

15305 HOLLY TRAIL LN

00337113

1/8/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 55888 DATE: 8/11/05

TC: 003-371-10 ☑ L ☐ CRT

SERIAL 19643

NO POSSE HLDS

Name of Owner James & Eileen Brady Juris.: _____

Address of Property 15204 Holly Trail Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 640' Plus

Number of Lines 6 @ 107'+

Cover Depth 14"

Water Supply Source well

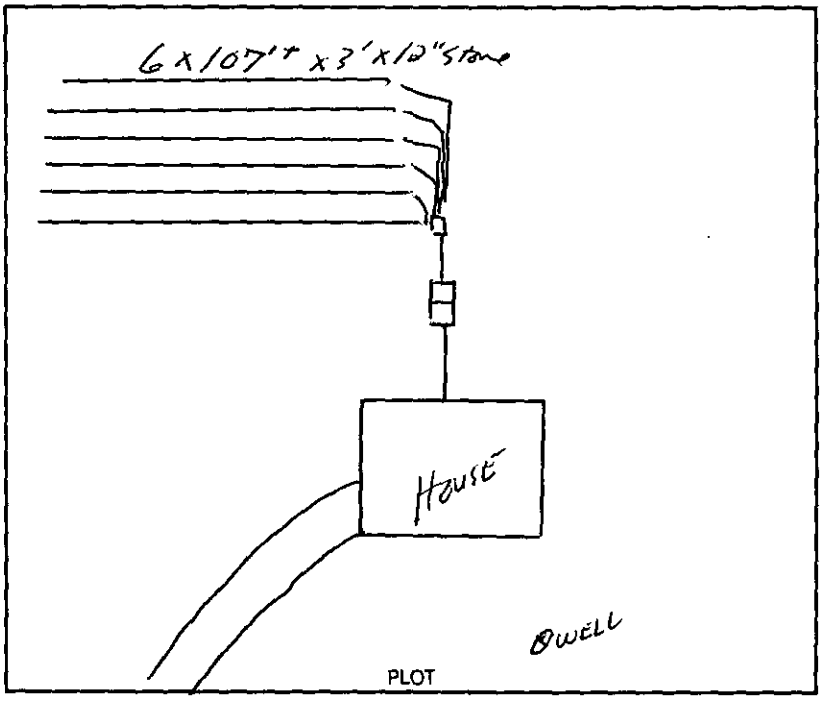
Distance to Water Source >100'

Excavation Inspected 8/11/05

Tank(s) Inspected 8/11/05

Wash Line Inspected —

High Water Alarm Inspected —



Design 2005, 1500ST, 1800 SFT, CONV. 12" stone CTR# W. Christenbery

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☑ 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. 1990 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/revocation of this permit.

COMMENTS: 4 Bedroom House

6 lines x 107' x 3' x 12" stone (640 TLF) (0.25 CTAR)

Type II Conventional System

Tommy Mullet R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

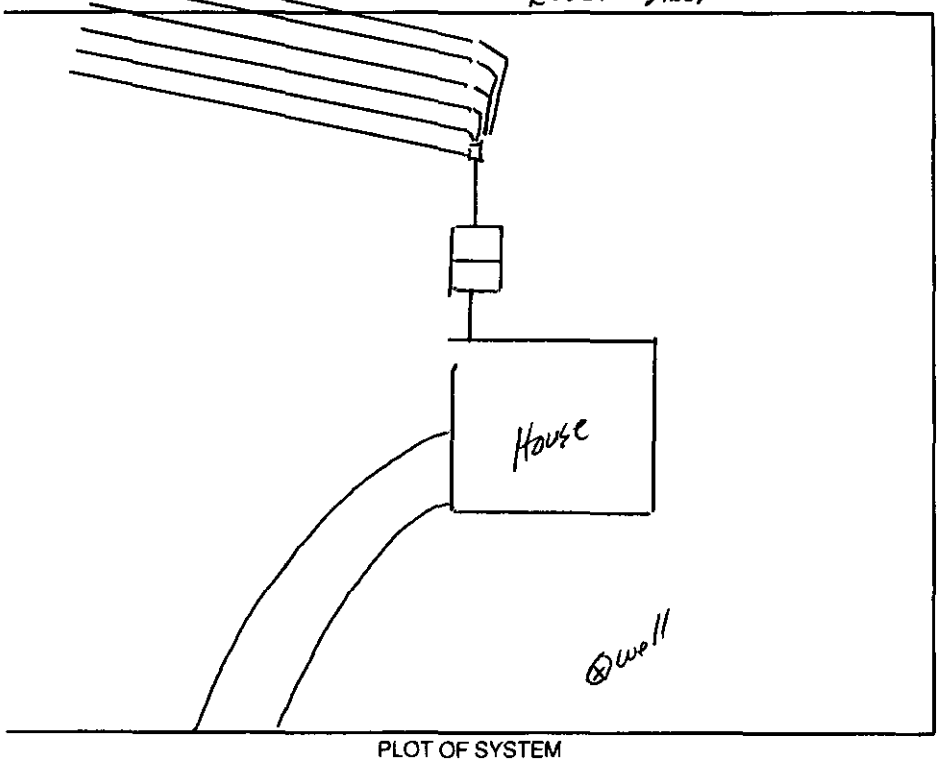
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 55888 DATE: 8/1/05

TC: 003-371-10 ☑ L

SERIAL 19863

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/19/04. All work shall be completed on or before 9/1/05, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 640 feet

Number of Lines 6 x 107'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

HOLLY TRAIL LANE

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

NAME OF OWNER James & Eileen Brady

LOCATION OF PROPERTY 15204 Holly Trail Lane

Comments: Four Bedroom House

Install 6 lines x 107' x 3' x 12" Stone

Type II Conventional System

Homeowner has option to change to 25% Reduction system of 480'

Tommy Michels, R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

ACS

PERMIT NUMBER: 5588B
PARCEL NUMBER: 003-371-10 3

15905

JOB LOCATION ADDRESS: ~~15024~~ Holly Trail Lane / Phase II, Lot #3
PROPERTY OWNER: James & Eileen Brady
BUILDING CONTRACTOR: Royal Building Company
SUBDIVISION NAME: Homestead
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 07/09/04

Jeremy Michelone R.S.
DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5588B, 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____
   _____
   _____
   _____
   _____

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 PERMITSAND AUTHORIZATION TO CONSTRUCT.

_____ _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5588B

Tax Number: 003-371-10 3

- The IMPROVEMNET 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:

0.250 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1926 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	642 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	NA Gallon pump tank	12 Depth of stone (in)	

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

Additional conditions: **Type IIa septic system (conventional). Install drain lines level and on contour.**

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:

1926 Absorption Area (ft^2) 642 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH 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 in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

Tommy Mabe R.S. 7/9/04

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH, AND
NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

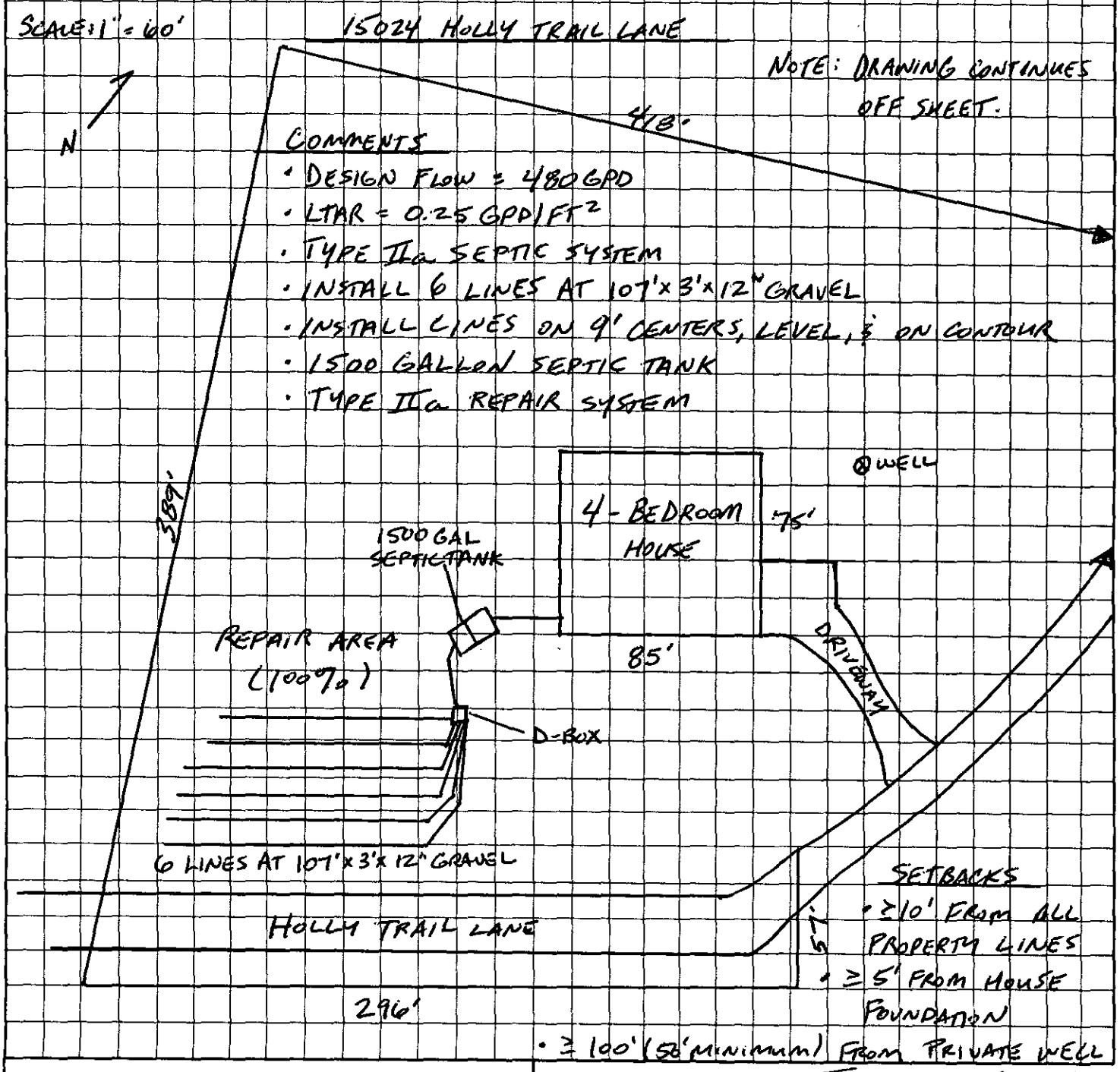
PROPOSED PLOT PLAN

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

FILE: 5588B

TC: 003-371-16 3

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.



APPROVAL DATE Tommy Mickle R.S.

OWNER/AGENT SIGNATURE

DATE

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

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

Sheet: 1 of 2
Property ID: 003-371-16 3 ACS
Lot #: 3
File #: 5588B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: James & Eileen Brady
Address: 18919 Gainsway Ct., Davidson, N. C. 28036
Proposed Facility: Residence Design Flow (.1949): 480gpd
Location of Site: ~~18214~~ 15305 Holly Trail Lane
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant:
Date Evaluated: 04/27/2004
Property Size: 2.98a
Property Recorded:

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	
1	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV .25GPD/FT^2
		4-37	SBK/C	FI/SEXP/S/P					
		37-46	SBK/CL	FR/SEXP/SS/SP					
2	"	0-15	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		15-48	SBK/C	FI/SEXP/S/P					
3	"	0-7	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		7-27	SBK/C	FI/SEXP/S/P					
		27-49	SBK/CL	FR/SEXP/SS/SP					
4	"	0-3	GR/CL	"	>48" TO SOIL WETNESS	49	"	"	"
		3-37	SBK/C	FI/SEXP/S/P					
		37-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-4	GR/CL	"	>44" TO SOIL WETNESS	44	"	"	"
		4-44	SBK/C	FI/SEXP/S/P					
		BORING TERMINATED @44", FLOATER ROCK							
6	LS, 10	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV .3GPD/FT^2
		5-48	SBK/C	FI/SEXP/S/P					
7	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
8	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-20	SBK/CL	"					
		20-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	SEE COMMENTS	SEE COMMENTS

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 4/27/2004, W. R. Marlin
Others Present:

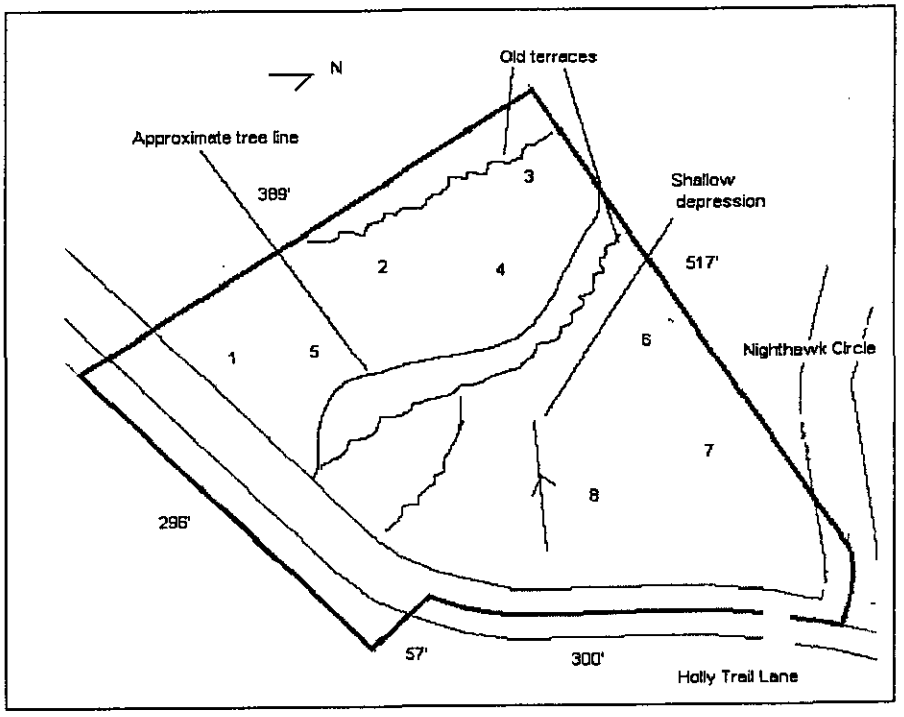
COMMENTS:

100% repair, soils in older trees have .3gpd/ft^2 LTAR, soils in brushy area .25gpd/ft^{2}LTAR

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-Food 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



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

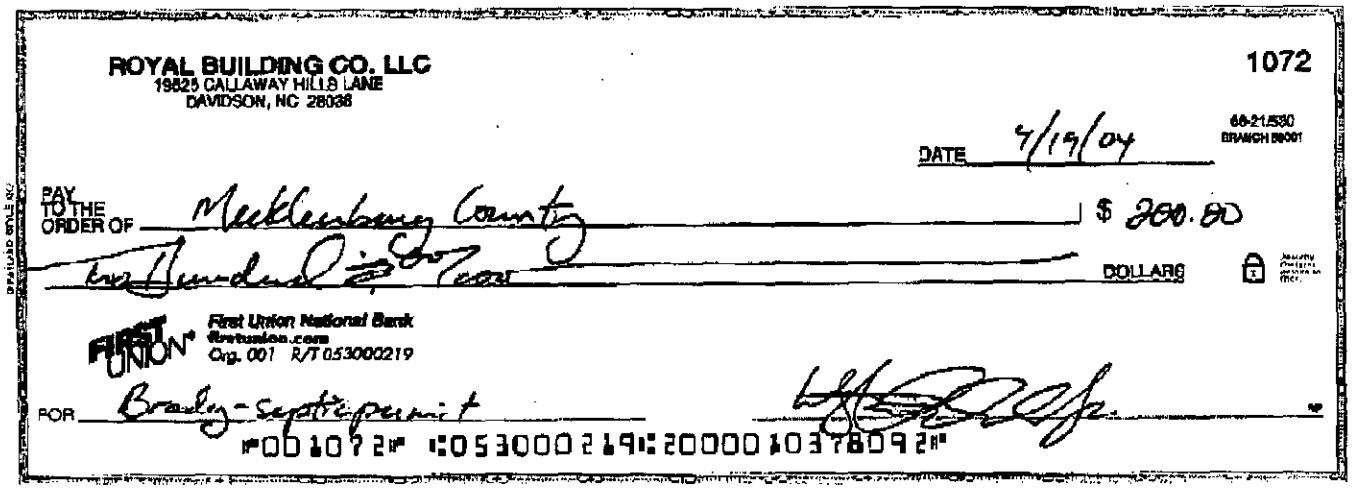
Receipt Information

Date:	04/19/04	**Amount:**	200.00
Receipt #:	25101	**Tendered:**	200.00
Check / Auth #:	CHECK 1072	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: 200000
Contractor: ROYAL BUILDING CO
Attn:
Address: 19525 CALLAWAY HILLS LN
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15204 holly trail ln		1	200.00	200.00



ROYAL BUILDING CO. LLC
19525 CALLAWAY HILLS LANE
DAVIDSON, NC 28036

1072

68-21/530
BRANCH 59001

DATE 4/19/04

PAY TO THE ORDER OF Mecklenburg County $ 200.00

two Hundred 00/100 DOLLARS

First Union National Bank
firstunion.com
Org. 001 R/T 053000219

FOR Bradley - septic permit

⑈001072⑈ ⑆053000219⑆ 2000010378092⑈

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-30.00					

FEE: $200.00 #1872
DATE: 4.19.04
WPY

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

[ ] CRT

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 #: 5588B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00337113

STREET ADDRESS: 15305 15204 Holly Trail Lane 15305

SUBDIVISION OR MOBILE HOME PARK NAME: Homestead

LOT NUMBER: 34 Phase II

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):

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

HEATED SQUARE FOOTAGE: 4000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

CLOSING DATE ASAP

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: Brady James E. Keen
(LAST) (FIRST) (MI)

ADDRESS: 18919 Gateaway Ct.

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 201-5705 (Ken)

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: _____ DATE: 4/19/04

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

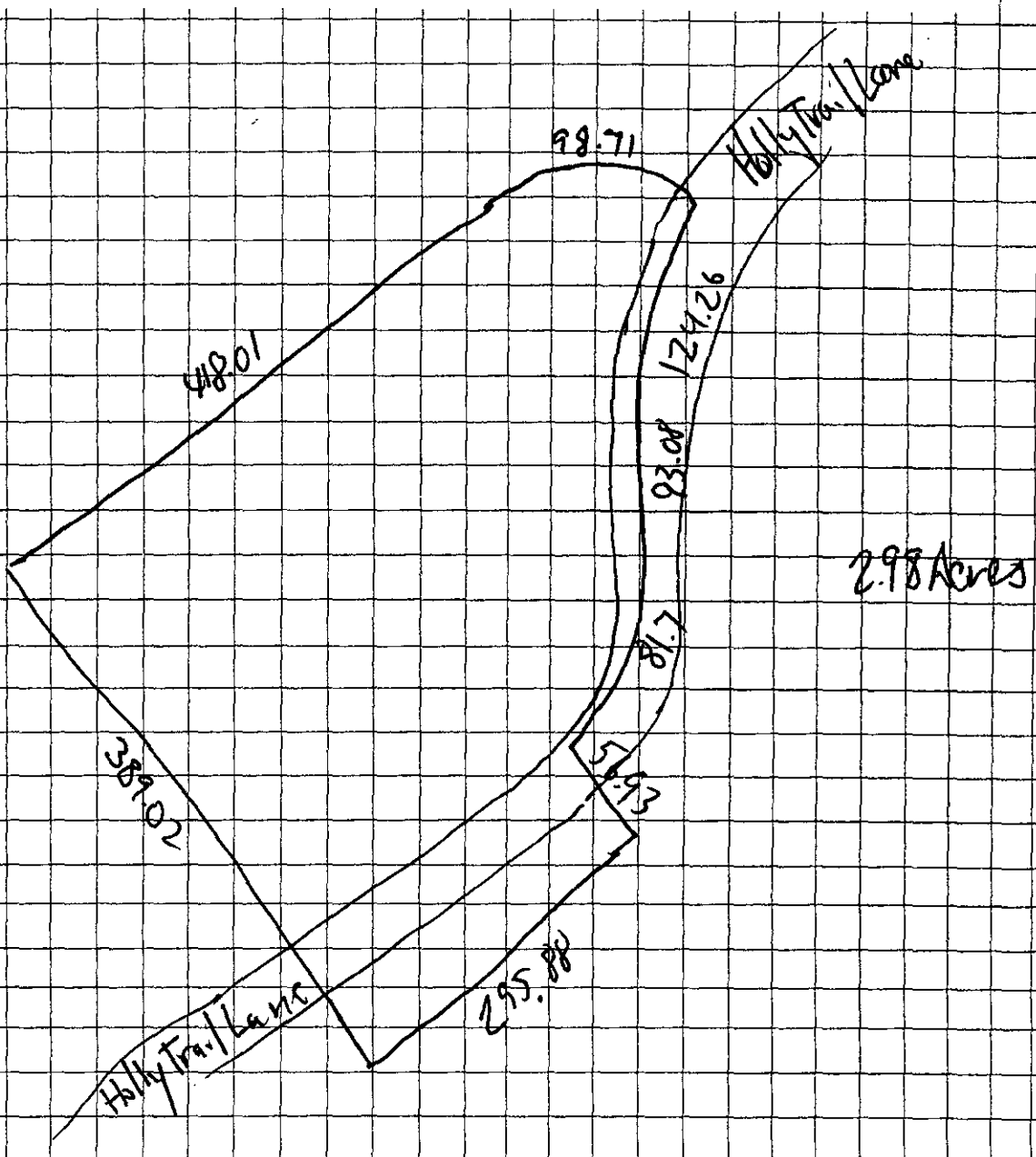
PROPOSED PLOT PLAN

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

FILE: 5588B

TC: 003-371-10

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.



OWNER/AGENT SIGNATURE

DATE 4/19/04

APPROVAL DATE _____

Close Print

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P.O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, NC 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SYSTEM

Name of Owner/Tenant:	Brady, Eileen	**Source of Sample:**	Well
Address:	15305 Holly Trail Davidson, NC 28036	**Type of Sampling Point:**	
		Type of Analysis:	Privat

County:	MECKLENB		
Report To:	Mecklenburg Co. Env. Health 700 North Tryon St., Suite 208 Charlotte, NC 28202	**Attn:**	Sillus, Joshua (704) 336-5101
		Courier:	05-16-21

Signed By: Sillus, Joshua
Collected By: JS **Date:** 11/16/2005 **Time:** 11:00:00 AM
Comments:

Bacteriologic Analysis

Contaminants	**Result**
Total Coliform (ColilertRoutine)	Absent

Date Received:	11/17/2005	**Report Date:**	11/18/2005	**Reported By:**	
Today's Date:	12/6/2005	**Login Batch:**	05110015	**Sample Number:**	AA90700

O.K. to be released.

Thanks
Jeremy

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Brady, Eileen
Address: 15305 Holly Trail Lane
Davidson, NC **Zip:** 28036
County: MECKLENB

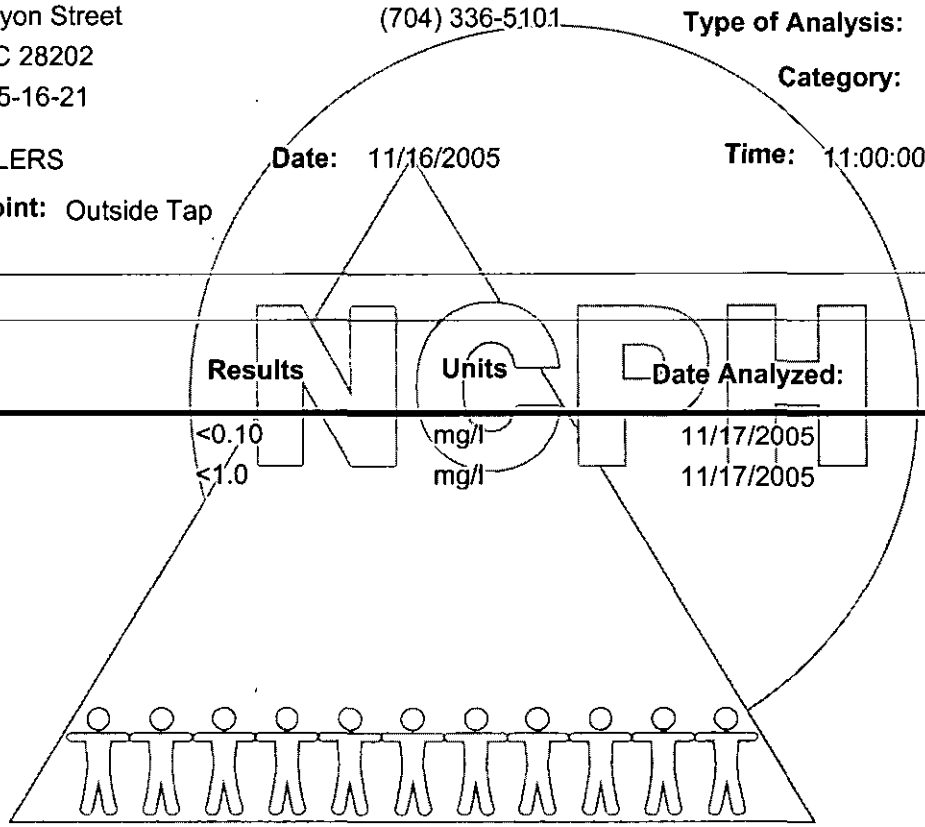
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Joshua R. seller
(704) 336-5101

Collected By: J.R. SELLERS **Date:** 11/16/2005 **Time:** 11:00:00 AM
Location of sampling point: Outside Tap
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	11/17/2005
Nitrate as N	<1.0	mg/l	11/17/2005



State North Carolina Public Health Laboratory of Public Health

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 2.5 °C
Date Received: 11/17/2005 **Report Date:** 11/30/2005 **Reported By:** Debbie Monsel
Today's Date: 11/30/2005 **Reference:** 16084 **Login Batch** 05110038 **Sample Number:** AB35009

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Brady, Eileen
Address: 15305 Holly Trail Lane
Davidson, NC **Zip:** 28036

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Joshua R. sellers
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: J.R. SELLERS **Date:** 11/16/2005 **Time:** 11:00:00 AM
Location of sampling point: Outside Tap
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	2	mg/l	11/17/2005
Silver	<0.05	mg/l	11/17/2005
Alkalinity as CaCO3	110	mg/l	11/17/2005
Arsenic	<0.001	mg/l	11/17/2005
Barium	<0.1	mg/l	11/17/2005
Calcium	28.2	mg/l	11/17/2005
Cadmium	<0.005	mg/l	11/17/2005
Chloride IC	5	mg/l	11/17/2005
Chromium	<0.01	mg/l	11/17/2005
Copper	0.05	mg/l	11/17/2005
Fluoride	0.29	mg/l	11/17/2005
Iron	0.10	mg/l	11/17/2005
Hardness as CaCO3 (Ca,Mg)	90	mg/l	11/17/2005
Mercury	<0.0005	mg/l	11/17/2005
Magnesium	4.8	mg/l	11/17/2005
Manganese	0.17	mg/l	11/17/2005
Sodium	8	mg/l	11/17/2005
Lead	<0.005	mg/l	11/17/2005
pH	7.5	Std. unit	11/17/2005
Selenium	<0.005	mg/l	11/17/2005
Total Dissolved Solids	168	mg/l	11/17/2005
Zinc	0.24	mg/l	11/17/2005

NCPH
North Carolina Public Health
State Laboratory of Public Health

Date Received: 11/17/2005 **Report Date:** 11/30/2005 **Reported By:** Nellie Honeycutt
Today's Date: 11/30/2005 **Ref:** 16064 **Login Batch:** 05110038 **Sample Number:** AB34989

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l



Me? Test My Water?

COPY

WATER IS ESSENTIAL FOR LIFE

Doctors recommend that we drink at least 8 glasses of water a day. That's about 4 gallons a week or 200 gallons a year. Many of us take our water for granted and never consider testing it to be sure it is safe. It may be that some of us are afraid to have our water tested because we are not sure of what may be found. Fortunately, many problems that can occur with private wells and drinking water have solutions.

WELL CONSTRUCTION IS IMPORTANT IN PROTECTING YOUR DRINKING WATER

As of January 1st 2005 Mecklenburg County now has a Groundwater Well Regulation that includes the inspection of private wells. This means that ***BEFORE*** *you have a new well drilled, a permit needs to be submitted and approved by our department to ensure that* your well construction meets specified standards and that the water is safe for you and your family. In addition, certain repair work to existing wells requires a permit. Only a Mecklenburg County Certified Well Contractor can legally install or repair wells.

WHEN SHOULD I TEST MY WATER?

GWS recommends private well owners test their water for bacterial contamination every year. In addition, the water can be tested for a variety of inorganic, mineral and toxic metals, pesticides and volatile and semi-volatile organic chemicals. If you notice any change in your water, it should be tested. GWS also recommends you have your water tested after any repair work is done to a well. A new well will be tested as part of the inspection and the cost is included in the permit fees. If you haven't had your water tested in the past year, ***NOW*** *is a good time* to test your well water.

PUBLIC WATER? SHOULD I TEST THE WATER?

If you drink water from a community or municipal water source, your water is tested on a regular basis. Generally, public water suppliers do not take water samples from individual residences. There is a chance that lead and other metals from the plumbing in the house can end up in your water. Public water suppliers are not responsible for testing the water from inside your home, therefore a periodic baseline sample from your home is recommended.

THE MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES (GWS) OFFERS:

⇒ The Information and results are unbiased and accurate!
⇒ Collection of the samples from your home and delivery to a state certified laboratory that will conduct the analyses
⇒ More than 40 types of water tests are available
⇒ Health risk assessments & consultation if any problems are found
⇒ No sales pressure! PUBLIC HEALTH is our business!

Contact the Mecklenburg County GWS at 704-336-5103 for more information.

RCVD $50.00 1/7/05 JKH
Check # 4433

APPLICATION FOR TESTING YOUR WATER

Name Eileen Brady * below directions & new street

Daytime Phone 704-895-8440 (ext. 1H)

Site Address 15305 Holly Trail Lane, Davidson, NC 28036.

Mailing Address if different from site address 003-371-13

Please test my water for:

[X]	bacteria, pH, hardness, lead, arsenic, iron, manganese, copper, zinc, calcium, magnesium, alkalinity, chloride, fluoride silver, acidity, barium, cadmium, mercury, manganese, sodium, selenium, total dissolved solids	~~$50.00~~
[ ]	nitrates/nitrites	$15.00
[ ]	pesticides/VOC/semi VOC	$200.00

Is there a working spigot on the outside of the house? [X] Yes [ ] No
Are there any dogs in the yard? [ ] Yes [X] No

Please include a check made payable to the Mecklenburg County Health Department and mail to:

Mecklenburg County LUESA
Groundwater & Wastewater Services
700 North Tryon Street, Suite 211
Charlotte, NC 28202

~~Dave~~

* Directions:
77 N to exit 30 (Davidson), right off exit towards Davidson College, go to end of road, make right on main St, make 1st right at light (Concord Rd), go 6-7 miles, stay straight at fork that turns into Rocky River Rd, make left on Shearer Rd, [illegible] make left on Holly Trail

File#: 55888 Permit#: 20050210SPM01

Well Activity Checklist

1. Application & Well Siting

		Date
☒	Complete application on file	2/7/05
☒	Site plan and other appropriate documentation submitted	2/7/05
☒	Registered well driller Certification Number: 3265	4/1/05
☒	Proposed well location meets required setbacks	2/10/05
☒	**ARGU** *restrictions satisfied (if applicable)*	
☒	Well permit issued	2/10/05
☒	Septic system permit issued (if applicable)	

2. Onsite Inspection

Observed	Driller		
☑	☐	Valid permit on site with registered well driller	4/1/05
☑	☐	*Required setbacks satisfied, approved location per permit*	4/1/05

Appropriate Materials Used for Construction:

Observed	Driller		
☐	☑	Drilling fluids/additives	4/1/05
☐	☑	Casing materials/Joint compounds	4/1/05

Source of Water:

Observed	Driller		
☐	☑	Greater than 40 ft. below land surface	4/1/05
☑	☐	Water NOT from a known contamination zone	4/1/05

Well Casing:

Observed	Driller		
☐	☑	Casing > than 40 ft. below land surface	4/1/05
☐	☑	Non-potable zones effectively sealed	4/1/05
☐	☑	Casing properly seated	4/1/05
☑	☐	Casing terminated at least 12 inches above land surface	4/1/05
☑	☐	All ASTM/NSF standards met	4/1/05
☐	☑	Drive shoe used	4/1/05

Grouting:

Observed	Driller		
☑	☐	Approved grouting materials used	4/1/05
☑	☐	Grouted to a minimum of 20 ft. below land surface	4/1/05
☑	☐	Grouted within 5 days of casing being set	4/1/05
☑	☐	Proper depth to seal non-potable zones	4/4/05

Well Head:

☑	Well casing extended at least 12 inches above land surface	11-15-05 (JRS)
☑	Vented, sanitary well cover in place	11-15-05 (JRS)
☑	Access port in place	11-15-05 (JRS)

☑ Sample tap between pump and pressure tank properly constructed — 11-15-05 JRS

Well Activity Checklist Continued

Date

Well Disinfection:

☐ Notification of disinfection

Well Contractor Identification Plate:

☑ Plate installed securely on well casing — 11-15-05 JRS

☑ Information not obscured — 11-15-05

☑ Information accurately completed — 11-15-05

Pump Installer Identification Plate:

☑ Plate installed securely — 11-15-05

☑ Information not obscured — 11-15-05

☑ Information accurately completed — 11-15-05 JRS

3. Well Sampling

☑ Appropriate water samples collected as required by permit — 11-15-05 JRS

4. Additional Comments / Observations

GWS Inspector (Print Name)
JOSHUA R. SELLERS R.S. | REHS 11-15-2005

GWS Inspector (Signature)
Joshua R. Sellers R.S. | REHS 11-15-2005

Date 11-15-2005

55888

2

003-371-13

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Ralph E. Bailey CERTIFICATION # 3265

WELL CONTRACTOR COMPANY NAME B & K Well Drilling Inc. PHONE # (704) 892-4696

STATE WELL CONSTRUCTION PERMIT# (if applicable) ASSOCIATED WQ PERMIT# (if applicable)

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: Davidson County Mock.
15305 Holly Trl. Ln.
(Street Number, Name, Community, Subdivision, Lot No., Zip Code)

3. OWNER: James & Eileen Brady
Address same as above
(Street or Route No.)
City or Town State Zip Code
( ) Area code - Phone number

4. DATE DRILLED 4/4/05
5. TOTAL DEPTH: 465
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
7. STATIC WATER LEVEL Below Top of Casing: 60 FT. (Use "+" If Above Top of Casing)
8. TOP OF CASING IS 12 inches FT. Above Land Surface*
*Top of casing terminated after below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 10 METHOD OF TEST open flow
10. WATER ZONES (depth): 100/250/390
11. DISINFECTION: Type Cl. tabs Amount 12oz.
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 48	Ft.	6"	18	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Sand-mix	hand-mix
From	To	Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

16. REMARKS:

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat (check appropriate box)
Latitude/longitude of well location
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map (check box)

DRILLING LOG

DEPTH From	To	Formation Description

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.

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

Ralph E Bailey 4/5/05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

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 # 558818

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050210J-PM01 **Tax Parcel #:** 003-371-13

Property Owner: James & Eileen Brady

Job Location Address: 15305 Holly Trail Lane

City/ETJ: Davidson **State:** NC **Zip Code:** 28036

Permit Issuance Date: 2/10/05

Use of Well: Potable

Type of Facility Served by Well: Residence

Sewage System Type: Septic

Area of Regulated Groundwater Usage Restrictions Apply: NO If Yes, see requirements in Specific Conditions of This Permit.

Replacement for Existing Well: NO 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 be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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

Other Conditions of This Permit:

Authorized Agent: Jeremy Micheloni, P.S. Owner/Legal Agent: Jeff McGee
Print Name

Signature: Jeremy Micheloni, P.S. Signature: J. McGee

JLS 12/13/04 Final

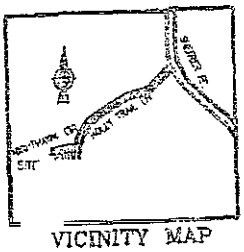
FILE # 55888 PERMIT # 20050210SPM01

THIS IS TO CERTIFY THAT ON THE 8TH DAY OF DECEMBER 20 04 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA BOARD RULE 1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED

SIGNED

JAMES MAUNEY & ASSOCIATES, P.A.
PROFESSIONAL SURVEYORS
18627-A NORTHLINE DRIVE
CORNELIUS, NC 28031
TEL: 704-987-3862
FAX: 704-987-3863

NORTH CAROLINA PROFESSIONAL SEAL L-3885 LAND SURVEYOR JAMES H. MAUNEY, JR



VICINITY MAP

LEGEND

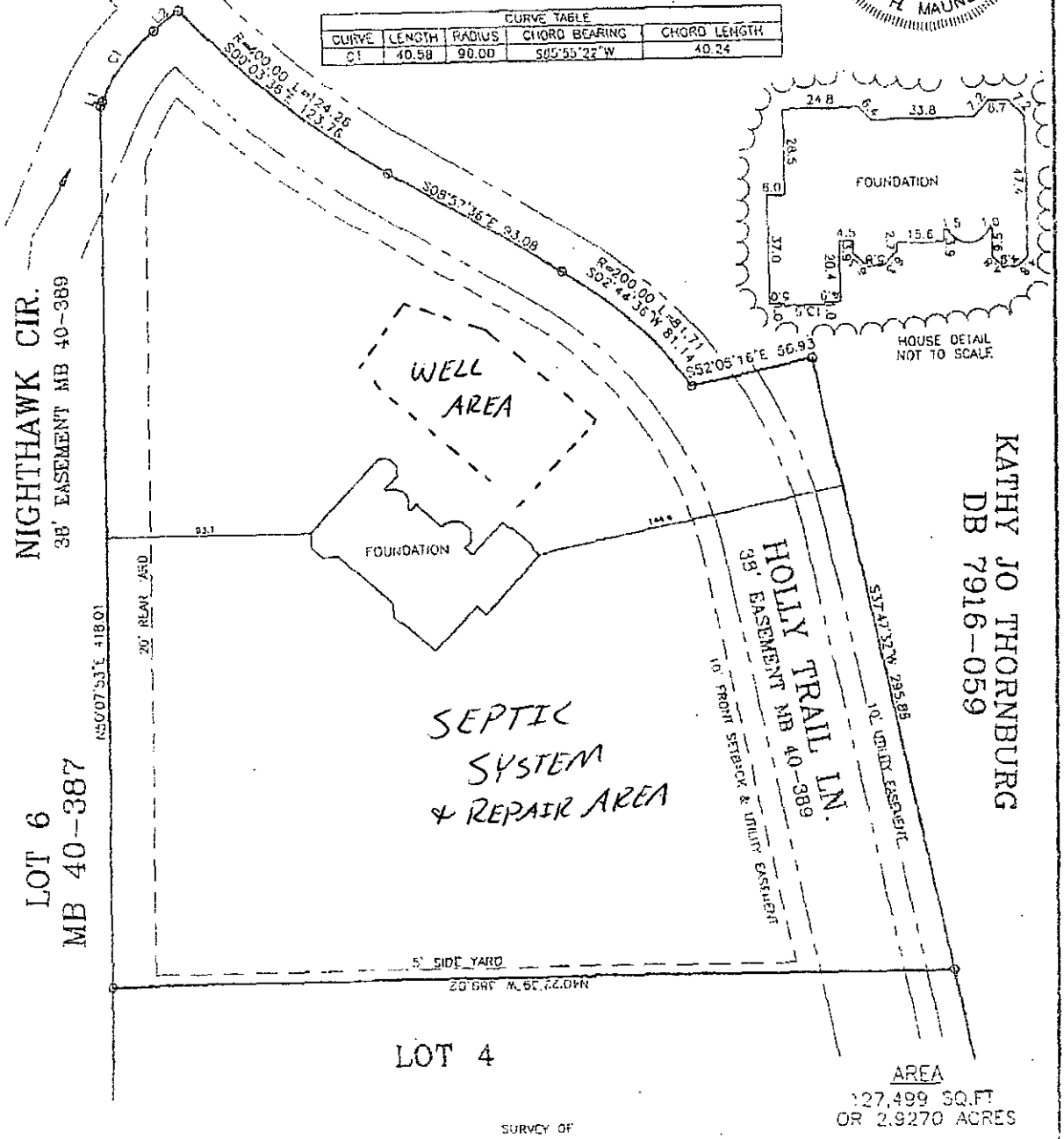
SQ.FT. - SQUARE FEET

NOTES

1. SUBJECT PROPERTY IS ZONED RURAL
SETBACKS PER MB 40 389
FRONT - 10'
REAR - 20'
SIDE - 5'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N73°00'22"E	2.21
	S81°09'39"E	14.77

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD LENGTH
C1	40.58	90.00	S05°55'22"W	40.24



AREA
127,499 SQ.FT
OR 2.9270 ACRES

SURVEY OF

LOT 3, HOMESTEAD II

OWEESE TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

PREPARED FOR ROYAL BUILDING COMPANY

SCALE 1"=60'

MAP BOOK 40 PAGE 389

DEED BOOK _____ PAGE _____

DRAWN JM

TAX PARCEL 03337110

FLOOD CERTIFICATION
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 4, 2004
PANEL 0100 J

Mitchell R.S.
2/10/05

GWS – RES. APP 12/04

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 # 5588 B

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 #: 003-371-13
STREET ADDRESS: 15305 Holly Trail Lane
CITY: Davidson
STATE: NC **ZIP:** 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Homestead
LOT #: 3 (phase 2)
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:
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: James & Eileen Brady
ADDRESS: 19734 Calloway Hills Ln
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 7048959960 WORK PHONE:
MOBILE PHONE: FAX:

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.

E Brady 2/7/05
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.

E Brady 2/7/05
Owner's/Agent's Signature Date

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

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LEGEND

SQ FT - SQUARE FEET

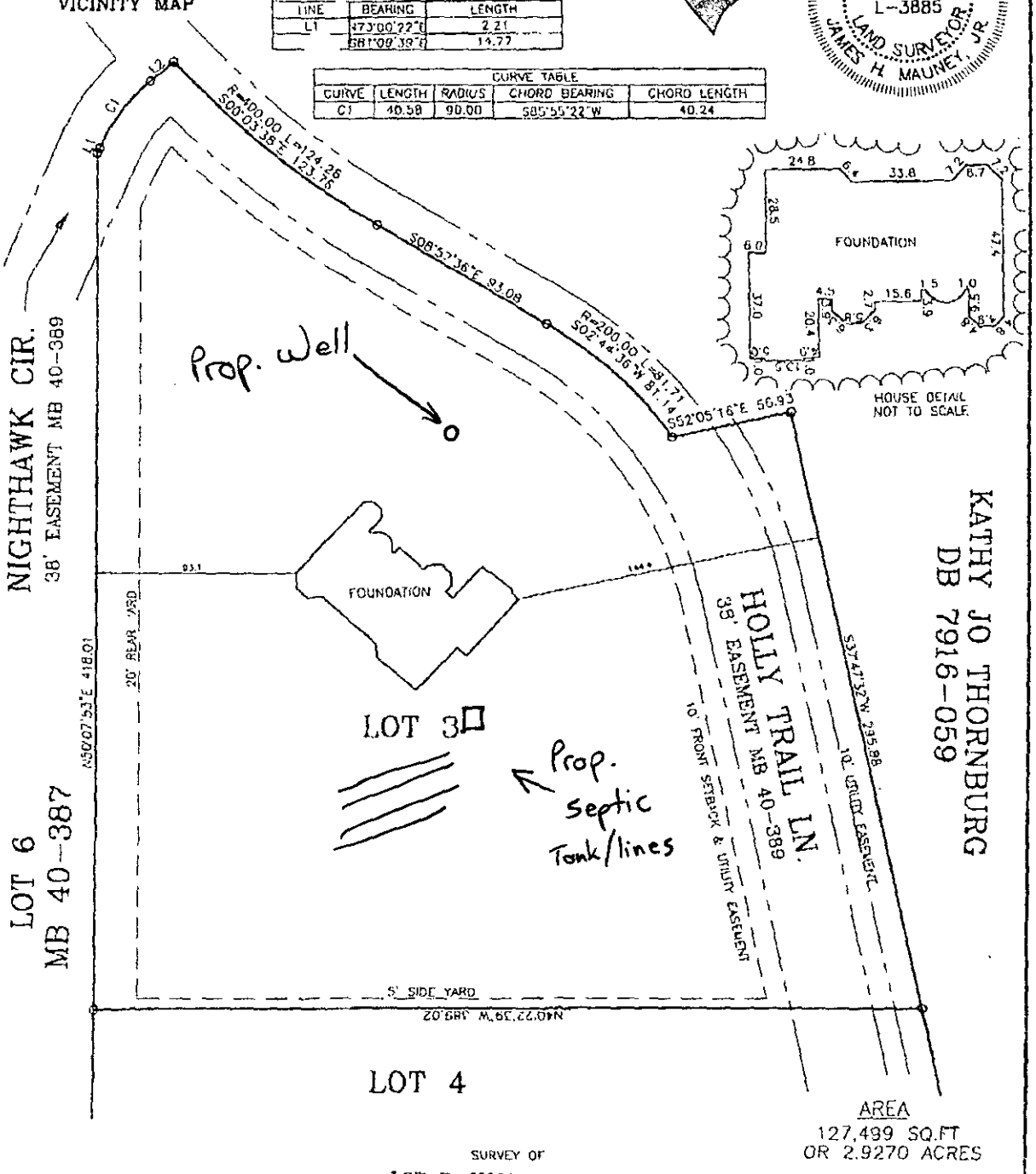
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TAX PARCEL 00337110

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