Supervisor/Administrative Professional Checklist

New Septic ☒ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) EA 1/20/16 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

7767B
#7992

15 JAN '16 PM 2:27

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A EW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 139/6129
STREET ADDRESS: 16459 Cabarrus Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: 3 LOT SIZE (acres): 2.094
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ● MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4-5
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ● BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☒ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ● POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ N/A ☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	● YES ○ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** Feb. 1st ☐ N/A

12. **PROPERTY OWNER:**
NAME: Gold Medallion Homes LLC
ADDRESS: 5923-A Stockbridge Dr
CITY: Monroe
STATE: NC ZIP: 28110
WORK PHONE: 704-821-7606
MOBILE PHONE: 704-201-0050
FAX:
E-MAIL: jcollin2@collinscomp.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: ~~James~~ James Mallow / Joe Collins
ADDRESS: 10806 South Hampton Dr
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE:
MOBILE PHONE: 704-400-9229
FAX:
E-MAIL: jamesMallow@bellsouth.net

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

JM (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

[signature] 1-7-16

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

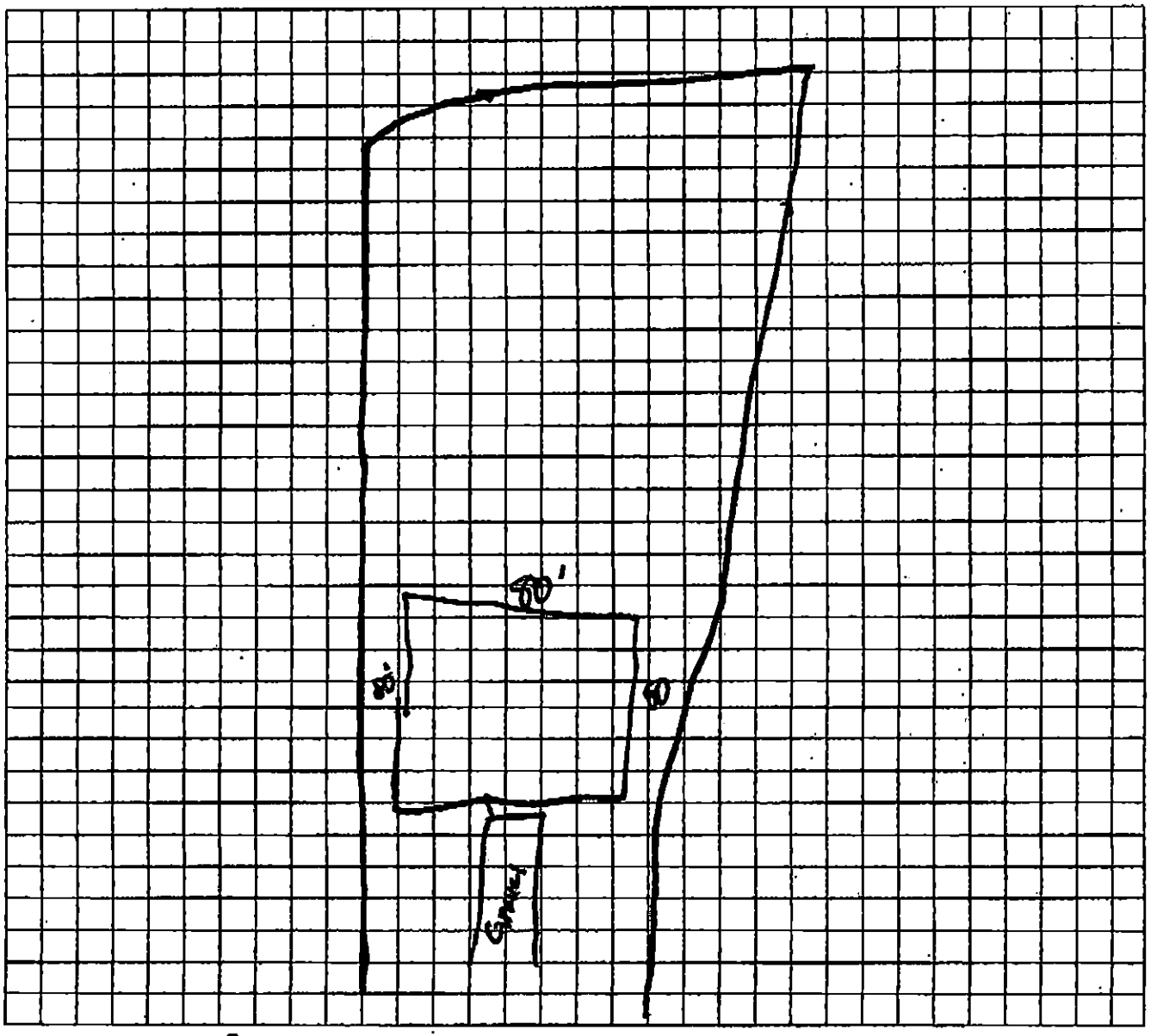
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions; easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

1-7-16
Date

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

Revised on: 12/15/10

MECKLENBURG COUNTY
Health Department

R. Winston Maloy, MD
Director

(704) 432-3100

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules.
3. I acknowledge that Joe Collins is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

_____
Number Street Town
(Or Parcel Number)

Phil Cohn Goldmedallion Homes, LLC _____
Property Owner (print name) Property Owner (signature)

_____
Date

The UPS Store™
7427 Matthews Mint Hill Road
Suite 105
Mint Hill, NC 28227
704-545-1938 Phone
704-545-1940 Fax

Mon – Fri 8:30 – 7:00
Saturday 9:00 – 3:00

FAX COVER

TO: Meck Co. Groundwater DATE: 1-15-16

FAX: 704-336-6894 PAGES: 5 (Including Cover Sheet)

FROM: James Mallow PHONE: 704-400-9229

SUBJECT: New Septic re-Instatement

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: JAMES MALLOW

Bill To:

JAMES MALLOW
10806 S. HAMPTON DR

Charlotte, NC 28227

Single Payment

Transaction Date: 01/20/2016 11:52 AM Pacific Time
Pay Method: VISA **********5242
Approval #: 988031
Trace Number: e840df6c-93f4-4828-aa20-f04f94484f2f
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 01/20/16
Receipt #: 97540
Check / Auth #: VISA 988031
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MALLOW,JAMES
Attn:
Address: 10806 SOUTH HAMPTON DR
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16459 CABARRUS RD		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	145.00		75.00		

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

Sheet: 1 of 2
Property ID: 139-161-29
Lot #: 3
File #: 7767B
AppID: 7992

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Property Owner: Gold Medallion Homes, LLC
Address: 5923-A Stockbridge Dr, Monroe, NC 28110
Proposed Facility: 5 Bedroom House
Design Flow (.1949): 600 GPD
Location of Site: 16459 Cabarrus Rd, Mint Hill, NC 28227
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: James Mallow/Joe Collins
Date Evaluated: 2/5/2016
Property Size: 2.094 ac
Property Recorded: Unknown

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 15%	0 - 6	wfsbk CL	SS SP FR SEXP	>48"	48	NA	NA	manganese 36 - 48"	PS IV 0.275	31"
		6 - 48	mfabk C	S P FR SEXP							
Boring #2	LS 10%	0 - 6	wfsbk CL	SS SP FR SEXP	>39"	39	NA	NA	saprolite inclusions 29 - 39"	PS IV 0.25	24"
		6 - 29	mfabk C	S P FR SEXP							
		29 - 39	mfabk SICL	SS SP FR SEXP							
		39+	Saprolite								
Boring #3	LS 8%	0 - 6	wfsbk CL	SS SP FR SEXP	>42"	42	NA	NA	saprolite inclusions 34 - 42"	PS IV 0.25	27"
		6 - 34	mfabk C	S P FR SEXP							
		34 - 42	mfabk SICL	SS SP FR SEXP							
		42+	Saprolite								
Boring #4	LS 15%	0 - 5	wfsbk CL	SS SP FR SEXP	>44"	44	NA	NA	saprolite inclusions 24 - 44"	PS IV 0.25	27"
		5 - 24	mfabk C	S P FR SEXP							
		24 - 44	mfabk SICL	SS SP FR SEXP							
		44+	Saprolite								
Boring #5	LS 15%	0 - 5	wfsbk CL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.275	31"
		5 - 42	mfabk C	S P FR SEXP							
		42 - 48	mfabk CL	SS SP FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIbg	IIIbg
Site LTAR (gpd/sq ft)	0.25	0.25

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present: Dino Ajanovic
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present: Dino Ajanovic

COMMENTS:

File #: 7767B
AppID: 7992

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand	1.2 - 0.8
	LS-Loamy Sand	
II	SL-Sandy Loam	0.8 - 0.6
	L-Loam	
III	Si-Silt	0.6 - 0.3
	SiCL-Silty Clay Loam	
	CL-Clay Loam	
	SCL-Sandy Clay Loam	
	SiL-Silt Loam	
IV	SC-Sandy Clay	0.4 - 0.1
	SiC-Silty Clay	
	C-Clay	

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

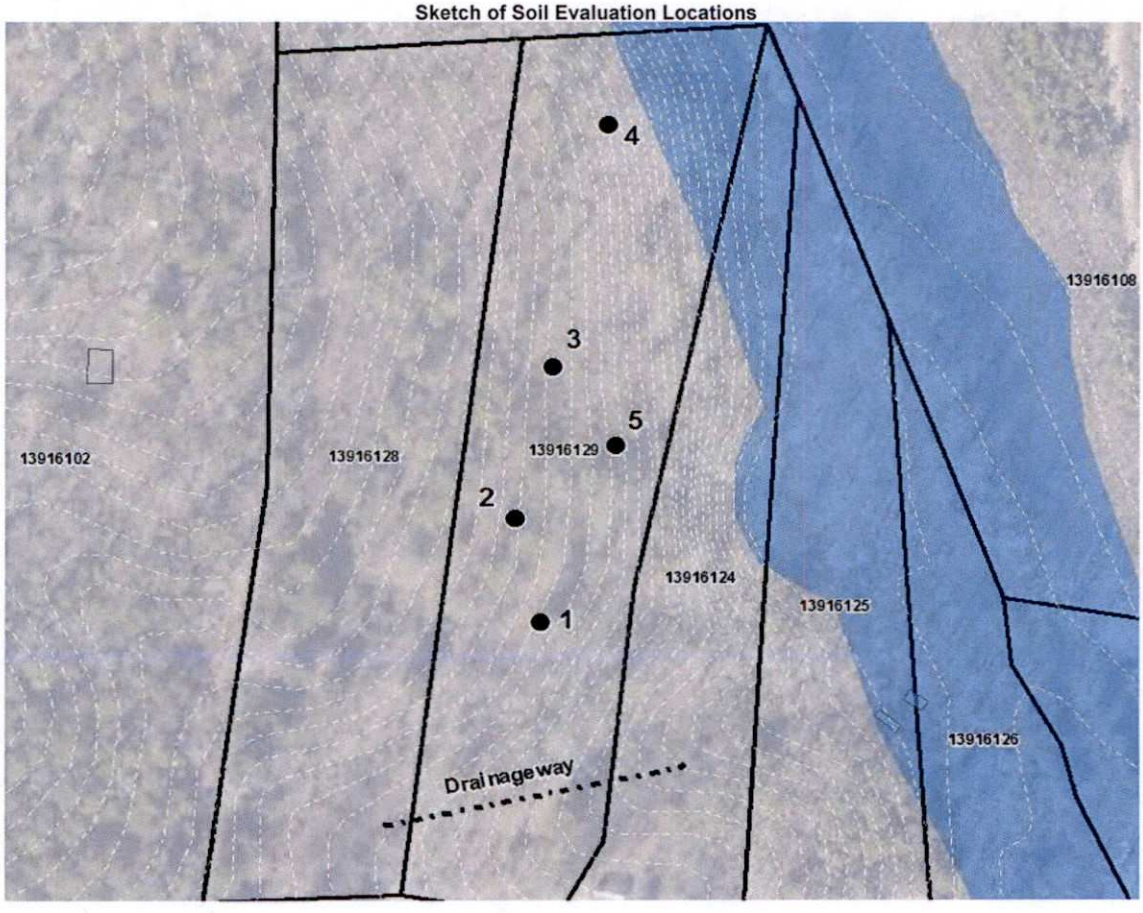
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations



BM

David C.

FILE NUMBER: 7767B

Revised On: August 31, 2007

APPLICATION NUMBER: 3541

SEPTIC FEE: 200.00
DATE: 5/23/08
X35814

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

WELL FEE: 400.00
DATE: 5/23/08
X35814M

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION: 139-161-29

TAX PARCEL NUMBER: ~~P/O of 139-161-10~~

STREET ADDRESS: 16459 Cabarrus Road

CITY: Mint Hill

STATE: NC **ZIP:** 28227

SUBDIVISION NAME:

LOT #: 3 **LOT SIZE (acres):** 2.094

TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☑ NO	JURISDICTIONAL WETLANDS	☑ YES	☐ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO

10. PROPERTY OWNER:

NAME: Gold Medallion Homes LLC
ADDRESS: 5923-A Stockbridge Drive
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: WORK PHONE: 704-821-7606
MOBILE PHONE: 704-201-0050 FAX: 704-821-1097

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

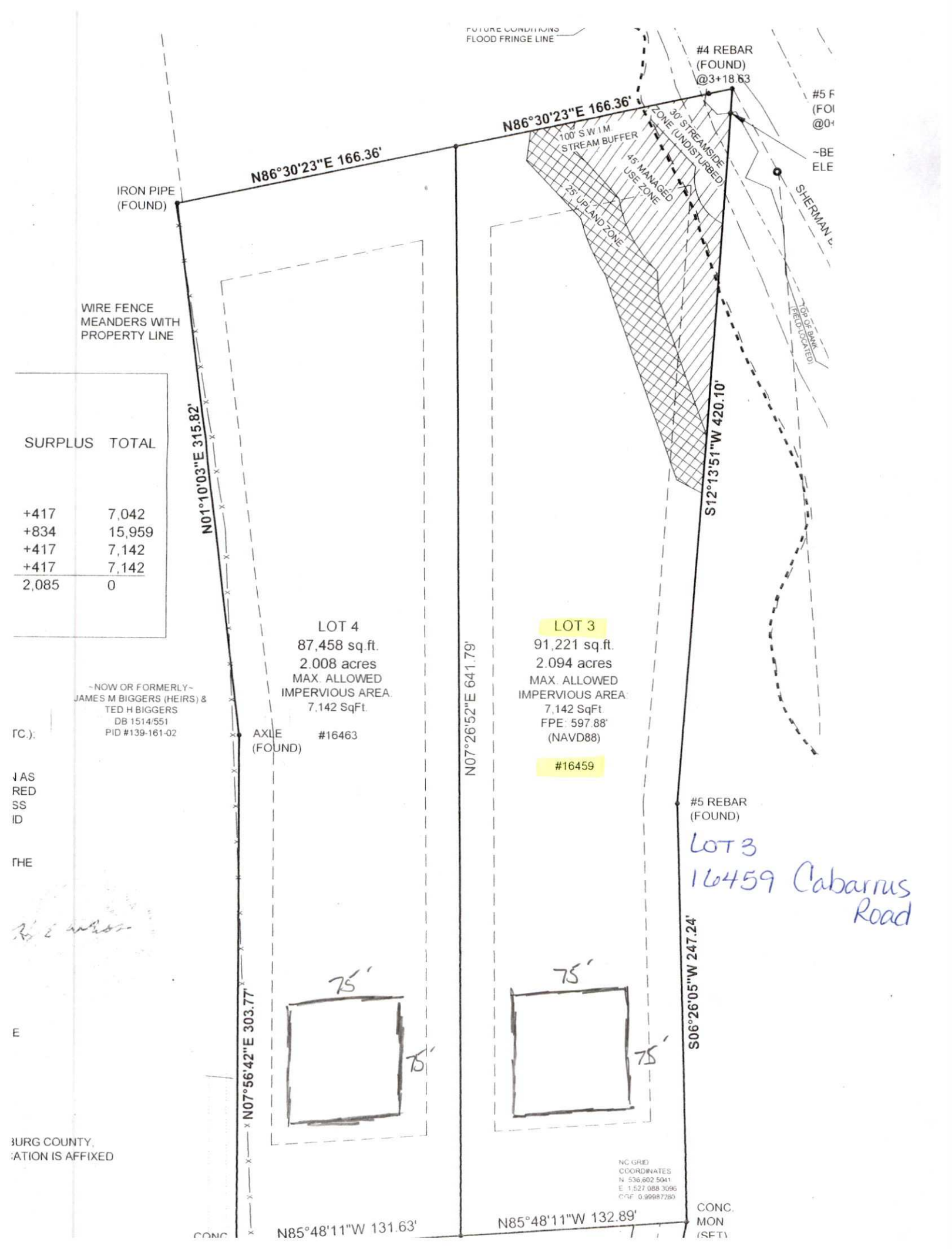
Matthew Cohn 5-22-08
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Matthew Cohn 5-22-08
Property Owner's or Owner's Legal Representative Signature Date

☑ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

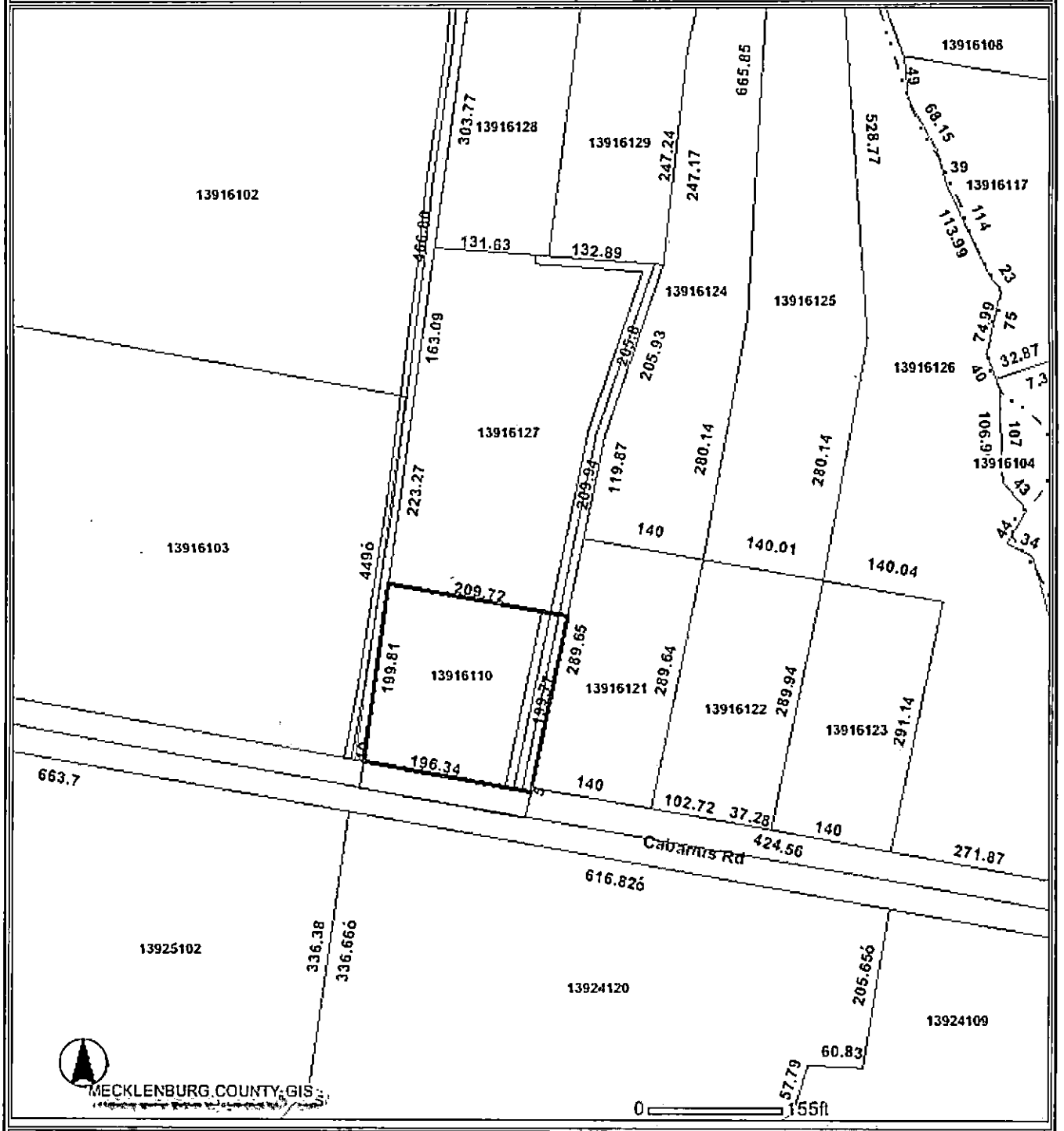

FUTURE CONDITIONS
FLOOD FRINGE LINE
#4 REBAR
(FOUND)
@3+18.63
N86°30'23"E 166.36'
N86°30'23"E 166.36'
100' S.W.I.M.
STREAM BUFFER
30' STREAMSIDE
ZONE (UNDISTURBED)
45' MANAGED
USE ZONE
25' UPLAND ZONE
IRON PIPE
(FOUND)
WIRE FENCE
MEANDERS WITH
PROPERTY LINE
SHERMAN
TOP OF BANK
(FIELD LOCATED)
N01°10'03"E 315.82'
S12°13'51"W 420.10'
SURPLUS TOTAL
+417 7,042
+834 15,959
+417 7,142
+417 7,142
2,085 0
LOT 4
87,458 sq.ft.
2.008 acres
MAX. ALLOWED
IMPERVIOUS AREA:
7,142 SqFt.
#16463
LOT 3
91,221 sq.ft.
2.094 acres
MAX. ALLOWED
IMPERVIOUS AREA:
7,142 SqFt.
FPE: 597.88'
(NAVD88)
#16459
N07°26'52"E 641.79'
~NOW OR FORMERLY~
JAMES M BIGGERS (HEIRS) &
TED H BIGGERS
DB 1514/551
PID #139-161-02
AXLE
(FOUND)
#5 REBAR
(FOUND)
LOT 3
16459 Cabarrus
Road
75'
75'
75'
75'
N07°56'42"E 303.77'
S06°26'05"W 247.24'
NC GRID
COORDINATES
N 536,602.5041
E 1,527,088.3096
CGF 0.99987280
N85°48'11"W 131.63'
N85°48'11"W 132.89'
CONC.
MON
(SET)

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri May 23 13:47:18 EDT 2008



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/23/08	**Amount:**	200.00
Receipt #:	57466	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X35814
Contractor: GOLD MEDALLION HOMES LLC
Attn:
Address: 5923-A STOCKBRIDGE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16459 CABARRUS RD-P/O OF 139-161-10		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,504.10					

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

Sheet: 1 of 2
Property ID: 139-161-29
Lot #: 3
File #: 7767B
AppID: 3541

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Gold Medallion Homes
Applicant:
Address: 5923A Stockbridge Dr., Monroe, N. C. 28110
Date Evaluated: 7/23/08
Proposed Facility: Residence
Design Flow (.1949) 480gpd
Property Size: 2.09a
Location of Site: 16459 Cabarrus Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 12	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	19	US	NONE	US, IV .25GPD/FT^2
		4-19	SBK/ABK/C	FI/SEXP/S/P					
		19-48	M/SICL	FR/SEXP/SS/SP					
2	LS, 8	0-3	GR/CL	"	"	33	"	"	"
		3-33	SBK/ABK/C	FI/SEXP/S/P					
		33-48	M/SICL	FR/SEXP/SS/SP					
3	LS, 12	0-4	GR/CL	"	"	35	"	"	"
		12-35	SBK/ABK/C	FI/SEXP/S/P					
		35-48	M/SICL	VF/SAPROLITE					
4	LS, 10	0-5	GR/CL	FR/SEXP/SS/SP	"	48	N/A	"	PS, IV .275GPD/FT^2
		5-48	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .25GPD/FT^2				

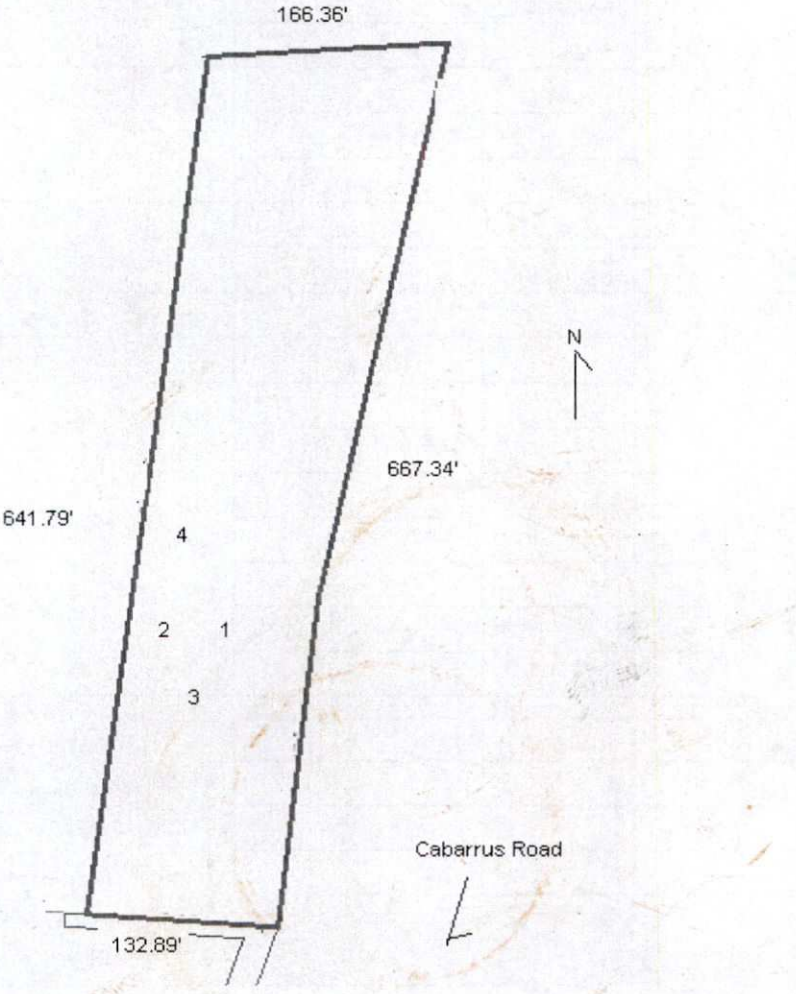
Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 7/23/2008, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

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				
FP-Flood Plain		CL-Clay Loam		
		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	



COMMENTS:
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