

15410 HOLLY TRAIL LN

00337109

1/9/2008

duponbj

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

EHS OJ

Reviewer KR

50343 County Permit Review Worksheet

Rule or Law		1	2	3	4	5	6	7	8	9	10
	Permit Application										
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(3)	Mineralogy Recorded?										
.1939 (a)(4)	Soil Wetness Condition Recorded?										
.1939 (a)(5)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(6)	Depth to Restrictive Horizons Recorded When Encountered?										
.1937(m)	Sufficient Available Space Recorded?										
.1939(a) & .1945(b)	Are the Profile Locations Shown?										
	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
.1939(d), .1955, .1956, .1957	Were sufficient auger borings made?										
	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	Is System design consistent with soil/site conditions?										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

UXSOK 2007

HD 226465

FEE: 100.00 w/ acct B80100
DATE: 4/2/07
OPT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5100 Fax: (704) 336-6994

GW/S - [ ] S APPROVED

2128 PE #: 5834B

TYPE APPLICATION:
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M) [ ] EXCHANGE MOBILE HOME - SAME # [illegible]
[ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X) [ ] COMMERCIAL OR INDUSTRIAL (C) SPM

PERSON FILING APPLICATION:
NAME: C.M. KNIGHT FAB Homes
ADDRESS: 1004 PATRICK Johnston Ln
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704 892 4000
ALTERNATE PHONE: 704 201 4373

PROPERTY OWNER:
NAME: Tony & Kathy Brown
ADDRESS: SAME
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX PARCEL #: 003-371-09
STREET ADDRESS: 15410 Holly TRAIL
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: HOMESTEAD

TOWNSHIP:
[X] 2-MECKLENBURG [ ] 4-PINEVILLE
[ ] 1-CHARLOTTE [ ] 5-MATTHEW
[X] 3-DAVIDSON [ ] 6-HUNTERSVILLE
[ ] 8-CORNELIUS [ ] 7-MINT HILL

LOT #: 2

WATER SUPPLY:
[ ] MUNICIPAL (M) [ ] COMMUNITY (C) [X] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER - SPECIFY (O)

RESIDENTIAL PROPERTY TYPE:
[X] HOUSE (H) [ ] MODULAR HOME (M) [ ] MULTIPLE FAMILY (U)
[ ] SINGLE MOBILE HOME (S) [ ] DOUBLE WIDE (D)
[ ] OTHER (O)
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[X] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [X] OTHER Pool House

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] OTHER
[ ] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] OTHER

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 are same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of carrying out the request.

Owner / Agent's Signature 3-30-07 Date

The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, 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 permit is not transferable.

[ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

O.K. to use existing system for a garage and Pool house addition

EHS Signature Date

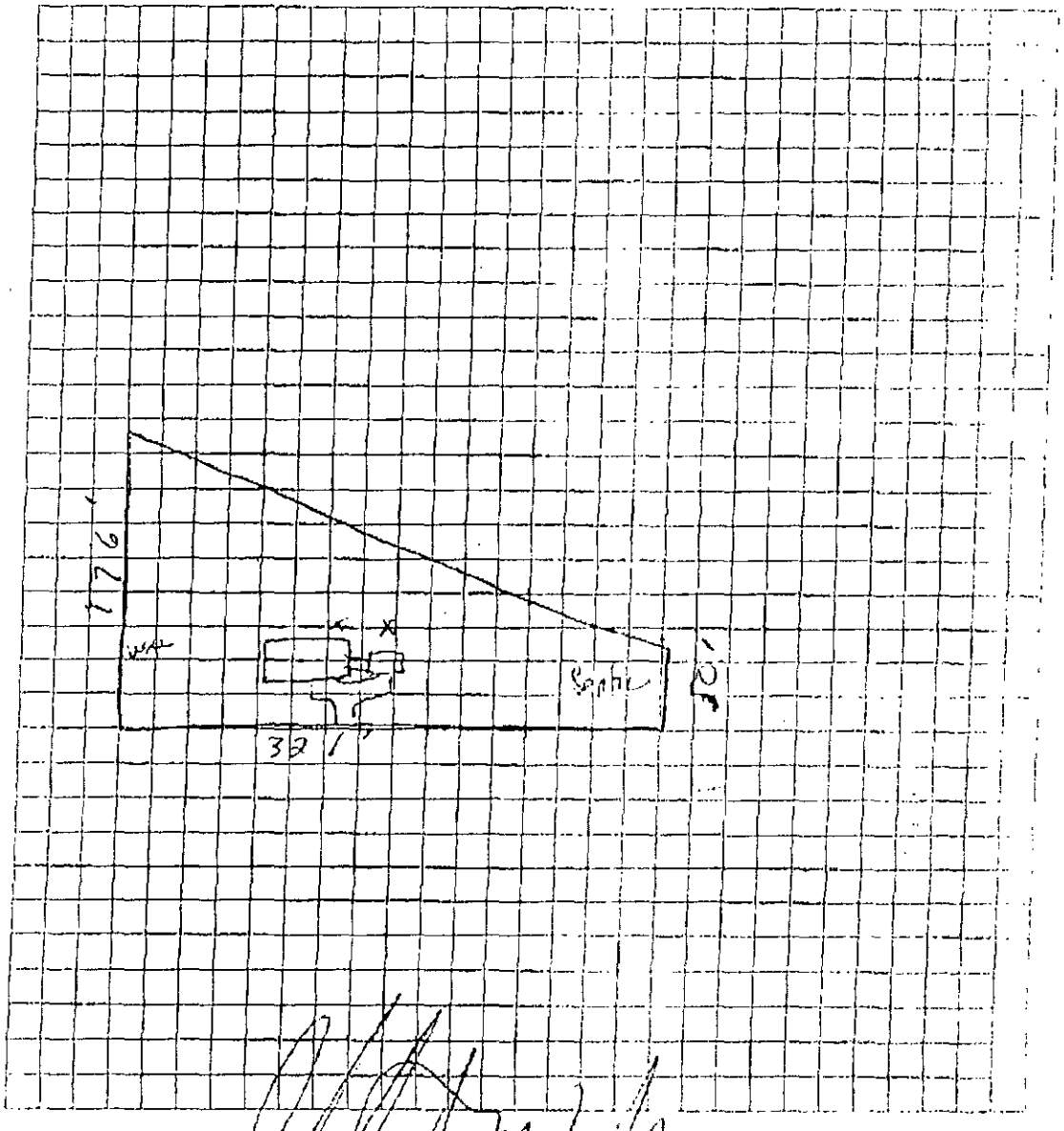
PLEASE BILL ACCT OF C.M. KNIGHT ANY FEES

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

File #
Date

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date 3-30-07

LBC 12/15/05

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 #: 5834B Permit #: _____ Tax Parcel #: 00337109

Property Owner: Adam Slater

Job Location Address: 15410 Holly Trail Ln.

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 7/12/06 Contractor Name: Curt Dunning

Permitted Design Flow: ~~575~~ CAB 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30-36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 6 @ 84 feet

Depth of Media: _____ inches (Type) Innovative chamber

Depth of Cover: 12 inches

Distribution Device: D-Box

Inspection Dates

Tank(s) Inspected: 7/11/06

Excavation Inspected: 7/11/06

Pump & Controls Inspected: _____

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

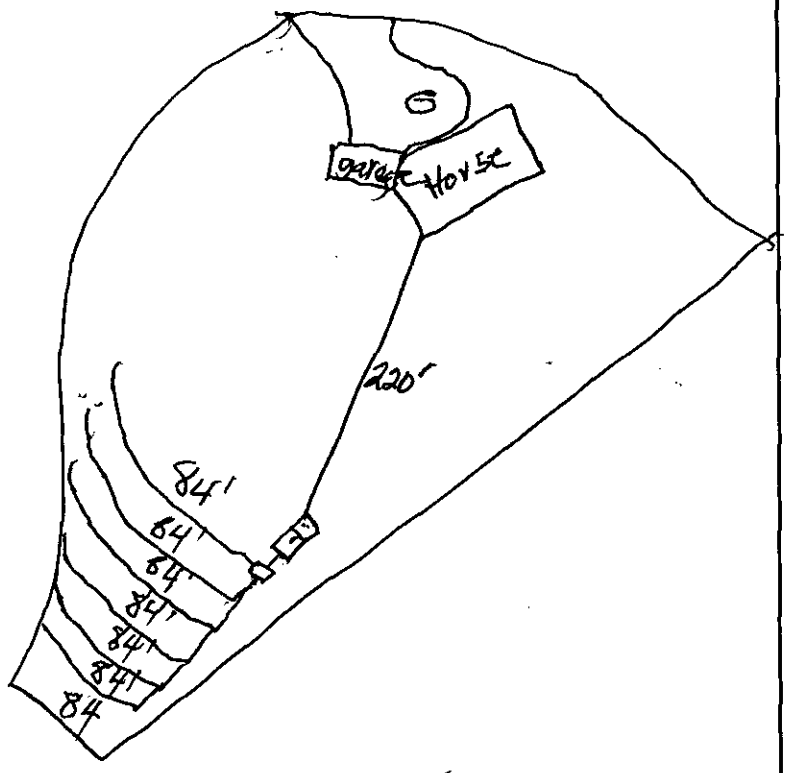
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 ~~10~~ CAB feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >100 feet

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

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

Comments: System Classification & Type: Type III-g innovative septic system. 6 lines @ 84' each designed for a 5 bedroom residence.

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 5834 B Permit #: _____ Tax Parcel #: 003-371-09

Property Owner: Adam Slater

Job Location Address: 15410 Holly Trail Lane

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 7/11/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 8/11/06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD

Site LTAR: .35 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: _____ gallons

Drainfield Design ☐ N/A

Trench Depth: 30-36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 6 @ 84 feet

Depth of Media: _____ inches (Type) innovative chamber

Distribution Device: D-Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

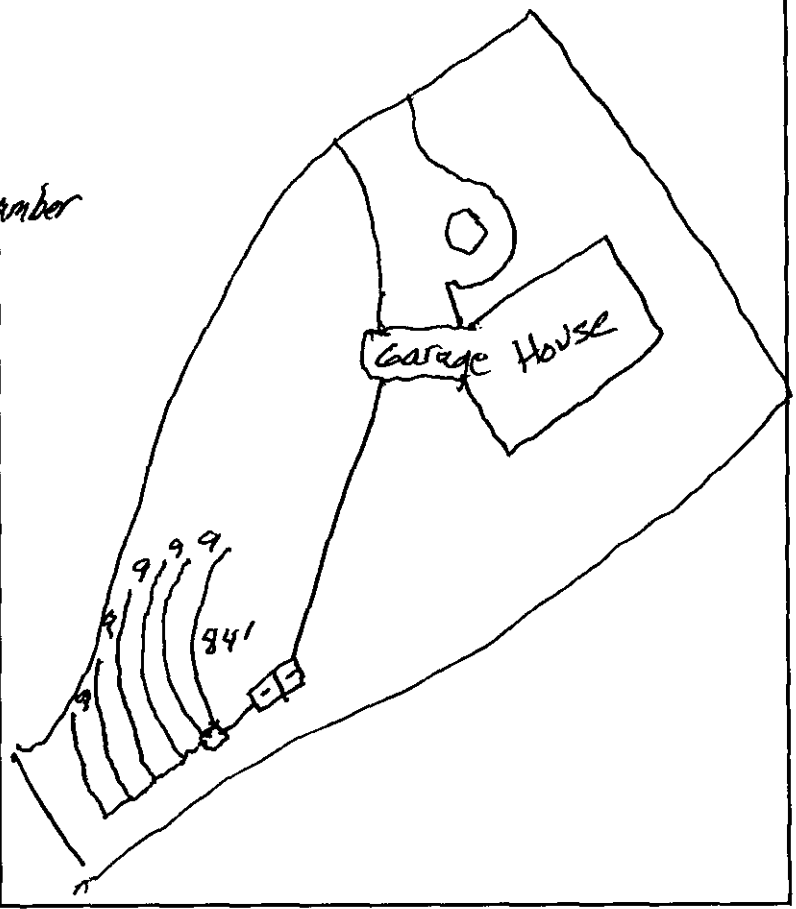
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIIg innovative system 6 lines @ 84' x 3' (500 TLF) designed for 5 bedroom residence

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

1173

GWS – RES. APP 12/04

[redacted]

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 # 58348

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 #: 00337109

STREET ADDRESS: 15410 HollyTrail Lane

CITY: Davidson

STATE: NC **ZIP:** 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 2 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: Approx 5000 HIA

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 5

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: Adam Slater

ADDRESS: 10620 Bailey Road Ste. J

CITY: Cornelius

STATE: N.C. ZIP: 28031

HOME PHONE: WORK PHONE: 704-987-1940

MOBILE PHONE: 704-968-3966 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? June 25th 2003

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? March 7th 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.

Owner's/Agent's Signature 2/2/05 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

Check 939 JKA

FEE: 300.00
DATE: 5/20/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS
LD129471

PERMIT NUMBER: 5834B
PARCEL NUMBER: 00337109

JOB LOCATION ADDRESS: 15410 Holly Trail Lane
PROPERTY OWNER: Adam Slater
BUILDING CONTRACTOR: Flagstone Fine Homes
SUBDIVISION NAME: Homestead
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 05/20/05

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 5834B, 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:
   Agreement forms on file before CA release.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5834B** Tax Number: ***00337109***

- *The IMPROVEMENT PERMIT* is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	*1500 Absorption Area (ft^2)*	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	500 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	NA Gallon pump tank	NA Depth of stone (in)	

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

Additional conditions: **Agreement forms on file before CA release.**

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:

1500 Absorption Area (ft^2) *500 Total trench length (ft)*	NA 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.

Jimmy Mabe, R.S. 5/20/05 — 5-20-05

DENR Authorized Agent Date — Owner/Agent Signature Date

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

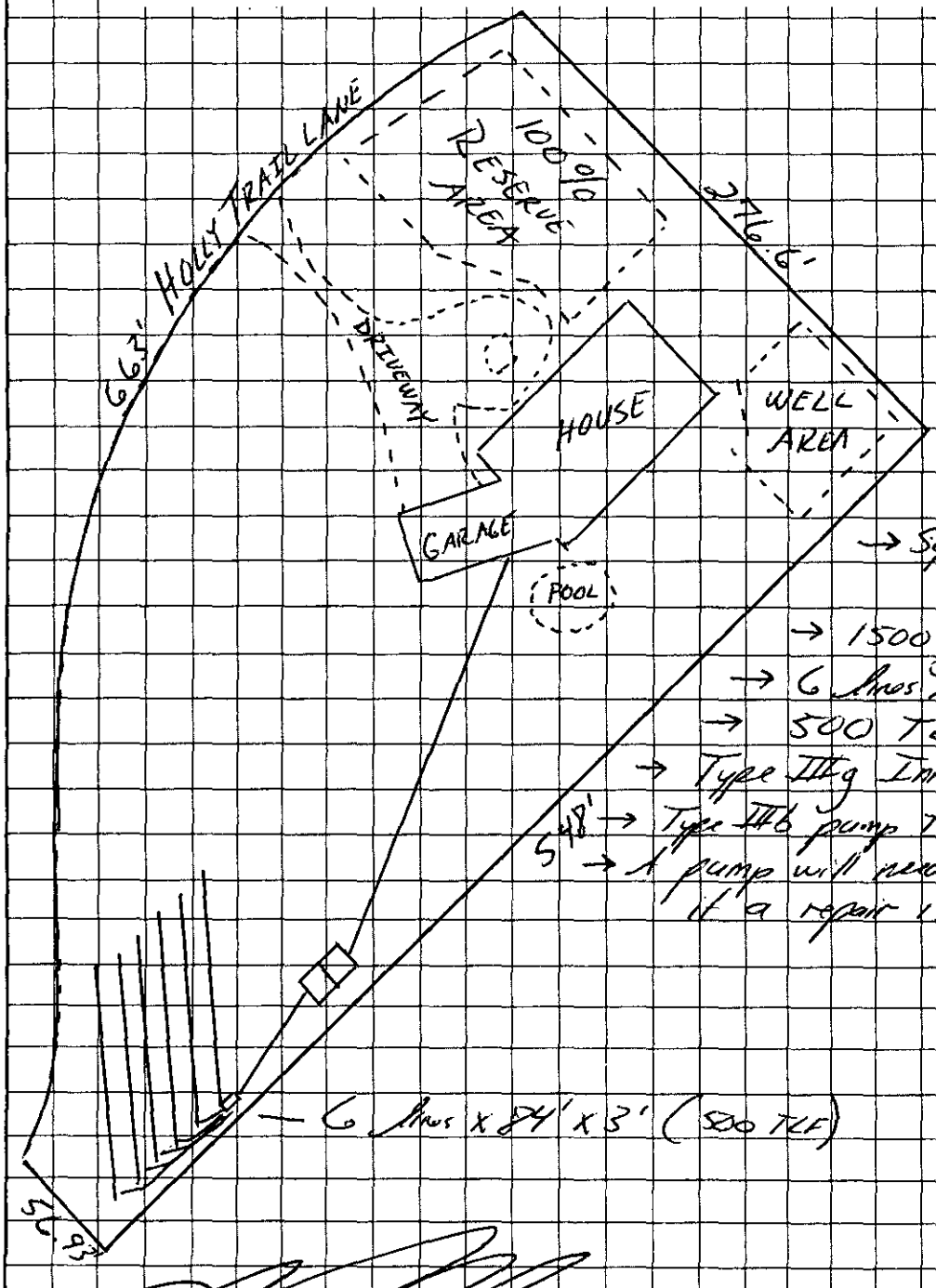
PROPOSED PLOT PLAN

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

FILE: 58348

TC: 003-371-09

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
→ 1500 gallon septic tank
→ 6 Rows x 84' x 3'
→ 500 TLF
→ Type IIIg Innovative (25% Reduction)
→ Type IIIb pump to innovative repair system
→ A pump will need to be installed if a repair is needed

OWNER/AGENT SIGNATURE

DATE 5-20-05

APPROVAL DATE Tammy Medlock, R.S. 5/20/05

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: 003-371-09
Lot #: 2
File #: 5834B
Code: 2

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Adam Slater
Applicant:
Address: 10620 Bailey Road, Ste. J, Charlotte, N. C. 28031
Date Evaluated: 2/14/2005
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 2.89a
Location of Site: 15410 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		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	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		3-27	SBK/C	FI/SEXP/S/P					.35GPD/FT^2
		27-48	SBK/CL	FR/SEXP/SS/SP					
2	LS, 10	0-3	GR/CL	"	"	"	"	"	"
		3-31	SBK/C	FI/SEXP/S/P					
		31-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-2	GR/CL	"	>37" TO SOIL WETNESS	37	"	"	"
		2-22	SBK/C	FI/SEXP/S/P					
		22-37	SBK/CL	FR/SEXP/SS/SP					
4	"	0-2	GR/CL	"	>30" TO SOIL WETNESS	30	"	"	US, IV
		2-20	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		20-30	SBK/CL	FR/SEXP/SS/SP					
5	"	0-3	GR/CL	"	>41" TO SOIL WETNESS	41	"	"	PS, III
		3-41	SBK/CL	"					.35GPD/FT^2
6	"	0-4	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	PS, IV
		4-15	SBK/C	FI/SEXP/S/P					.35GPD/FT2
		15-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.35GPD/FT^2	.35GPD/FT^2

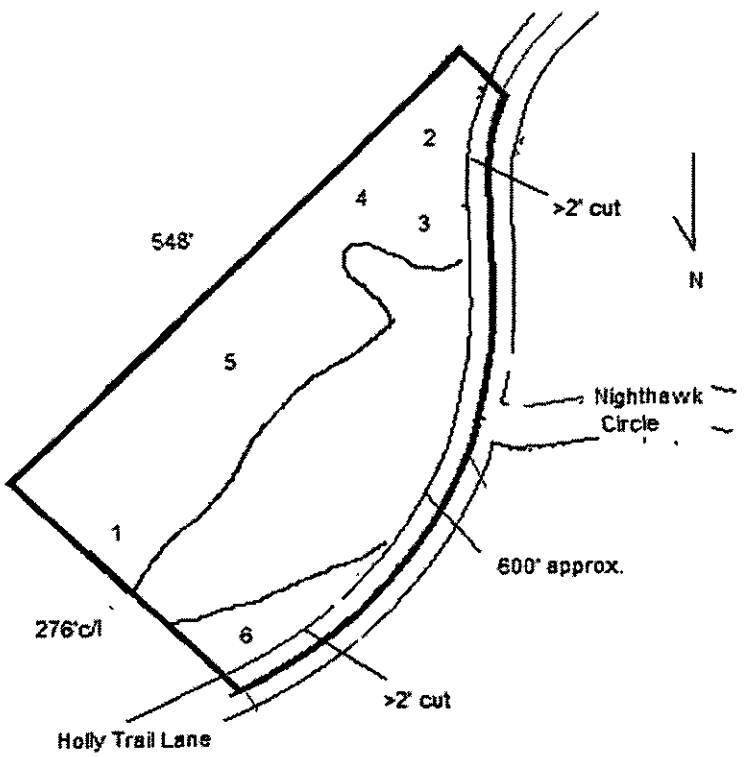
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 2/15/2005, W. R. Marlin
Others Present:

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		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	

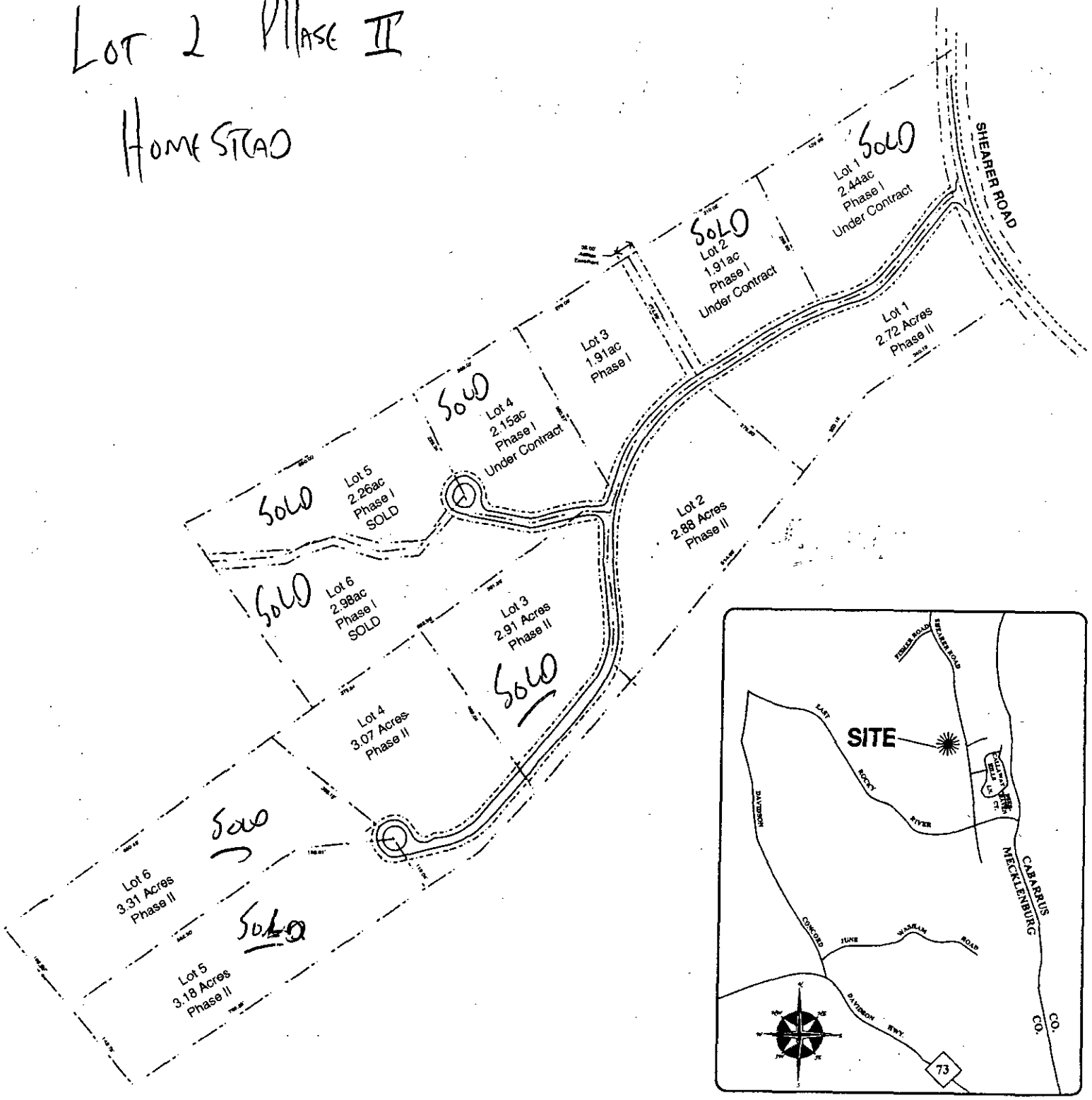
Sketch of Soil Evaluation Locations

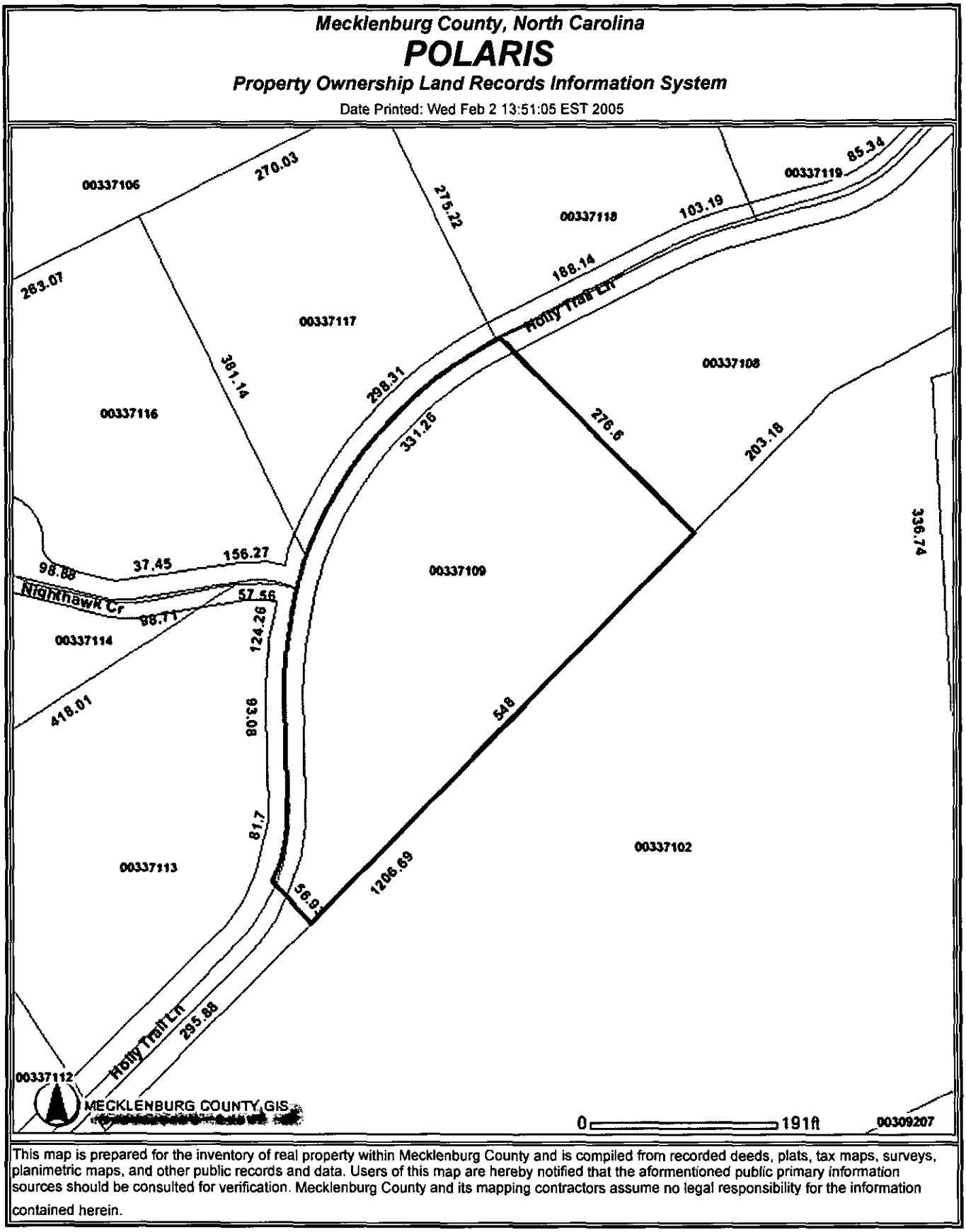


VICINITY MAP & SUBDIVISION PLAT

Lot 2 Phase II

Homestead





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:	02/03/05	**Amount:**	200.00
Receipt #:	31627	**Tendered:**	200.00
Check / Auth #:	CHECK 1468	**Returned:**	0.00
Received By:	POWELPT		

Account Information

Account #: 200000
Contractor: CONSUMER LINK
Attn: ADAM SLATER
Address: 10620 BAILEY RD
Address: SUITE J
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15410 HOLLY TRAIL LN		1	200.00	200.00

CONSUMER LINK
10620 BAILEY RD., STE J
CORNELIUS, NC 28031
704-987-1940

BRANCH BANKING AND TRUST COMPANY
CHARLOTTE, NC
66-393/530

14680

CHECK NO.	DATE	AMOUNT
	2/3/05	200

PAY TO THE ORDER OF: Mecklenburg County

Homestead Lot 2 Plt2 Septic Permit

AUTHORIZED SIGNATURE

"014680" "053003931" 5216309709"

Outstanding Balances

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

FX: 336 6894

ATTN: Gwenn

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 AUG 17 12:29 PM
BK:20918 PG:892-895 FEE:$20.00

INSTRUMENT # 2006169413

2006169413

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AN ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); OR .1957(c); OR .1969

FILE #: 5834B

PARCEL #: 003-371-09

The undersigned, FLAGSTONE FINE Homes, ~~Builders~~, owner of property located at 15410 HOLLY TRAIL LN, (the "site") and described in an instrument recorded in Book 1844 at Page 924, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as 'provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following will apply to the site:

This instrument was prepared by: Curt Downing

Mail after recording to: 10620 Bailey Rd, Suite G Cornelius, NC 28031

08/17/2006 01:21 PM LUESA Mecklenburg County 704 432 2523 1 9

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to rule .1961, Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulation in effect at the time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 15 day of August, 20[illegible]

PLAYSTONE FINE Homes (SEAL)
(Corporate Name)

(SEAL)

By: _____ (SEAL)

Adam Stanton President (SEAL)

08/17/2006 01:21 PM LUESA Mecklenburg County 704 432 2523 2 9

ATTEST:

Elisabeth Slater Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Patricia B. Young, a Notary Public for said County and State, do hereby certify that Elizabeth Slater personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal this 17th day of August, 2006.

Patricia B. Young
Notary Public

My Commission Expires:
May 24, 2010

PATRICIA B. YOUNG NOTARY PUBLIC My Comm. Expires May 24, 2010 CABARRUS COUNTY, NC

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Patricia B. Young, a Notary Public for said County and State, do hereby certify that Elisabeth Slater personally came before me this date and acknowledged that she is ____ Secretary of Flagstone Fine Homes, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Adam Slater President, sealed with its corporate seal, and attested by Elisabeth Slater as its ____ Secretary.

WITNESS my hand and notarial seal this 17th day of August, 2006.

Patricia B. Young
Notary Public

My Commission Expires:
May 24, 2010

PATRICIA B. YOUNG NOTARY PUBLIC My Comm. Expires May 24, 2010 CABARRUS COUNTY, NC

REVISED 8-13-02

08/17/2006 01:21 PM LUESA Mecklenburg County 704 432 2525 3 9

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5835B WASPS App #: 1586

Primary ES assigned to project: Chris Shernill

Secondary ES assigned to project: Kim Garrett

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

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

I. File Review:

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

Items requiring correction/modification: _____

Comments: 9/24/07 - Permitted prior to start of review process

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments: 9/24/07 - Please release ~~GWS~~ well hold on CO

Application received date: 10/26/06 ES assigned date: _____ Permit issued date: 11/8/06

Well approval date: 9/24/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 9/24/07

1586

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

FILE # 58358

WELL FEE: 400.00
DATE: 10/26/06
CRT [ ] 30757

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 #: 00337110
STREET ADDRESS: 15204 Holly Trail Lane
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Homestead
LOT #: 5
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: approx. 4200
NUMBER OF BEDROOMS: 5 max
NUMBER OF OCCUPANTS:

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: Elrod Custom Homes Inc.
ADDRESS: P.O. Box 2393
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 704-987-5022
MOBILE PHONE: 704-361-3991 FAX: 704-987-5042

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? 10-3-2003
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 8/2007

*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.

10-26-06
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.

10-26-06
Owner's/Agent's Signature Date

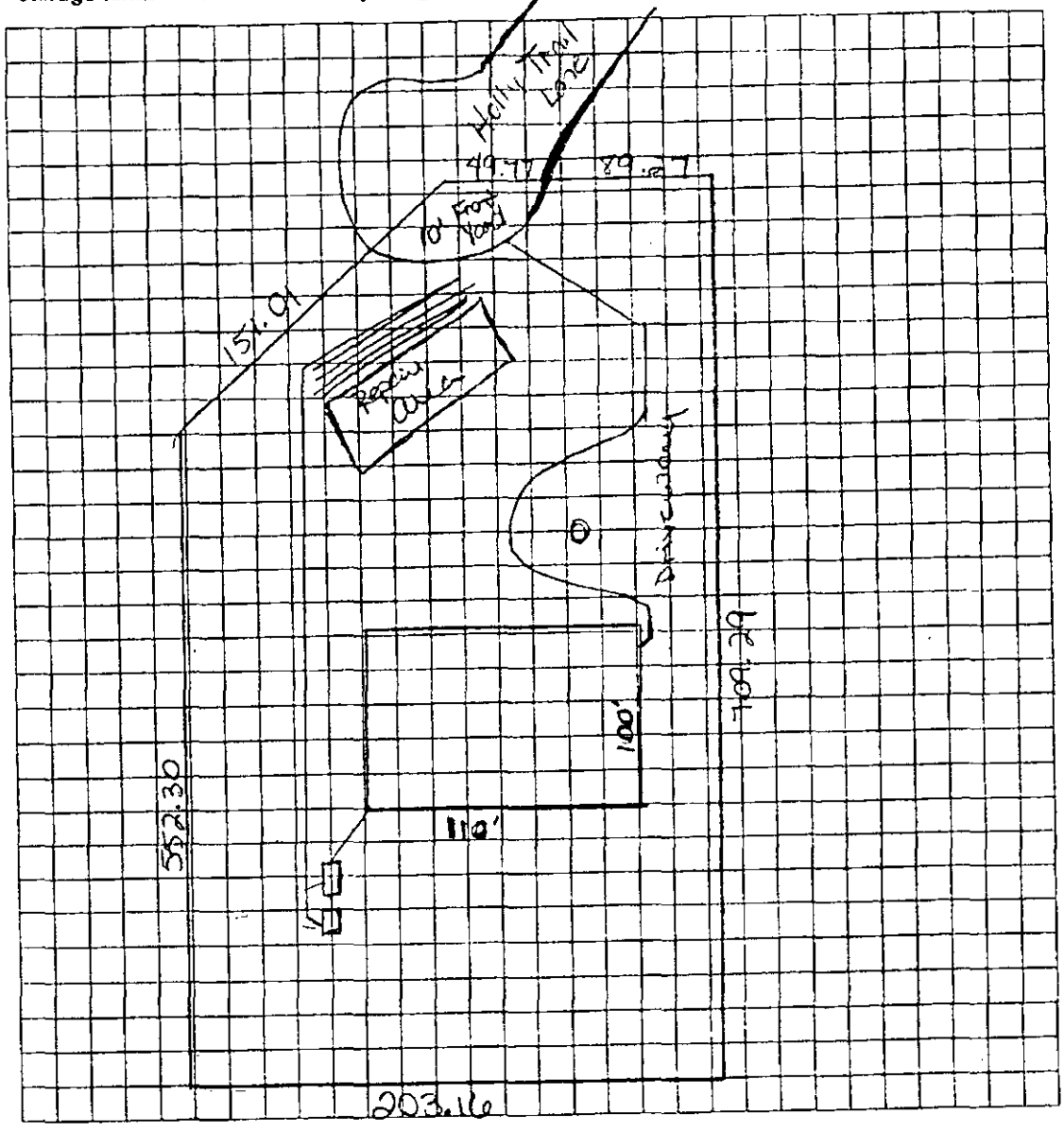
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature _____

Date 10-26-06

LBC 12/15/04

Permit To Construct A Water Supply Well

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001586 **File #:** 5835B **Tax Parcel #:** 003-371-10
Property Owner: ELROD CUSTOM HOMES INC
Job Location Address: 15204 HOLLY TRAIL LN
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 11/8/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

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

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

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

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

Other Conditions of This Permit:

Chris Sherrill, RS, CSS
Authorized Agent: Print Name
Signature:

Elrod Custom Homes Inc. By Jane Elrod
Owner/Legal Agent: Print Name
Signature:

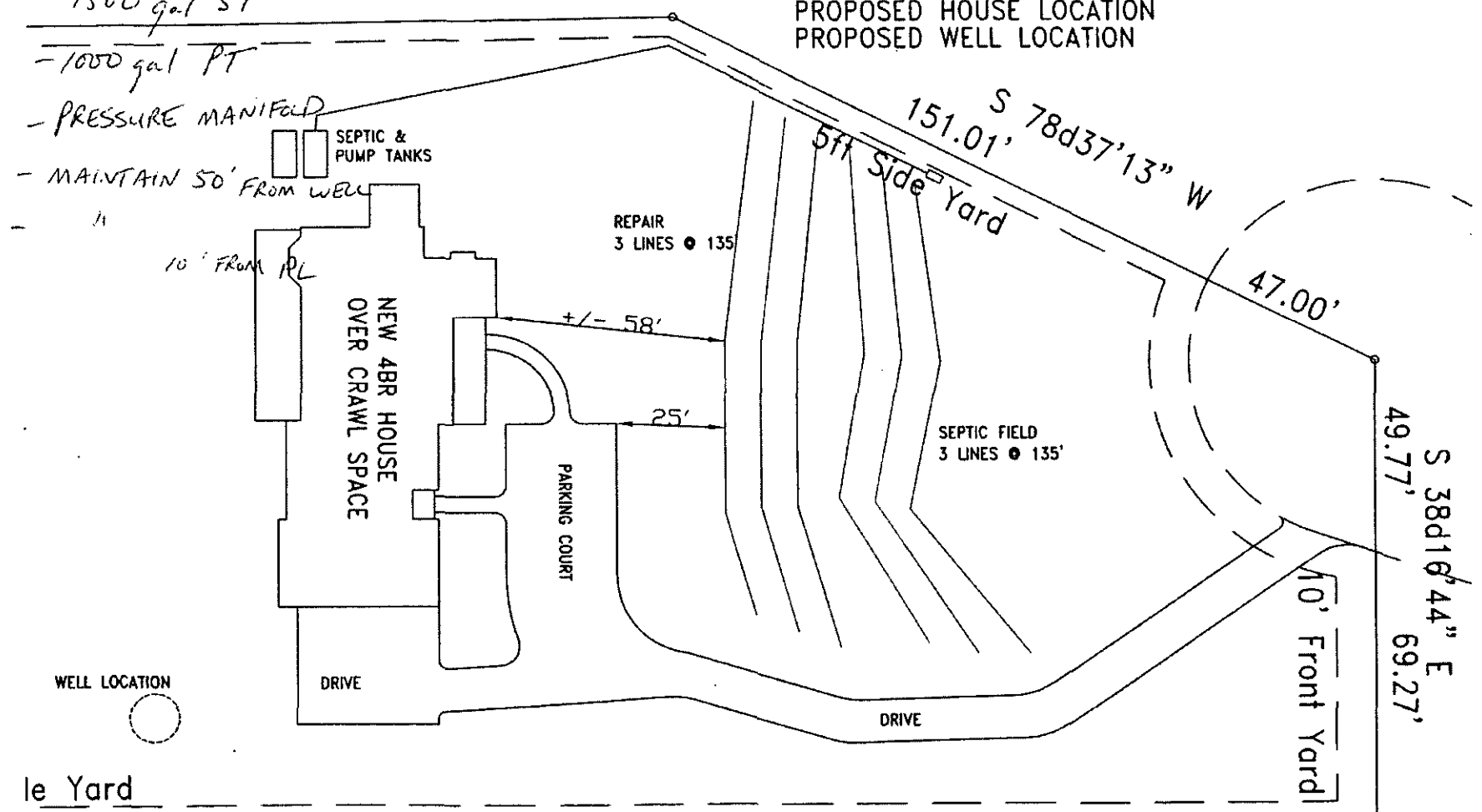
5358

1" = 40

- 4BR - 480 GPD
- LTAR 0.3 GPD/FT²
- TYPE III 6 PUMP 25% REDUCTION
- 1500 gal ST
- 1000 gal PT
- PRESSURE MANIFOLD
- MAINTAIN 50' FROM WELL

ELROD CUSTOM HOMES, INC.
15204 HOLLY TRAIL LN.
LOT 5 HOMESTEAD, PH II
NOVEMBER 9, 2006

PROPOSED SEPTIC LAYOUT
PROPOSED HOUSE LOCATION
PROPOSED WELL LOCATION



W 709.29'

Christopher M Sloan 11/17/06

Signature Date

RESIDENTIAL WELL CONSTRUCTION RECORD

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

XG

WELL CONTRACTOR CERTIFICATION # 2901

5835B

1. WELL CONTRACTOR:

CHAD HARTNESS
Well Contractor (Individual) Name

AIR DRILLING, INC.
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD.

STATESVILLE, NC 28625
City or Town State Zip Code

(704)- 872-7614
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable)

WELL USE (Check Applicable Box): Residential Water Supply ☒

DATE DRILLED 08-25-07

TIME COMPLETED 3:25 AM ☐ PM ☒

3. WELL LOCATION:

CITY: DAVIDSON COUNTY MECKLENBURG

15204 HOLLY TRAIL LANE
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)

LATITUDE 35° 28. 784

LONGITUDE 80° 47. 660

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☐GPS ☐Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME ELROD CUSTOM HOMES INC.

STREET ADDRESS P.O. BOX 2393

DAVIDSON, NC 28036
City or Town State Zip Code

( )-
Area code - Phone number

5. WELL DETAILS:

a. **TOTAL DEPTH:** 645 FT

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☒

c. **WATER LEVEL** Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)

d. **TOP OF CASING IS** 1 1/2 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** 15 **METHOD OF TEST** AIR

f. **DISINFECTION: Type** HTH **Amount**

g. **WATER ZONES** (depth):

From 627	To 628	From	To
From	To	From	To
From	To	From	To

6. CASING:

Depth		Diameter	Thickness/ Weight	Material
From 0	To 82 Ft.			PVC
From	To Ft.			
From	To Ft.			

7. GROUT:

Depth		Material	Method
From 0	To 20 Ft.	GROUT	POURED
From	To Ft.		
From	To Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0'	77'	DIRT
77'	645'	ROCK

11. REMARKS:

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

Chad Hartness 8/25/07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Chad Hartness
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1a
Rev. 7/05

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/19/2007 05:38 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74455
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/18/2007 10:00 CHAIN OF CUSTODY #: 070918160953
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC36327 E. COLI-PA	**Absent**	**P/A**		SM 9223B	9/18/2007	15:54	MKV
AC36327 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	9/18/2007	15:54	MKV

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	15204 Holly Trail Lane
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 070918L0953

Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
AC30327																					
GWO-74455	KSG	9/18/07 10:00 AM	N/A N/A	N	n/a	4°C				X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett		9/18/07	15:32

Form Revision 07; effective 02/16/2006

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

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/19/2007 05:43 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74455
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/18/2007 10:00 CHAIN OF CUSTODY #: 070918161327
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC36328 NITRATE	**3.1**	**mg/L**	0.10	EPA 353.2	9/19/2007	11:11	MKV
AC36328 NITRATE/NITRITE	**3.1**	**mg/L**	0.10	EPA 353.2	9/19/2007	9:58	MKV
AC36328 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	9/19/2007	11:11	MKV

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	15204 Holly Trail Lane
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 070918L0327
Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
AC36328																						
GWO-74455	KSG	9/18/07 10:00 AM	N/A N/A	N	18.5					X	500 ml		1			X					(X)	
	KSG	↓	N/A N/A	N	↓					X	125 ml		1	X								(X)

Instructions:
Complete all yellow shaded sections

Need results by Thursday, 9/20/07.

Blue is for lab use only.

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

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	9/19/07	1532
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

September 24, 2007

Zane Elrod
Elrod Custom Homes, Inc.
P.O. Box 2393
Davidson, NC 28036

Re: Well Water Sampling Results
15204 Holly Trail Ln
Tax Parcel # 003-371-10

Dear Zane:

On September 18, 2007, staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The samples were analyzed for the following parameters: Total Coliform, Nitrate and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent, the Nitrate level was 3.1 mg/l (Nitrate-N levels are acceptable if $\leq$ 10 mg/l), and the Nitrite level was <0.05 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

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

Sincerely,

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

Enclosure:
Laboratory Analysis