

15500 HOLLY TRAIL LN

00337108

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

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 #: 5881 B Permit #: _____ Tax Parcel #: 003-371-08

Property Owner: John Marshall Custom Homes, Inc.

Job Location Address: 15500 Holly Trail Ln.

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 11/30/06 Contractor Name: Gerald Tucker

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Little Giant 9EH

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 455 feet (480)

# of Lines: 4 @ 120 feet

Depth of Media: _____ inches (Type) Chamber

Depth of Cover: 16 inches

Distribution Device: Pressure Manifold

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 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 (50 min) feet

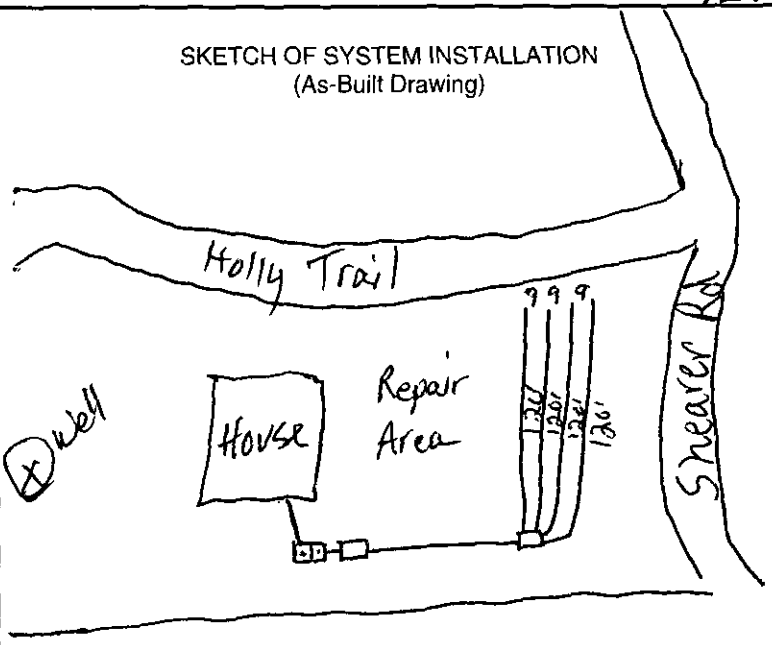
Inspection Dates

Tank(s) Inspected: 11/30/06

Excavation Inspected: 11/30/06

Pump & Controls Inspected: 12/12/06 Little Giant 9EH

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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: Type III-b,g approved accepted chamber septic system w/ pump and pressure manifold designed for 4 bdrm residence

DENR Authorized Agent: Gina Buchanan RS Signature: Gina Buchanan, RS

Witness pump operate and set to 2' head pressure at manifold. GAB 12/12/06

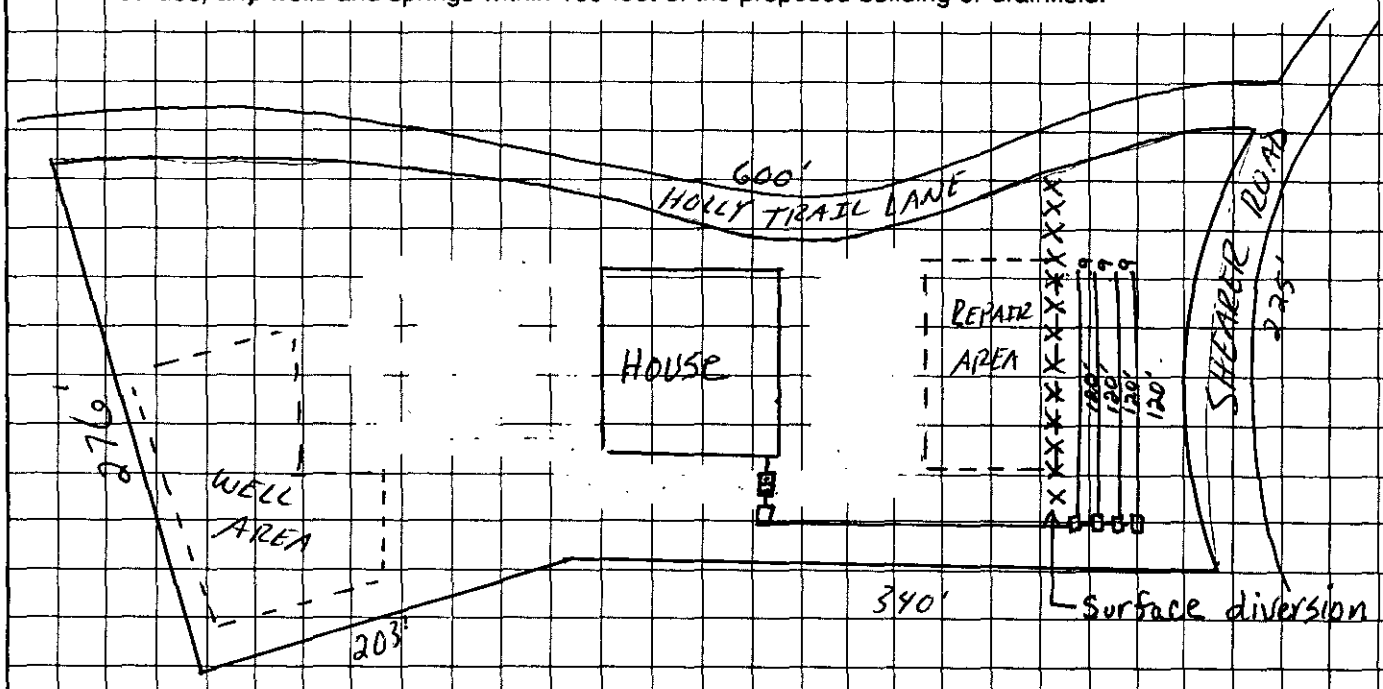
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 58818

TC: 003-371-08

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS:

→ System designed for a 5 bedroom House
→ 0.33 CTAR
→ 1500 septic tank
→ 1000 pump tank
→ Install 4 lines @ 120' each level and on contour
→ 455 TLF
→ Type II 6 Pump to approved innovative system Repair
→ A well permit will need to be obtained before CA Release
→ Surface diversion swell to be installed at top of grade for initial system.

OWNER/AGENT SIGNATURE

DATE 4/15/05

APPROVAL DATE Tommy Medlin, R.S. 4/8/05

Revised Cina Buchanan 10/17/06

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

PLEASE CALL FOR CREDIT CARD - 1610 CAB

X347636

GWS – RES. APP 07/05

SEPTIC FEE: 1000
DATE: 10/4/06
CRT [ ] JBA

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 # 58818

WELL FEE:
DATE:
CRT [ ]

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 #: 00337108
STREET ADDRESS: 15300 HOLLY TRAIL CT
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☒ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 5610
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: JOHN MARSHALL Custom Homes, Inc
ADDRESS: PO Box 2562
CITY: DAVIDSON
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 704-239-1124
MOBILE PHONE: FAX: 1-877-471-0525

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 11/28/06

*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.

Kathy Mack PRESIDENT 10/3/06
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.

Owner's/Agent's Signature Date

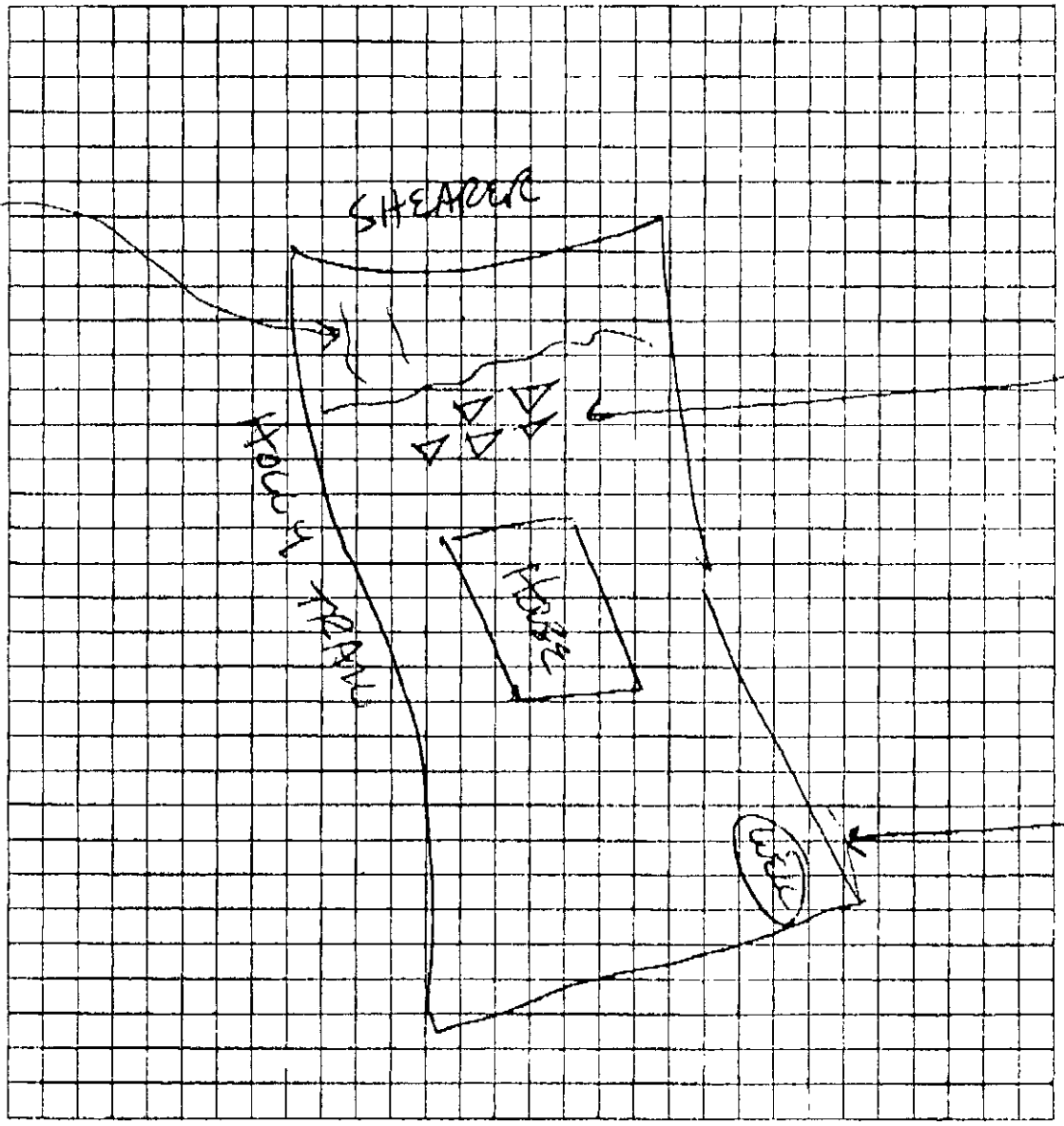
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-8894

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 # 58818
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 Rodney Mark, PRESIDENT, JOHN MARSHALL CUSTOM HOMES, INC.
Date 10/2/06

LBC 12/15/04

FEE: 300.00
DATE: 4/11/06
Y3416236 JKA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

LD 172517

PERMIT NUMBER: 5881B
PARCEL NUMBER: 00337108

JOB LOCATION ADDRESS: 15500 Holly Trail Lane
PROPERTY OWNER: John Marshall
BUILDING CONTRACTOR: John Marshall Custom Homes
SUBDIVISION NAME: Homestead
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 04/08/05

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 5881B, 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: **5881B** Tax Number: **00337108**

- 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:

0.33 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**1818** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**606** Total trench length (ft)	**24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**1000** Gallon pump tank	**12** 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:

0.33 Absorption Area (ft^2) **606** Total trench length (ft)	**12** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**24** 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 Mullis, R.S. 4/8/05
DENR Authorized Agent Date

4/15/05
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

PLEASE CALL FOR CREDIT CARD #

336-6894

Application #328 WMP

GWS – RES. APP 07/05

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

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

SEPTIC FEE: $100.00
DATE: 2/14/06
CRT [ ] Visa Payment V. Waeker
AP 001394

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 5881B

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 #: 00337108
STREET ADDRESS: 15500 Holly Trail Lane
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: HOMESTEAD
LOT #: 1, PHASE II

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: 5600
NUMBER OF BEDROOMS: 5
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
EXISTING WASTEWATER SYSTEMS ☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES ☐ YES ☒ NO
DESIGNATED WETLANDS ☐ YES ☒ NO
GRADING/SOIL REMOVAL PERFORMED ☐ YES ☒ NO

PROPERTY OWNER:

NAME: John Marshall Custom Homes, Inc.
ADDRESS: PO Box 2562
CITY: DAVIDSON
STATE: NC ZIP: 28036
HOME PHONE: 704 896 5872 WORK PHONE:
MOBILE PHONE: 704-239-1124 FAX: 1-877-471-0525

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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.

Owner's/Agent's Signature — Date 2/10/06

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.

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

FEB-10-2006 04:26 PM JOHN MARSHALL CUST HOMES 1 877 471 0525 P.01

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/14/06	**Amount:**	100.00
Receipt #:	41268	**Tendered:**	0.00
Check / Auth #:	VISA 001394	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: GRAHAM RODNEY
Attn:
Address: P.O. BOX 2562
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 15500 HOLLY TRAIL LANE		1	100.00	100.00

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28202

BATCH: 222
S-A-L-E-S D-R-A-F-T
73822355
000580158410

REF: 0001
CD TYPE: VISA
TR TYPE: MAIL/PHONE
INV: 4313
DATE: FEB 14, 06 12:30:04

AVS: EXACT MATCH
CVV2: MATCH

TOTAL $100.00*

ACCT: 5710 EXP: **/**
AP: 001394
TAX $0.00

CHARGE FOR USING VISA

CUSTOMER COPY

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

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

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

Sheet: 1 of 3
Property ID: 003-371-08
Lot #: 1
File #: 5881B
Code: 1

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: John Marshall Custom Homes, Inc.
Applicant: Ashley Rollans
Address: 8401 Tategrove Lane, Huntersville, N. C. 28078
Date Evaluated: 3/7/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 2.72a
Location of Site: 15500 Holly Trail Lane
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-5	GR/CL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	N/A	NONE	PS, IV
		5-20	SBK/C	FI/SEXP/S/P					.33GPD/FT
		20-43	SBK/CL	FR/SEXP/SS/SP					
2	"	0-6	GR/SCL	"	>50" TO SOIL WETNESS	50	"	"	"
		6-18	SBK/SCL	"					
		18-42	SBK/C	FI/SEXP/S/P					
		42-50	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-4	GR/SCL	"	>49" TO SOIL WETNESS	49	"	"	"
		4-20	SBK/SC	FI/SEXP/S/P					
		20-49	SBK/SCL	FR/SEXP/SS/SP					
4	LS, 8	0-4	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	"
		4-33	SBK/SC	FI/SEXP/S/P					
		33-48	SBK/SCL	FR/SEXP/SS/SP					
5	"	0-4	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		4-18	SBK/C	FI/SEXP/S/P					
		18-46	SBK/SCL	FR/SEXP/SS/SP					
6	"	0-6	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	"
		6-22	SBK/C	FI/SEXP/S/P					
		22-48	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.33GPD/FT^2	.33GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/8/2005. W. R. Marlin
Others Present:

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

Sheet: 2 of 2
File #: 5881B

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
7	LS, 8	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		5-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2

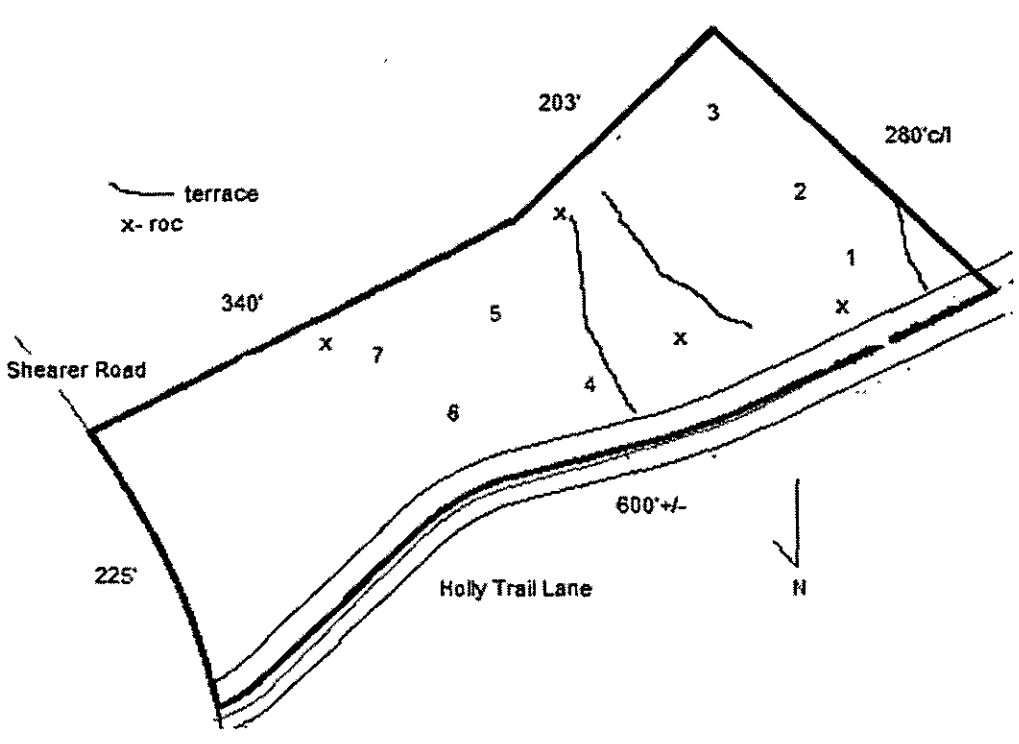
COMMENTS:

100%, repair, could possibly be rock outcrops in weeded area where borings 4-7 are

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



[redacted]

JRA

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

[redacted]

FILE # 58818

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00337108
STREET ADDRESS: 15500 HOLLY TRAIL LN
CITY: DAVIDSON
STATE: NC **ZIP:**
SUBDIVISION OR MOBILE HOME PARK NAME: HOMESTEAD PH II
LOT #: 1
TOWNSHIP:

- ☒ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☒ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ OTHER

HEATED SQUARE FOOTAGE: 4,200
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: EST. 4 (SPEC HOUSE TO BE BUILT)
FOUNDATION FOR RESIDENCE:

- ☐ CONCRETE SLAB
- ☒ CRAWLSPACE
- ☐ BASEMENT WITH PLUMBING
- ☐ 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 N/A 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 MARSHALL CUSTOM HOMES, INC.
ADDRESS: 8401 TATESBROOK LANE
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704-239-1124
MOBILE PHONE: 704 239-7124 FAX: 877-471-0525

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Ashley Rollins LLS
ADDRESS: 21201 GRAHAM RD
CITY: MT. ULLA
STATE: NC ZIP: 28125
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-746-8546 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JUNE 25, 2002
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? MARCH 31, 2005

*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.

[redacted] 2/25/05

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.

Owner's/Agent's Signature Date

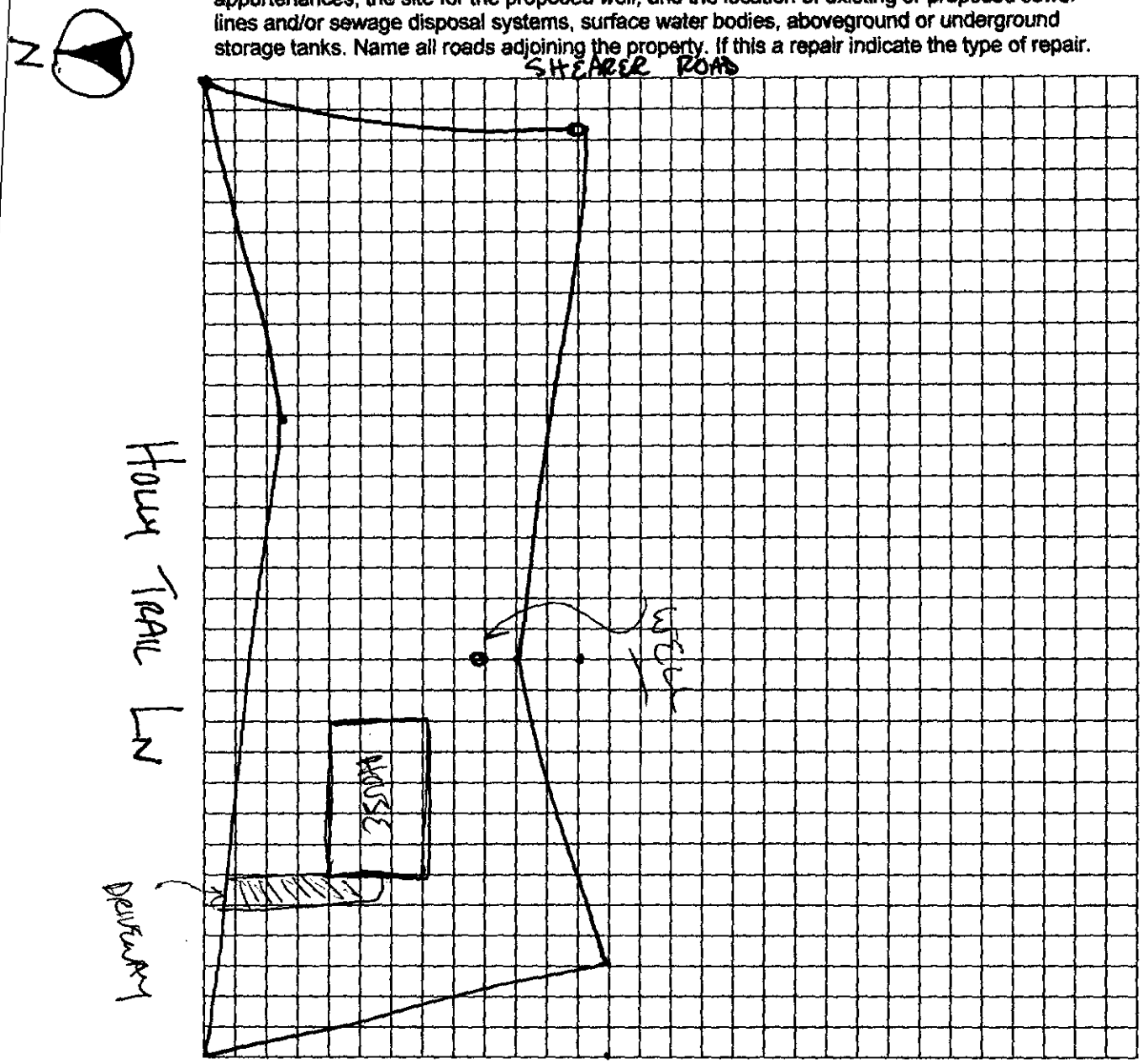
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 # 588/B
Date 2/28/05

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	Richard N
Date	2/25/05

LBC 12/15/04

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

November 8, 2006

Rodney Graham
John Marshall Custom Homes
8401 Tatebrook Lane
Huntersville, NC 28078

Re: Well Water Sampling Results
15500 Holly Trail Lane
Tax Parcel # 003-371-08

Dear Rodney:

On October 30, 2006 staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The sample was 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 <1.8 mg/l (Nitrate-N levels are acceptable if ≤ 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
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
kimberly.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 11/2/2006 04:25 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-15500
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/30/2006 11:40
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 061030140339

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB91262	**NITRATE**	**1.8**	**mg/L**	0.05	EPA 353.2	10/31/2006 15:15	EWN
AB91262	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	10/31/2006 14:34	EWN
AB91262	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	10/31/2006 8:45	RDW
AB91262	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	10/31/2006 8:45	RDW

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 15500 Holly Hill Trail

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

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 061030140334

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	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite
GWS-15500 AG91262	ksg	10/30/06 11:40 AM		N	18.7	69				X	100 ml		2						X		X		
	ksg	10/30/06 11:40 AM		N	18.7					X	500 ml		1			X						X	
	ksg	10/30/06 11:40 AM		N	18.7					X	125 ml		1	X									X

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

Itemize requested Metals here:

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

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		10/31/06	1345

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

WELL CONSTRUCTION RECORD

C.B 5881B

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) GARY C. HONEYCUTT CERTIFICATION # 2230

WELL CONTRACTOR COMPANY NAME Locust Pump & Well Drilling PHONE # (704) 888-2413

STATE WELL CONSTRUCTION PERMIT# 10000025 (if applicable) ASSOCIATED WQ PERMIT# 003-3711-08 (if applicable)

lot 1

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use

2. WELL LOCATION:
Nearest Town: DAVISON County Mecklenburg
HOLLY TRAIL LN
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☑Flat
(check appropriate box)

Latitude/longitude of well location
35° 28.98 / 80° 47.43
(degrees/minutes/seconds)

Latitude/longitude source: ☑GPS ☐Topographic map
(check box)

3. OWNER: JOHN MARSHALL CUSTOM HOMES
Address 15500 HOLLY TRAIL LN.
(Street or Route No.)
DAVIDSON N.C. 28036
City or Town State Zip Code
704- 239-1124 RODNEY GRAHAM
Area code- Phone number

4. DATE DRILLED Aug 9-06
5. TOTAL DEPTH: 600'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 41' FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 15" FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 4 METHOD OF TEST AIR
10. WATER ZONES (depth): 510' - 600'

DEPTH From	To	DRILLING LOG Formation Description
0	60	Sandy Soil
60	75	Broad Rock
75	92	Granity Rock
CASED		Well 92'
92	600	GRANITY

11. DISINFECTION: Type TABLETS Amount 5 cup
12. CASING:

	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
From	92' Ft.	6 1/4	1120-SDR21	PVC
From	To Ft.			
From	To Ft.			

13. GROUT:

	Depth To	Material	Method
From 20'	3 Ft.	Bentonite	pumped
From 3	Top Ft.	CEMENT	mixed

14. SCREEN:

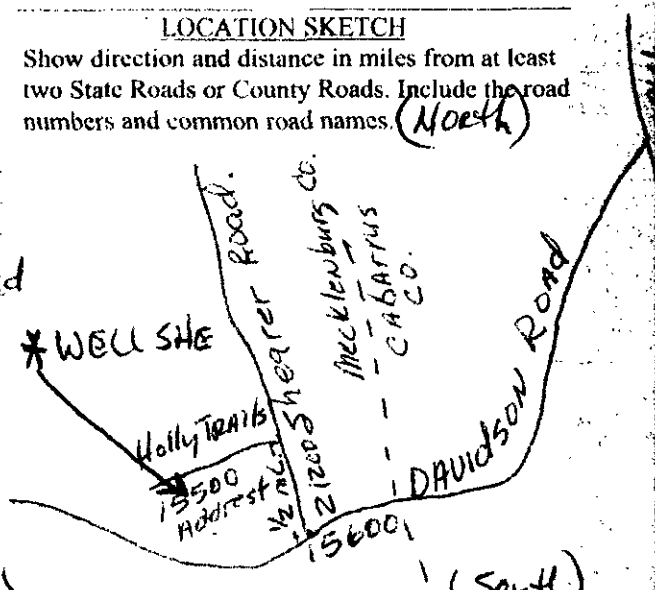
	Depth To	Diameter	Slot Size	Material
From	To Ft.	in.	in.	
From	To Ft.	in.	in.	

15. SAND/GRAVEL PACK:

	Depth To	Size	Material
From	To Ft.		
From	To Ft.		

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names. (North)



16. REMARKS: CASED Good - clean Drill

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

Gary C Honeycutt Aug 22/06
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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

GW-1 REV. 09/2004

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Tax Parcel #: 003-371-08

Permit #: 10000025
Property Owner: JOHN MARSHALL CUSTOM HOMES INC
Job Location Address: 16500 HOLLY TRAIL LN
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 4/15/2005
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 Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

Grout must be placed the full extent of the casing.

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

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

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

Other Conditions of This Permit:

Jeremy Nicholson, R.S.
Authorized Agent: Print Name
Signature:

Rodney A Graham, John Marshall Custom Homes
Owner/Legal Agent: Print Name
Signature:

704-239-1124

TOTAL P.01

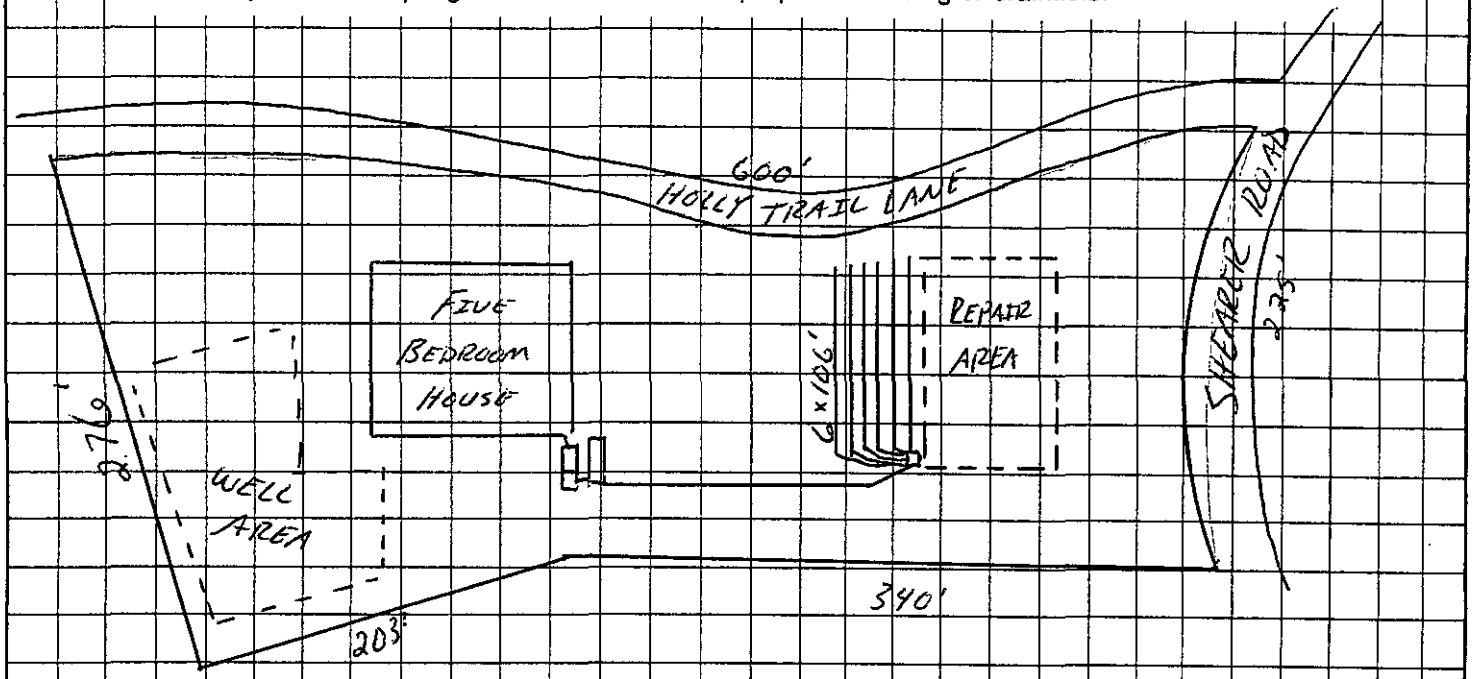
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5881B

TC: 003-371-08

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS B

→ System designed for a 5 bedroom House
→ 0.33 CTAR
→ 1500 septic tank
→ 1000 pump tank
→ Install 6 lines x 101' x 3' x 12" Stone
→ 600 TDF
→ Type III b Pump to Conventional System & Repair
→ A well permit will need to be obtained before CA Release

OWNER/AGENT SIGNATURE

DATE 9/15/05

APPROVAL DATE Tommy Mullis, R.S. 9/20/05

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

#25

GWS – RES. APP 12/04

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

FILE # 5881B

WELL FEE: 400.00
DATE: 4/15/05
CRT [] Check 2842 JKA

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00337108
STREET ADDRESS: 15500 Holly Trail Ln.
CITY: Davidson
STATE: NC ZIP: 28037
SUBDIVISION OR MOBILE HOME PARK NAME: Homestead
LOT #: 1

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: 4200
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: Spec House

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 Marshall Custom Homes, Inc.
ADDRESS: 8401 Tatebrook Lane
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704 948-5963 WORK PHONE: 704-239-1124
MOBILE PHONE: 704-239-1124 FAX: 1-877-471-0525

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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.

Kevin McL, President 4/15/05
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.

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

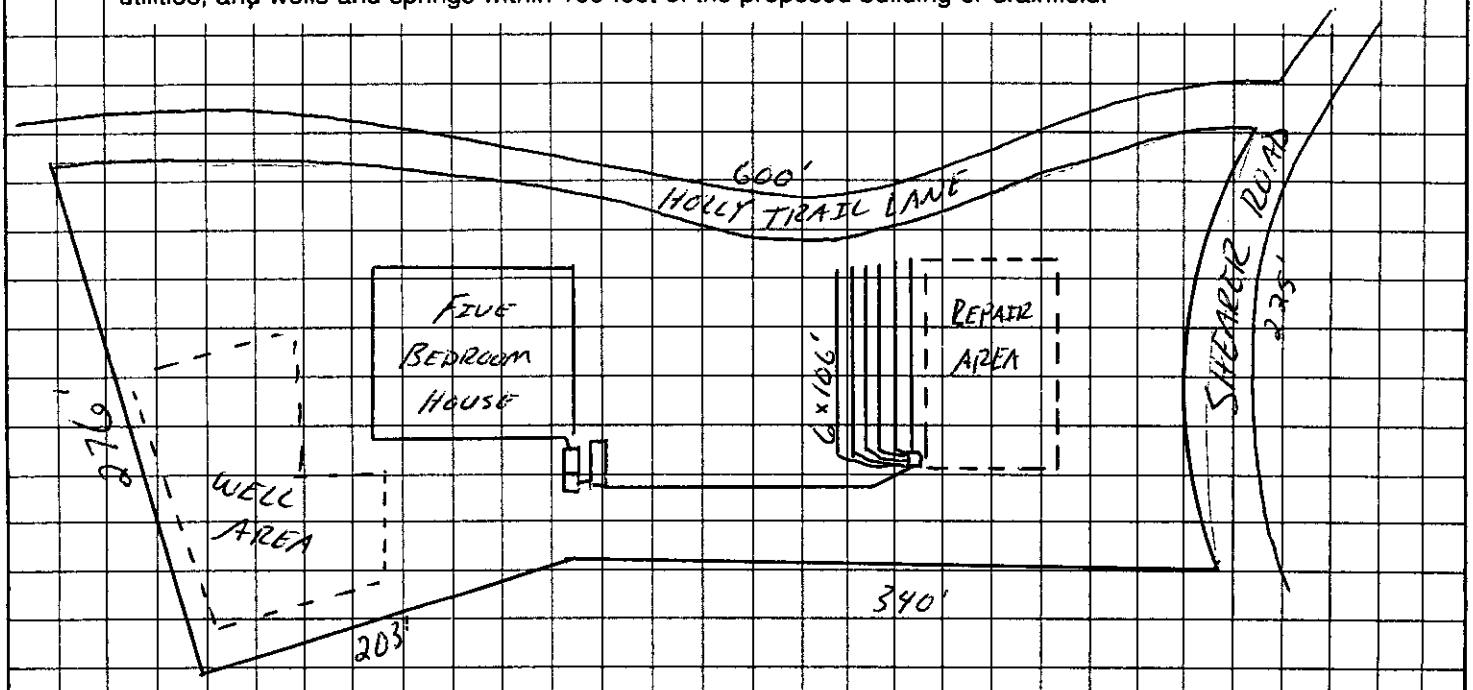
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 58818

TC: 003-371-08

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS:

→ System designed for a 5 bedroom House
→ 0.33 CTAR
→ 1500 septic tank
→ 1000 pump tank
→ Install 6 lines x 101' x 3' x 12" stone
→ 600 TCF
→ Type III & Pump to Conventional System & Repair
→ A well permit will need to be obtained before CA Release

OWNER/AGENT SIGNATURE

DATE 4/15/05

APPROVAL DATE Tommy Medlock, R.S. 4/8/05

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