremy Mitchelone

Secondary ES assigned to project: Kim Garrett

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

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

I. File Review:

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

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments: 8/8/07 - Release CO hold for well. Jbs

Application received date: 12/29/06 ES assigned date: _____ Permit issued date: 1/3/07

Well approval date: 8/8/07 Number of days to complete project: _____

Review performed by: JL. Shu Date performed: 8/8/07

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

August 8, 2007

Jon and Gabrielle Craig
15320 June Washam Road
Davidson, NC 28036

Re: Well Water Sampling Results
15320 June Washam Road
Tax Parcel # 007-431-18

Dear Jon and Gabrielle:

On July 19, 2007, staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The samples were analyzed for the following parameters: Total Coliform, Nitrate and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent , the Nitrate level was 1.6 mg/L (Nitrate-N levels are acceptable if $\leq$ 10 mg/l), and the Nitrite level was <0.05 mg/L (Nitrite levels are acceptable if <1.0 mg/l).

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

Sincerely,

Kim Garrett

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

Enclosure:
Laboratory Analysis

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 8/1/2007 05:04 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73913
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/19/2007 13:30 CHAIN OF CUSTODY #: 070719145235
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC27575	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	7/19/2007	14:57	SLT
AC27575	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	7/19/2007	14:57	SLT

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:	15320 June Washam
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 0707191452357

Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
AC27575																					
GWO-73913	KSG	7/19/07 1:30	N/A	N	n/a	4.1				X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Need results by Friday for closing

Blue is for lab use only

Comments: 24 hr TAT

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	7/19/07	14:47
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: 8/1/2007 05:01 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73913
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/19/2007 13:30 CHAIN OF CUSTODY #: 070719145005
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC27573	**NITRATE**	**1.6**	**mg/L**	0.05	EPA 353.2	7/20/2007	9:59	MKV
AC27573	**NITRATE/NITRITE**	**1.6**	**mg/L**	0.05	EPA 353.2	7/20/2007	10:37	MKV
AC27573	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	7/20/2007	9:59	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

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:	15320 June Washam
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC# 070719145005

Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Nitrate	Nitrite
AC27573																						
GWO-73913 AC27573	ksg	7/19/07 1130	N/A	N	18.4	10.3				X	500 ml		1			X					(X)	
AC27573	ksg	↓	N/A	N	↓	↓				X	125 ml		1	X								(X)
			N/A																			

Instructions:
Complete all yellow shaded sections
Need results by Friday for closing
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
Kim Garrett		7/19/07	14:47
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

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3271

1. WELL CONTRACTOR:
Joseph Bailey
Well Contractor (Individual) Name
B & K well Drilling Inc.
Well Contractor Company Name
STREET ADDRESS 132 MT Mourne Lp
Mooresville NC 28117
City or Town State Zip Code
(704) 892-4696
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT #(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 10-17-07 10-18-07
TIME COMPLETED 5:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Huntersville COUNTY Mck
15320 Jane Washam Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE N/A
LONGITUDE N/A
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☐GPS ☐Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Dream work's Ent.
STREET ADDRESS 516 River Hwy #135D
Mooresville, NC 28117
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 200
b. DOES 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 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 20 METHOD OF TEST SP Water

f. DISINFECTION: Type Chl. Tabs Amount 1 lb
g. WATER ZONES (depth):
From 110 To 111 From ___ To ___
From 166 To 169 From ___ To ___
From ___ To ___ From ___ To ___

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0	To 91 Ft	4 ¼	SDR 21	PVC
From		To Ft			
From		To Ft			

7. GROUT:

	Depth		Material	Method
From	0	To 20 Ft	Concrete	Pour
From		To Ft		
From		To Ft		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From		To Ft	in.	in.	
From		To Ft	in.	in.	
From	N/A	To Ft	A in.	in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From		To Ft		
From		To Ft		
From	N/A	To Ft	A	

10. DRILLING LOG

From	To	Formation Description
0	91	Red Soil / Sandy Soil
92	205	Granite Rock

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Joseph Bailey — 10-18-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Joseph Bailey
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original 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.

Form GW-1b
Rev. 7/05

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 #: 10001759 **File #:** 52238 **Tax Parcel #:** 007-431-18
Property Owner: JON & GABRIELLE CRAIG
Job Location Address: 15320 JUNE WASHAM RD
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 1/3/2007
Use of Well: Potable
Type of Facility Served by Well: House
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 North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

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

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

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

Other Conditions of This Permit:

Jeremy Michelone, P.S.
Authorized Agent: Print Name
Signature: Jeremy Mack, P.S.

Rhonda Gaus
Owner/Legal Agent: Print Name
Signature: Rhonda Gaus

FILE # 5223B

PERMIT # 1742

PARCEL # 007-431-18

15320 JUNE WASHAM ROAD

COMMENTS:

→ 4 BEDROOM HOUSE

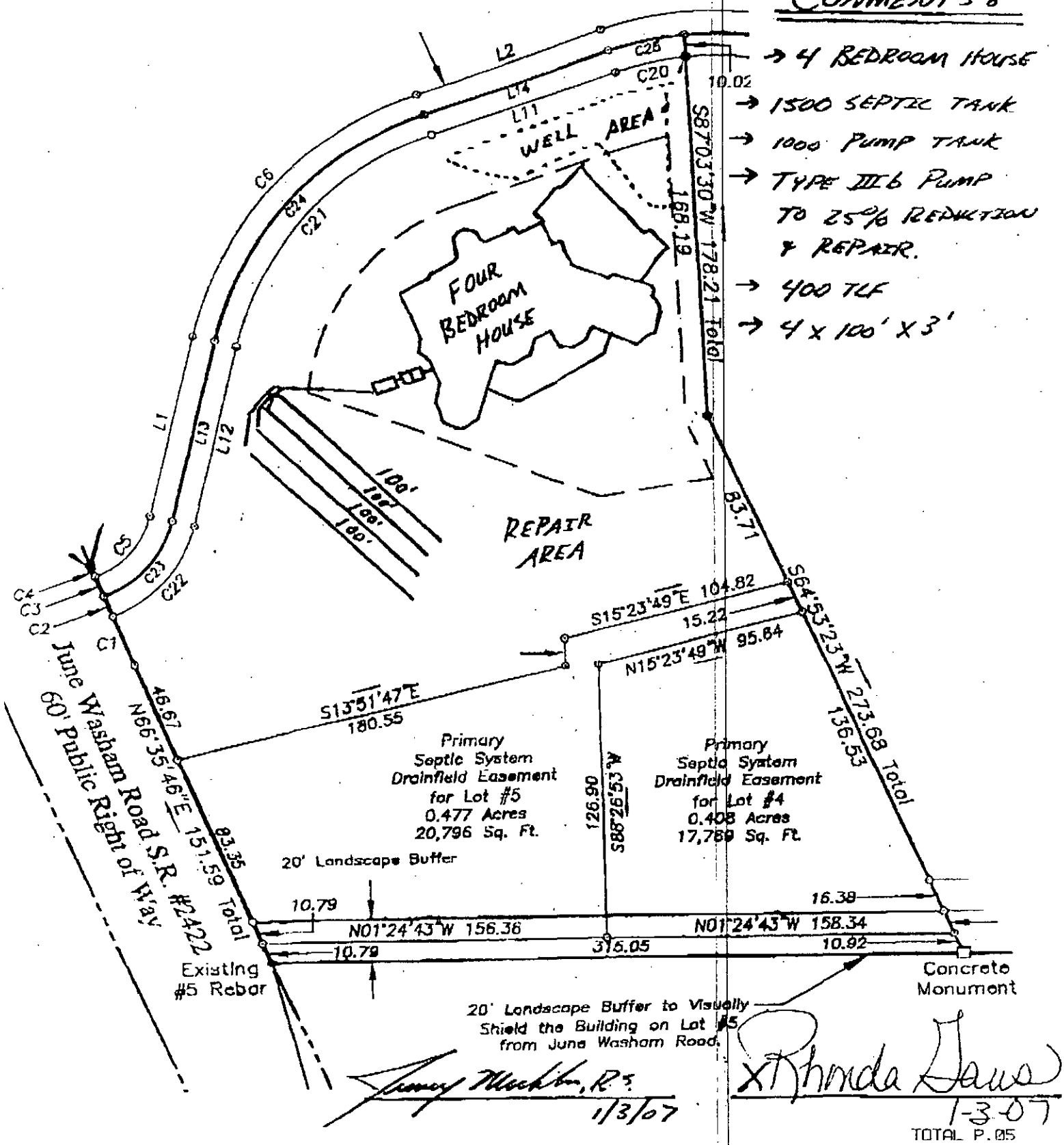
→ 1500 SEPTIC TANK

→ 1000 PUMP TANK

→ TYPE III b PUMP TO 25% REDUCTION & REPAIR.

→ 400 TLF

→ 4 x 100' x 3'



Jimmy Mashburn, R.S.
1/3/07

Rhonda Dawe
1-3-07

TOTAL P.05

01/03/2007 13:49 FAX 7046634370 DREAMWORKS 005

#1759

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: 12-29-06
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: _____
DATE: _____
CRT [ ]

FILE # 52236

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 #: 00743118
STREET ADDRESS: 15320 Jane Washam Rd
CITY: Davidson
STATE: NC **ZIP:** 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Combray Woods
LOT #: 6
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: 4008
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

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: Jon + Gabrielle Craig
ADDRESS: 11012 Heritage Green Dr.
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: 7048952895 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Dreamworks Enterprises
ADDRESS: 516 River Hwy Ste D #135
CITY: Mooresville
STATE: NC ZIP: 28117
HOME PHONE: 704 WORK PHONE: 6634125
MOBILE PHONE: 7046829837 FAX: 704 6634370

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-30-06
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5-31-07

4008307

*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.

Rhonda Laws 12-29-06
Owner/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.

Rhonda Laws 12-29-06
Owner/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

B&K Well Drilling

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/29/06
Receipt #: 47381
Check / Auth #: CHECK 1789
Received By: DAUGHVB

Amount: 400.00
Tendered: 400.00
Returned: 0.00

Account Information

Account #: X40183
Contractor: DREAM WORKS ENTERPRISES INC
Attn:
Address: 516 RIVER HIGHWY STE D#135
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 15320 JUNE WASHAM RD		1	400.00	400.00

1789
66-486/531
BRANCH 80

Dream Works Enterprises Inc
Ph: 704-528-9441 Fax: 704-528-4631
516 River Hwy Ste D 135
Mooresville, NC 28117

DATE 12-29-06

PAY TO THE ORDER OF Mecklenburg County $ 400.00

Four Hundred & 00/100 DOLLARS

Security Features Details on back

PeoplesBank
MEMBER FDIC
Denver, NC 28037
peoplesbanknc.com

FOR LOT 6 CW

Manola Sims

X40183 ⑈001789⑈ ⑆053104869⑆ 534904975⑈

Outstanding Balances

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