

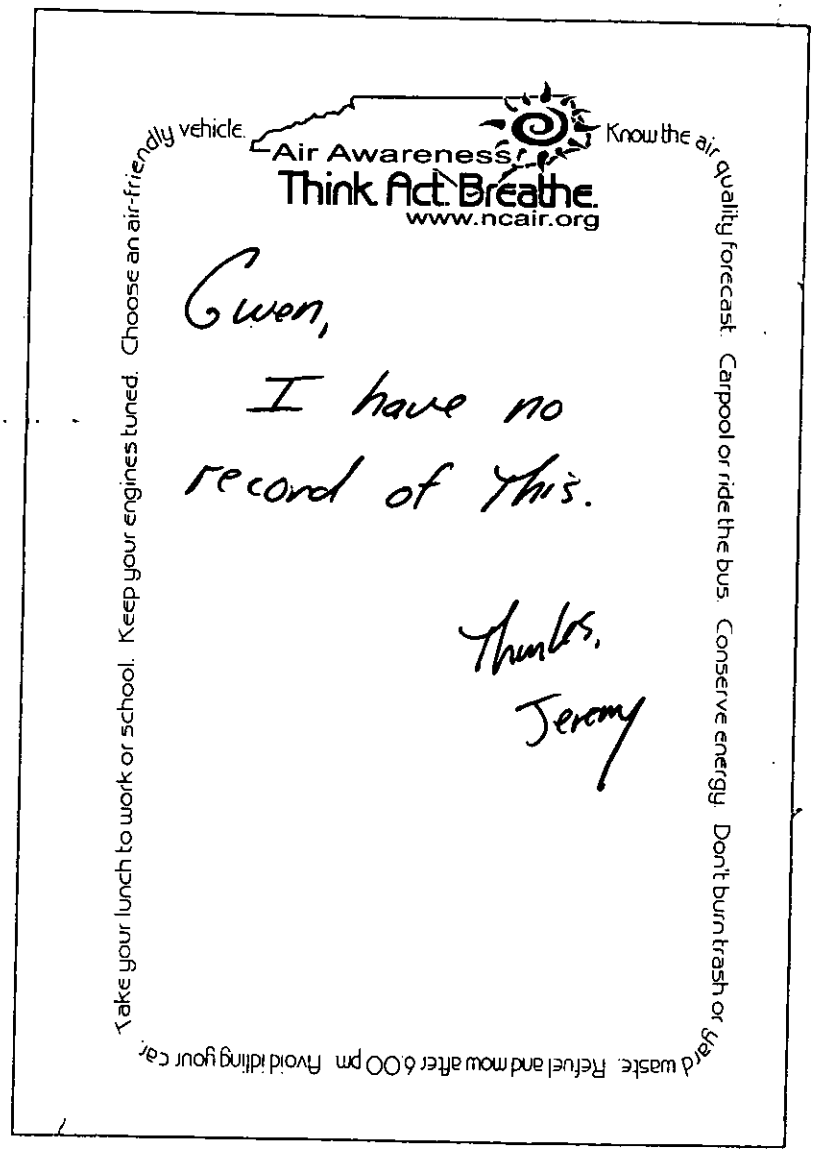
17008 BELLE ISLE DR

00131220

6/11/08

marliwr

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


Air Awareness
Think. Act. Breathe.
www.ncair.org
Know the air quality forecast. Carpool or ride the bus. Conserve energy. Don't burn trash or yard waste. Refuel and mow after 6:00 pm. Avoid idling your car.
Take your lunch to work or school. Keep your engines tuned. Choose an air-friendly vehicle.
Gwen,
I have no record of this.
Thanks,
Jeremy

file # 9741

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # DO1-312-20

1. WELL CONTRACTOR:

Luther E Bailey
Well Contractor (Individual) Name

B & K well Drilling INC
Well Contractor Company Name

STREET ADDRESS 132 Mountmourne Dr

Mooresville NC 28115
City or Town State Zip Code

(704) - 892 - 4696
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) N/A

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable)

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Circle applicable use): **Monitoring** **Residential** **Municipal/Public** **Industrial/Commercial** **Agricultural** **Recovery** **Injection** **Irrigation**

Other (list use)

3. WELL LOCATION:

COUNTY Mecklenburg QUADRANGLE NAME

NEAREST TOWN: Cornelius, NC

17008 Belle Isle Dr

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)

LATITUDE __ __ _____

LONGITUDE __ __ _____

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.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY

STREET ADDRESS

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Nationwide Homes

STREET ADDRESS 11710 old Statesville Rd

Huntersville NC 28078
City or Town State Zip Code

( ) -
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 90 ft. Diameter: 2" in.

b. Water Level (Below Measuring Point): 60 ft.

Measuring point is 2ft ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	____ ft.	____ in.
b. Casing Removed:	3 ft.	____ in.

7. DISINFECTION: Clorine

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement 80 lb.
Water 7 gal.

Sand Cement

Cement ____ lb.
Water ____ gal.

Bentonite

Bentonite ____ lb.
Type: Slurry__ Pellets__
Water ____ gal.

Other

Type material

Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

cut casing off filled with cement

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 7-24-06

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

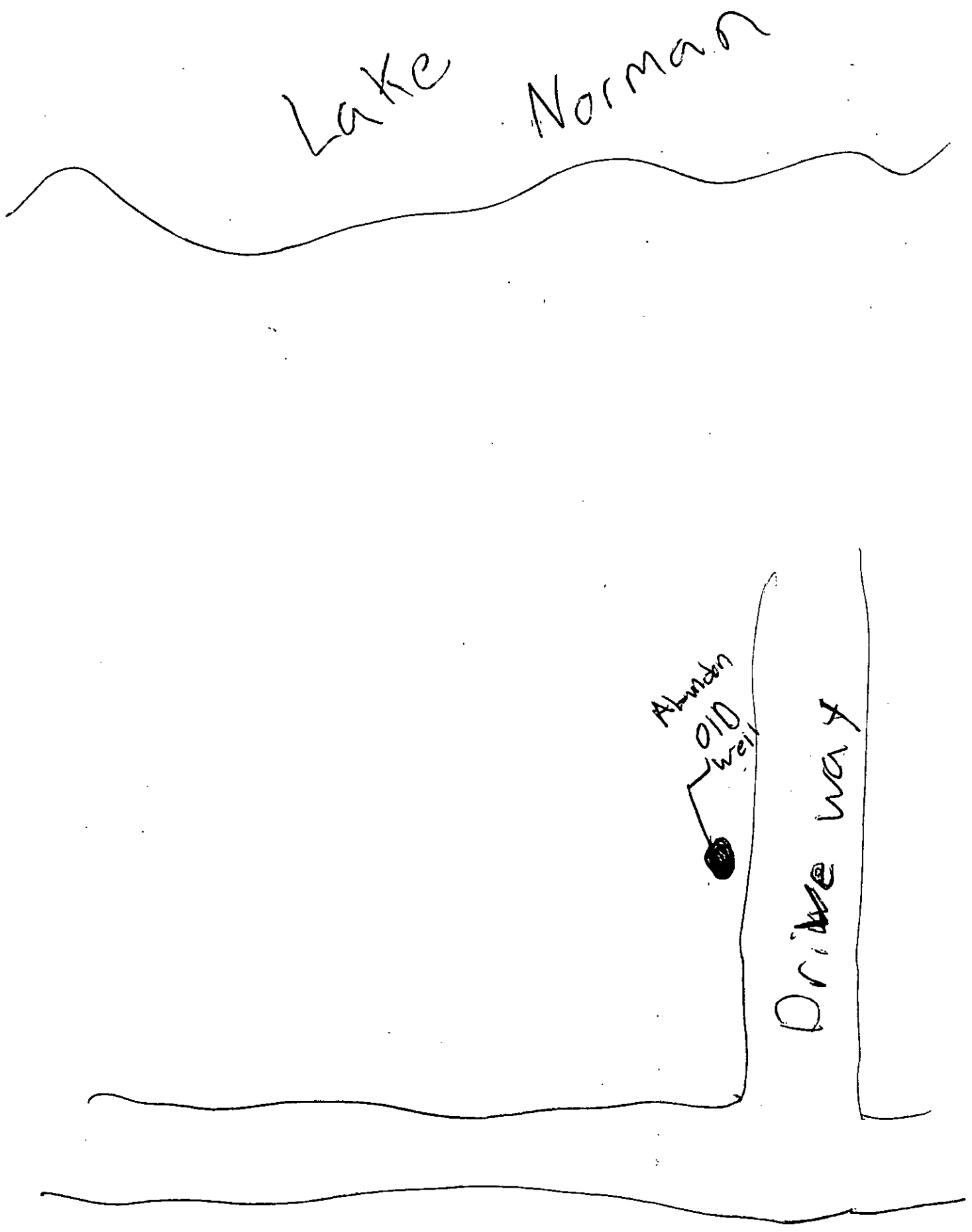
Luther E Bailey 7-26-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Luther E Bailey
PRINTED NAME OF PERSON ABANDONING THE WELL

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

Form GW-30
Rev. 5/06


Lake Norman
Abandon
old
weir
Drive way

2400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA #200 2/3/95 CK #1293 CRT

7741

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: GORADIA SHANTILAL G. (last) (first) (mi)
ADDRESS: 4741 Hedgemore PHONE: 704 875 4773
CITY: Charlotte STATE: NC ZIPCODE: 28210

Date:

PROPERTY OWNER:
NAME: Kepley Idell D (last) (first) (mi)
ADDRESS: 4214 Statesville PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-312-20A
STREET ADDRESS: 17008 Belle Isle Dr
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A) or M)
[] COMMERCIAL OR INDUSTRIAL (N) //pgrade septic system to accomodate a 4 bedroom house instead of mobile home
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (N) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 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: S. G. Goradia Date: S. G. Goradia

NOTICE:

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.

...permit issued to upgrade to accomodate a four bedroom residence. Mobile home to be removed from property before upgrade started.

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Gatewood 3-17-95
Environmentalist Date

Dru Dyson Burney 3/18/95
Director or Authorized Section Head Date

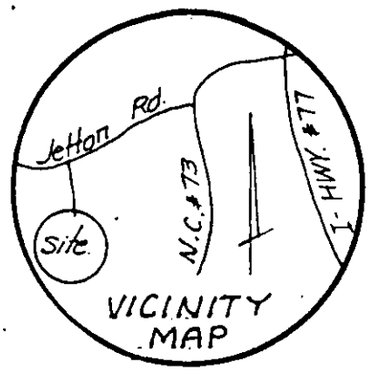
WATER : 12279

THIS IS TO CERTIFY THAT ON THE 30th DAY OF Jan. 19 95 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Bobby J Raye
REGISTERED SURVEYOR

BOBBY J. RAYE
N.C.R.L.S.
627 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA REGISTERED SEAL L1109 LAND SURVEYOR BOBBY J. RAYE



Ref. Map: 17-553

Lake Norman

Property Line Follows Contour Elev. = 760

S. 63-59 W. 114.72

old iron

S. 54-50 W. 48.15

New Iron

203.95

24

22

Lot 23

50' setback

169.29

Exist. Septic Tank

Drain Field

40'

13'

Proposed Residence

40'

10.5

Wood Deck

8.0

6.5

23.0

43.4

13'

Mobile Home #17008

12.0

12.0

Pole

26.5

Wood Deck

3.5

10.0

Power Line

Block well House

Gravel Drive

S. 4-10-00 E.

S. 11-43-00 E.

30' setback

chord S. 77-27-01 W. 92.79

92.95

R. 450.03

85.42

S. 71-32 W.

old iron

old iron

60 R/W

BELLE ISLE DRIVE

CARLOW ROAD

Physical SURVEY OF

Lot 23, Section 2, Lake Norman Recreation Lots

SCALE 1" = 40' Lemley Twp., Mecklenburg Co., N.C.

THE PROPERTY OF S. G. Goradia

MAP RECORDED IN BOOK 17 AT PAGE 553 DEED RECORDED IN BOOK PAGE

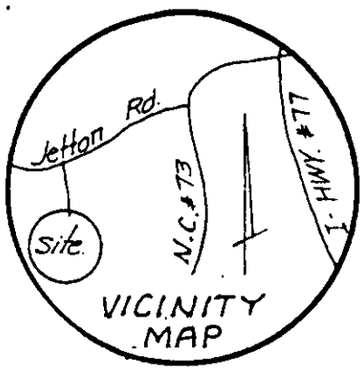
DUNCAN-PARNELL, INC. CHARLOTTE, NC 800-849-7708 577474

THIS IS TO CERTIFY THAT ON THE 30th DAY OF Jan. 19 95 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Bobby J Raye
REGISTERED SURVEYOR

BOBBY J. RAYE
N.C.R.L.S.
627 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE



Ref. Map: 17-553

Lake Norman

Property Line Follows Contour Elev. = 760

S. 63-59 W. 114.72

old iron

S. 54-50 W. 48.15

New Iron

203.95

24

22

Lot 23

50' setback

169.29

Exist. Septic Tank

Drain. Field

40'

13'

Proposed Residence

40'

105

Wood Deck

8.0

23.0

43.4

13'

Mobile Home #17008

12.0

14.0

Pole

26.5

Wood Deck

3.5

10.0

Power Line

Block well House

Gravel Drive

S. 4-10-00 E.

S. 11-43-00 E.

30' setback

Chord S. 77-27-01 W. 92.79

92.95

85.42

S. 71-32 W.

old iron

old iron

R. 450.03

60' R/W

BELLE ISLE DRIVE

CARLOW ROAD

Physical SURVEY OF

Lot 23, Section 2, Lake Norman Recreation Lots

SCALE 1" = 40' Lemley Twp., Mecklenburg Co., N.C.

THE PROPERTY OF S. G. Goradia.

MAP RECORDED IN BOOK 17 AT PAGE 553 DEED RECORDED IN BOOK PAGE

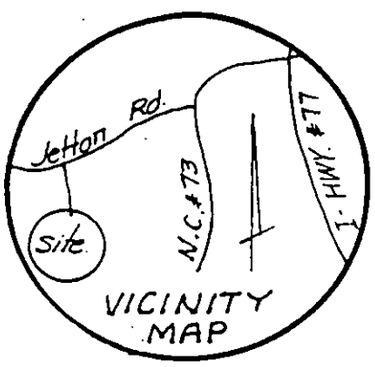
DUNCAN-PARNELL, INC. CHARLOTTE, NC 800-849-7708 577474

THIS IS TO CERTIFY THAT ON THE 30th DAY OF Jan. 19 95 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Bobby J Raye
REGISTERED SURVEYOR

BOBBY J. RAYE
N.C.R.L.S.
627 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA REGISTERED SEAL L1005 LAND SURVEYOR



Ref. Map: 17-553

Lake Norman

Property Line Follows Contour Elev. = 760

S. 63-59 W. 114.72

S. 54-50 W. 48.15

New Iron

50' min offspring high water mark on Lake

Lot 23

50' setback

old iron

203.95

S. 11-43-00 E.

169.29

S. 4-10-00 E.

22

24

Upgrade for a four bedroom residence.
1500 g septic tank
1000 g pump tank
Add 1080 sq ft drainfield at 6 lines at 3'x60'x12" stone each

Washing machine wastewater to go to washer box with sanitary tee to then feed into existing distribution box for existing drainfield.

Existing mobile home to be removed from property so that only one residence present as shown by "proposed residence".

Keep 50' min. off any well with any part of septic tank system.

Keep 10' off property lines + keep out of Road right of way.

Lot pre-1983 and therefore exempt from replacement area requirements.

Do not grade or disturb soil in area of septic tank system.

Any changes may void permit.

S. Patterson 3-17-95

Existing Drainfield for Washing machine wastewater

Exist. Septic Tank

washing machine waste water to go to existing drainfield

40'

13'

Proposed Residence (No Basement)

43.4

40'

13'

105

Mobile Home #17008

23.0

Wood Deck

Wood Deck

26.5

35

10.6

Power Line

10'

3'x60'

50'

Block well house

50' min

30' min

Gravel Drive

Well

50' min

30' SETBACK

Chord S 77-27-00 W. 42.79

92.95

85.42

S. 71-32 W.

old iron

R. 450.03

large capacity style box w/tee to feed into equal distribution box.

DRIVE

BELLE ISLE

60' R/W

CARLOW ROAD

S. G. Goradia 3/30/95
property owner sign + date

Physical SURVEY OF

Lot 23, Section 2, Lake Norman Recreation Lots

SCALE 1" = 40' Lemley Twp., Mecklenburg Co., N.C.

THE PROPERTY OF S. G. Goradia

MAP RECORDED IN BOOK 17 AT PAGE 553 DEED RECORDED IN BOOK PAGE

DUNCAN-PARNELL, INC. CHARLOTTE, NC 800-849-3700 877474

Fee 9241

WELL AND SEPTIC REQUEST

* Fee of $35.00 Fee #1273 on 12/06/94 applies to this request

ck # 1282 01/06/95
$50.00

Mecklenburg County
Health Department

TAX PARCEL # 001-312-20A

ADDRESS OF PROPERTY TO BE SERVICED: 17008 Belle Isle Dr.

OWNER OR AGENCY NAME AND ADDRESS: S. G. GORADIA
4741 Hedgemore Dr
unit no. 1-S
Charlotte, NC 28209

ADDRESS FOR RESULTS TO BE MAILED: see above

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: (704) 875-4779

CHECK ONE: ✓ (WELL & SEPTIC) ____ (WELL ONLY) ____ (SEPTIC ONLY)

S. G. Goradia
SIGNATURE OF AUTHORIZED PERSON

1/6/95
DATE

* Contact Ward before going out

Robert 364-5100

Call from S. D. Dordick 12/6/94

9741

Received

Please speak on later date

CONSULTATION

4741

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #35 12/6/94 Ck. # 1273

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: GORADIA Shantilal G (last) (first) (mi)
ADDRESS: 4741 Hedgemore Drive #I-5 PHONE: (704) 875 4779
CITY: Charlotte STATE: NC ZIPCODE: 28209

Date:

PROPERTY OWNER:
NAME: Crescent Resources (last) (first) (mi)
ADDRESS: 400 S. Tryon PHONE: (704) 382 8009
CITY: Charlotte STATE: NC ZIPCODE: 28202-8009

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-312-20A
STREET ADDRESS: 17008 Belle Isle
ZONING:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (N) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ 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 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: S. G. Goradia Date: 12/6/94

NOTICE:

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.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 12279

*Cancel application and applying fee of $35.00 toward repair application —
S. G. Goradia
01/06/95

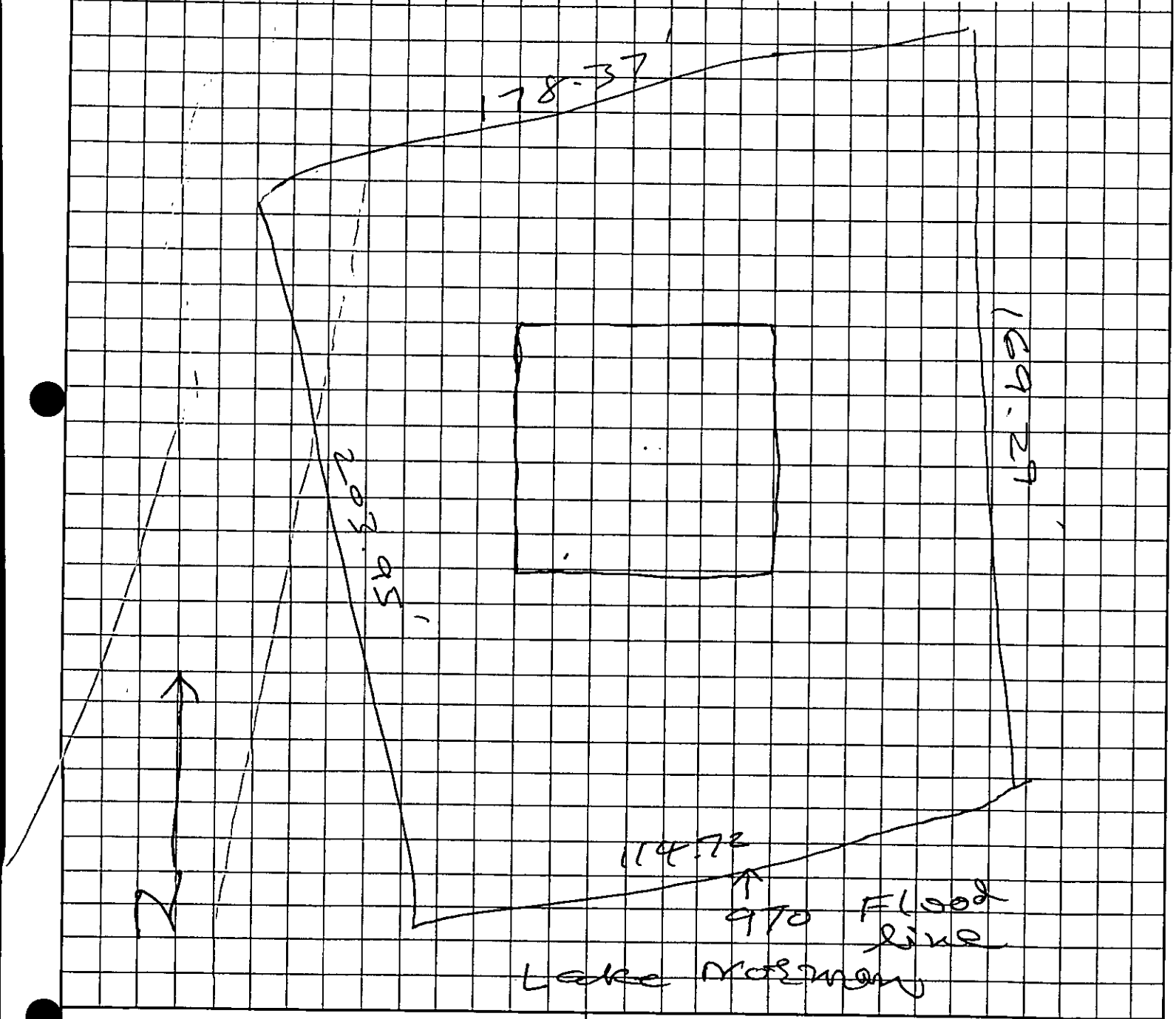
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

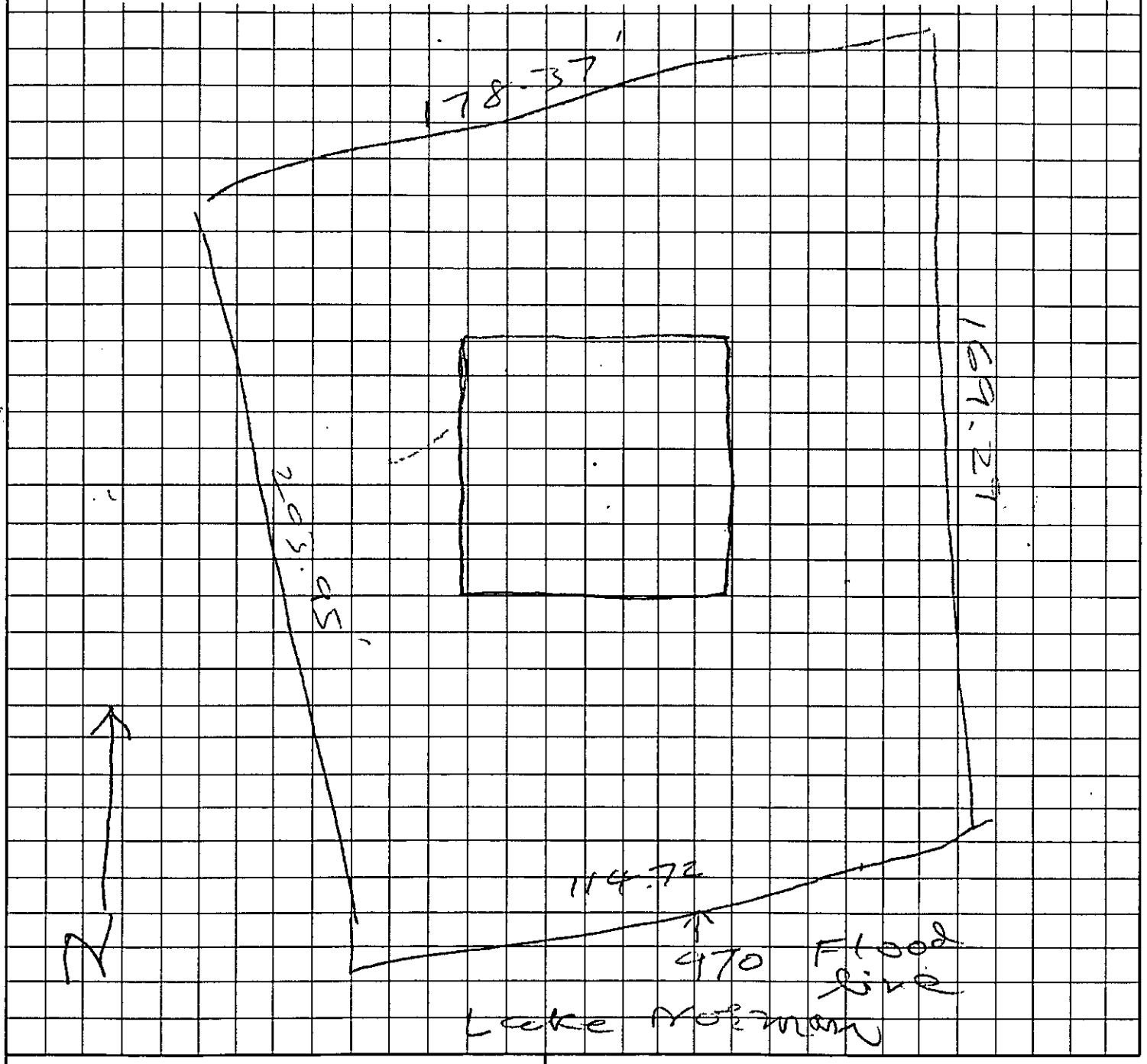
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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 _____

OWNER/AGENT SIGNATURE

DATE

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

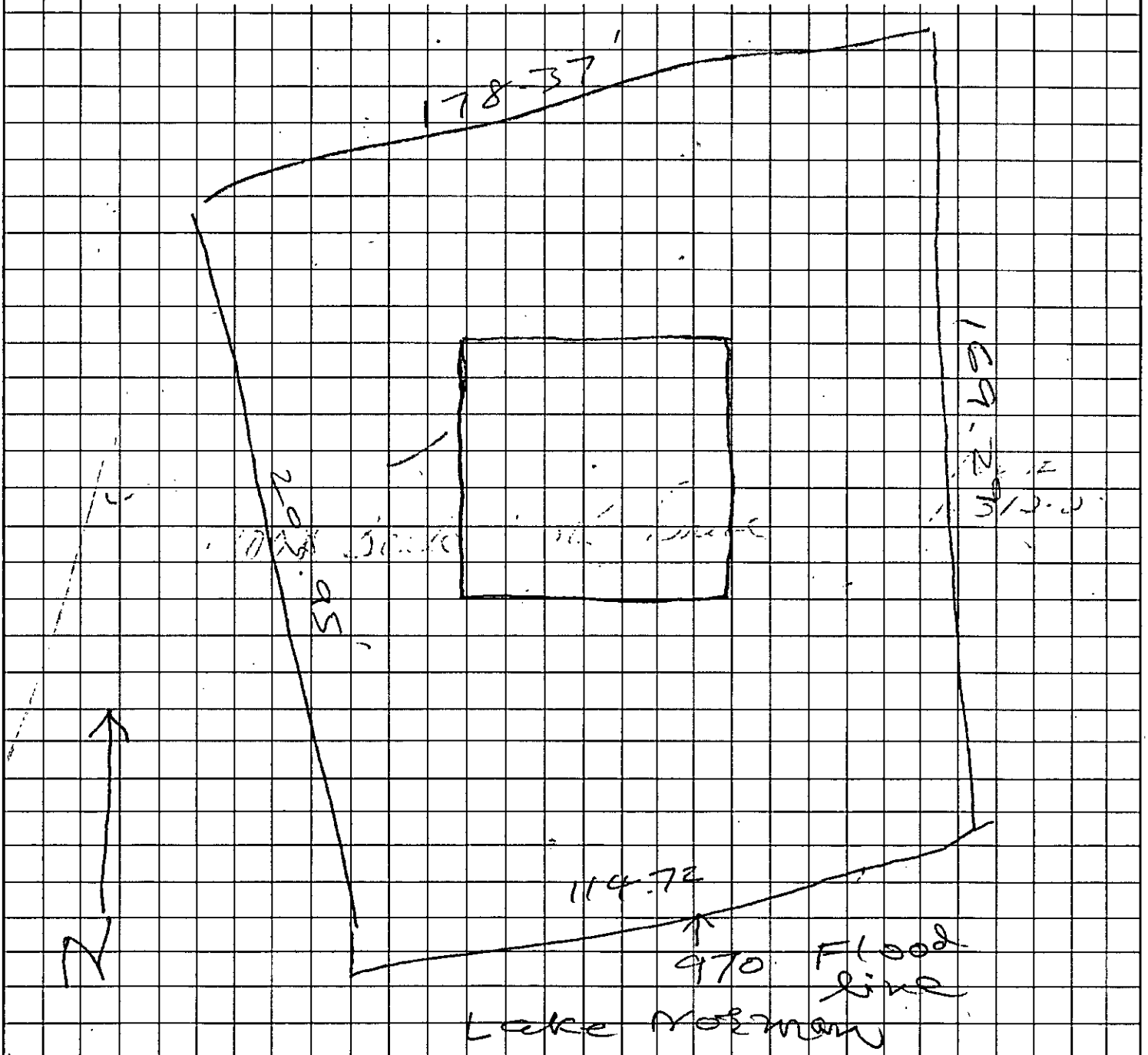
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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

APPROVAL DATE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

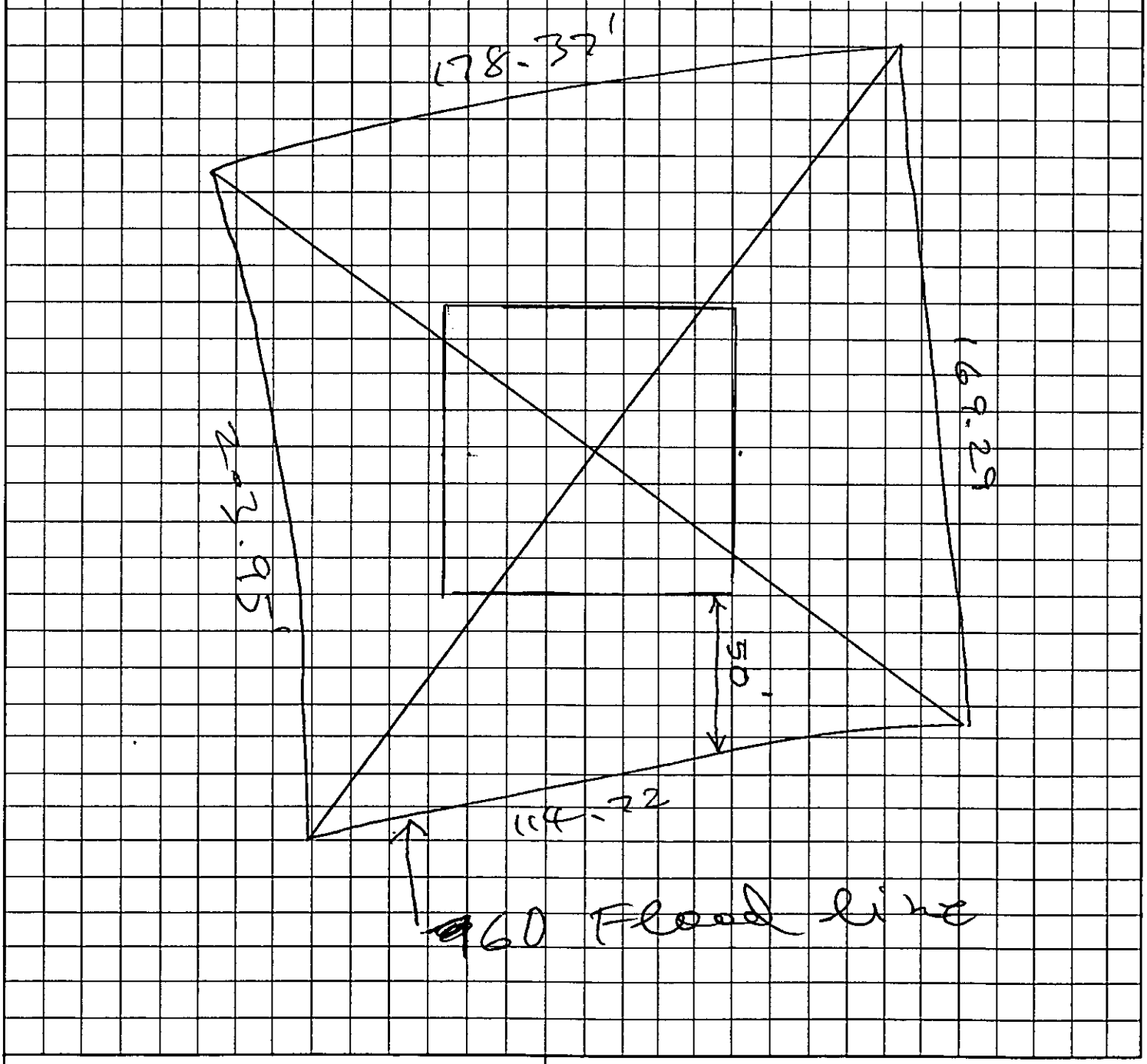
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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 _____

OWNER/AGENT SIGNATURE

DATE

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

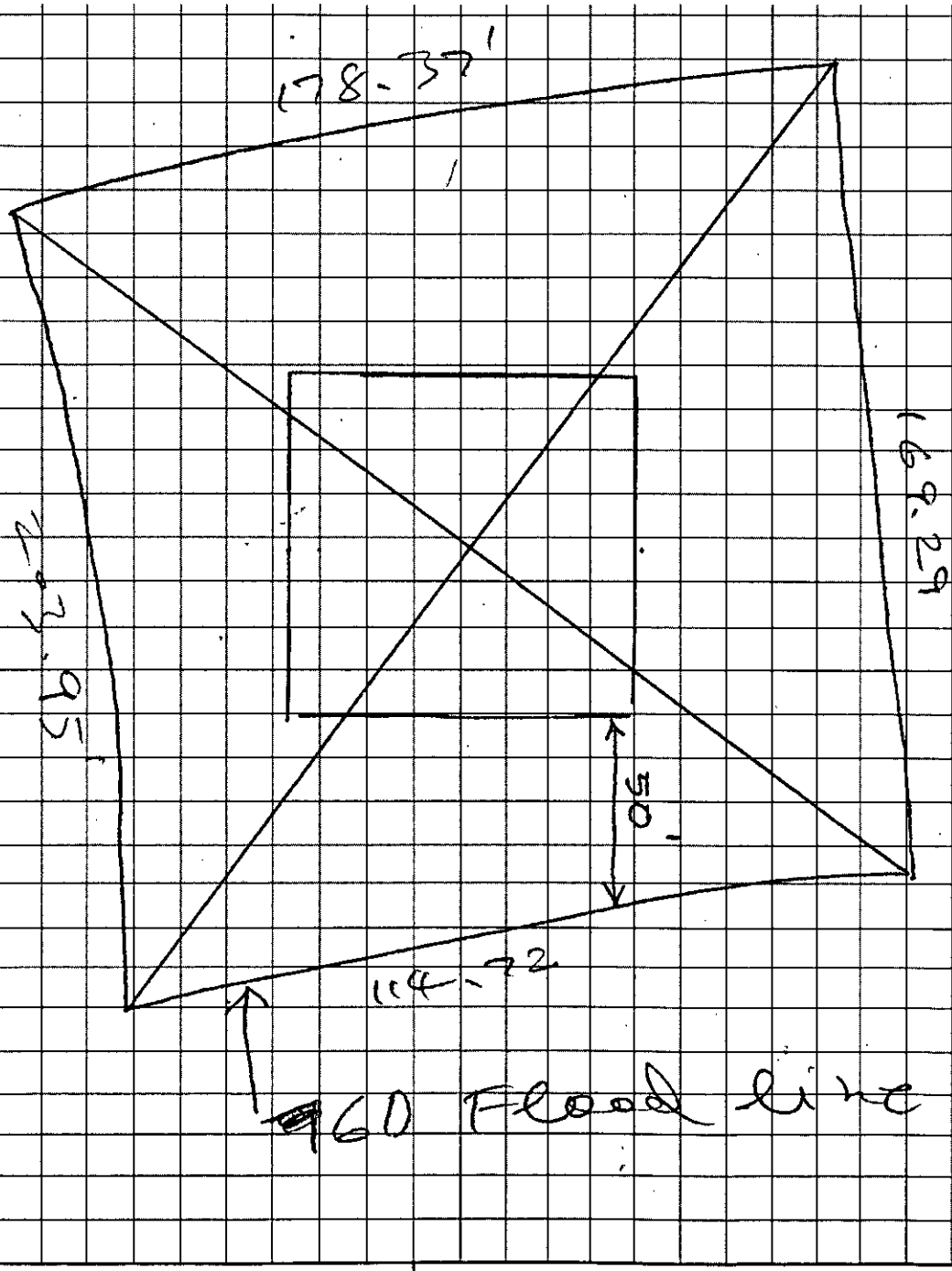
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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 _____

OWNER/AGENT SIGNATURE

DATE

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

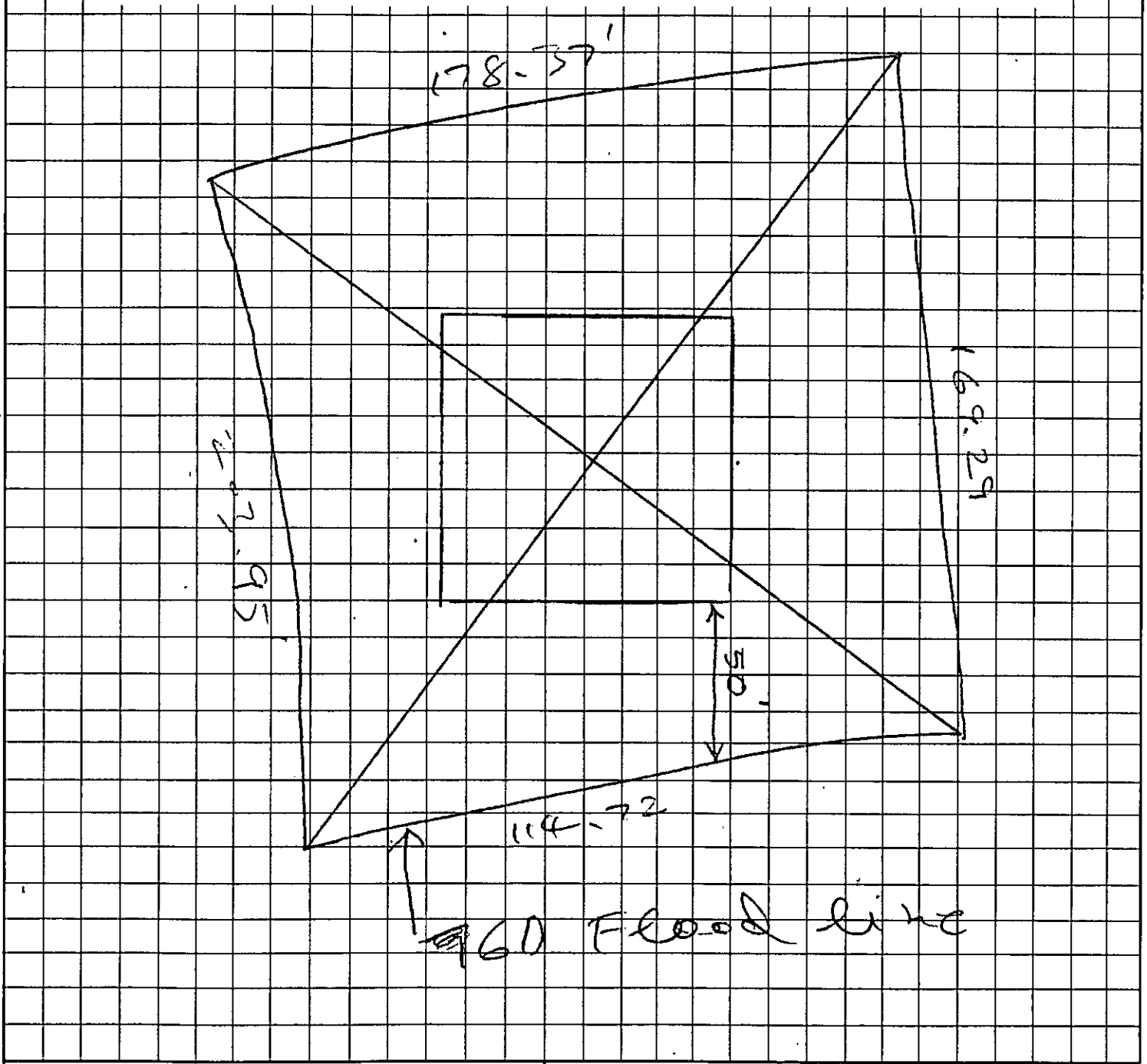
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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

APPROVAL DATE _____

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