

105 SADDLE CREEK CT

00717118

1/7/2008

duponbj

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5060B

Tax Number: 007-171-11,2

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

Type Primary Wastewater System
Type (circle one): 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:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

0.3 Long-term acceptance rate	600 Max gallons/day wastewater flow	1500 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	500 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
5 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Agreement forms
Easement agreement forms on file before C.A. Release
5 lines x 100' x 3'

Repair Area System Type
Type (circle one): 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:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1500 Absorption Area (Sq ft) 500 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t
Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in eff
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 Departme
- This Improvement permit is transferable.

Tommy Mickle R.S. 10/10/02
DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

Davidson Farms

FIELD 1

JOB #: 5-1184

LAYOUT FOR 5 BEDROOM HOME

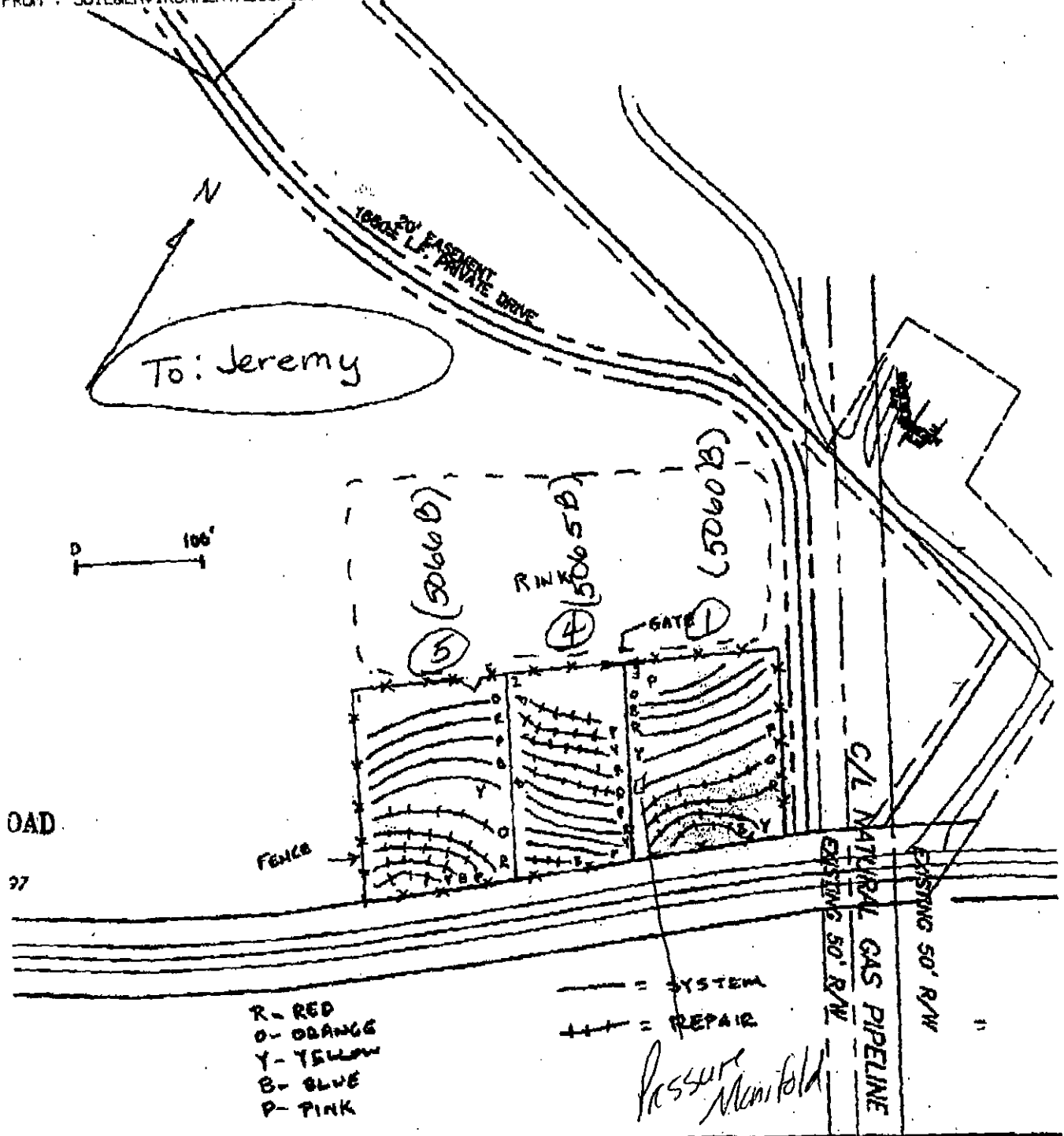
September-02

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	LINE LENGTH
TBM		3.5			100.0	
INSTR. 1			103.5			
			REPAIR			
1	YELLOW			1.70	101.8	60
2	BLUE			1.50	102.0	88
3	PINK			1.80	101.7	105
4	RED			2.60	100.9	125
5	ORANGE			3.50	100.0	115
			SYSTEM			
*6	YELLOW			4.20	99.3	102
*7	BLUE			5.00	98.5	100
*8	PINK			5.80	97.7	100
*9	RED			6.50	97.0	100
*10	ORANGE			7.10	96.4	100
					Total	995

	LINE LENGTH	SYSTEM TYPE	PROPOSED LTAR GPD/FT^2	INNOVATIVE SYSTEM	DISTRIBUTION
*SYSTEM	500'	INNOVATIVE	0.30	EZ FLOW	PRESSURE MANIFOLD
REPAIR	*493*	*INNOVATIVE*	0.30	EZ FLOW	PRESSURE MANIFOLD

Notes:

** TBM located on top of fence
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings
**Lines flagged in field may be longer than lengths shown.
Install at lengths shown on this sheet.



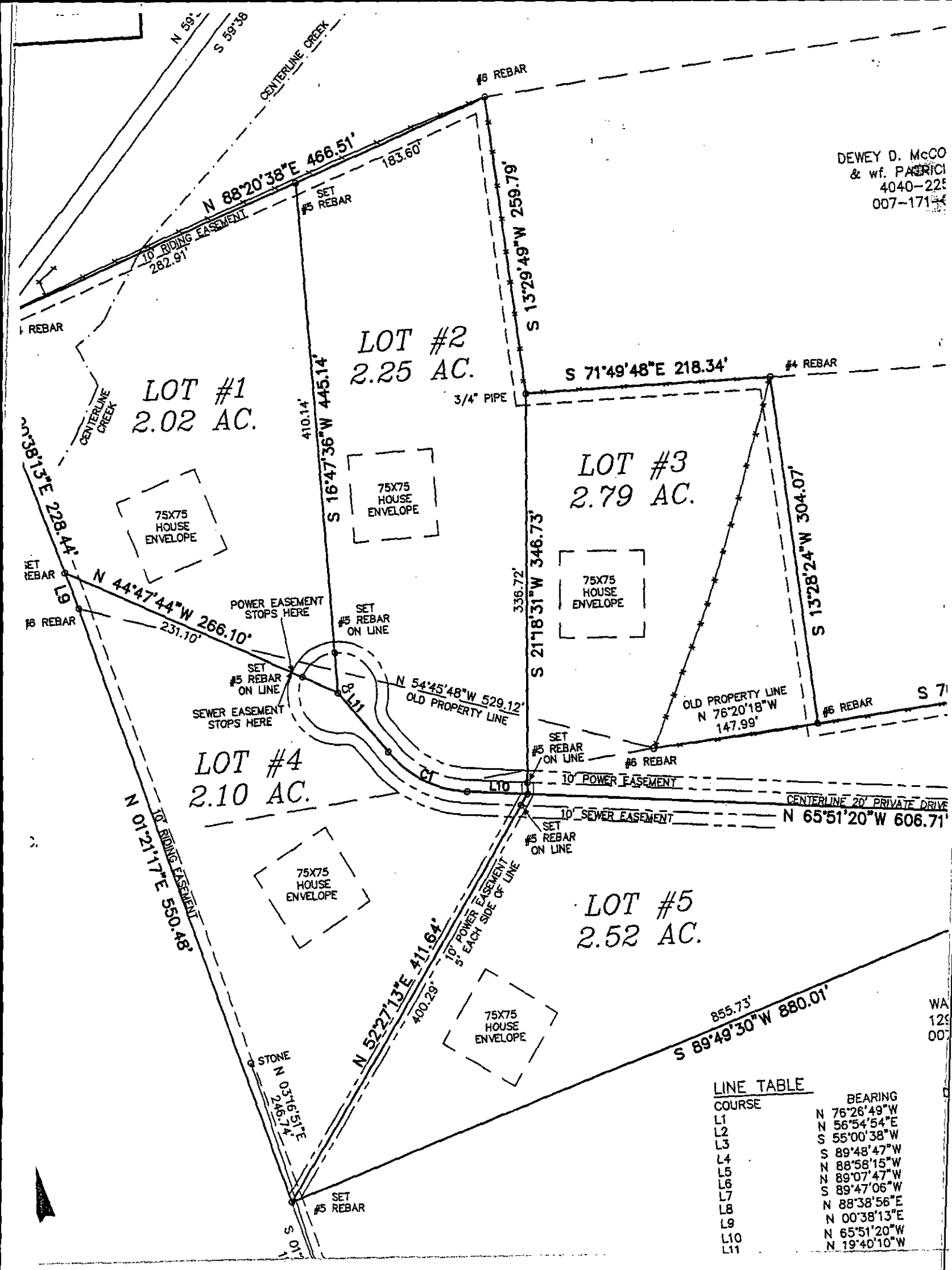
LWE
AM-WALTERS ENGINEERING, INC.
17718-B KINGS POINT DRIVE
CORNELIUS, NORTH CAROLINA 28031
) 895-8484 FAX (704) 895-8485

NORTH CAROLINA PROFESSIONAL SEAL 17646 ENGINEER MITCHELL C LATHAM

OWNER/DEVELOPERS:

TIM WAHL PR
14707 JUNE WAS
DAVIDSON, NORTH CA
(704) 895-9

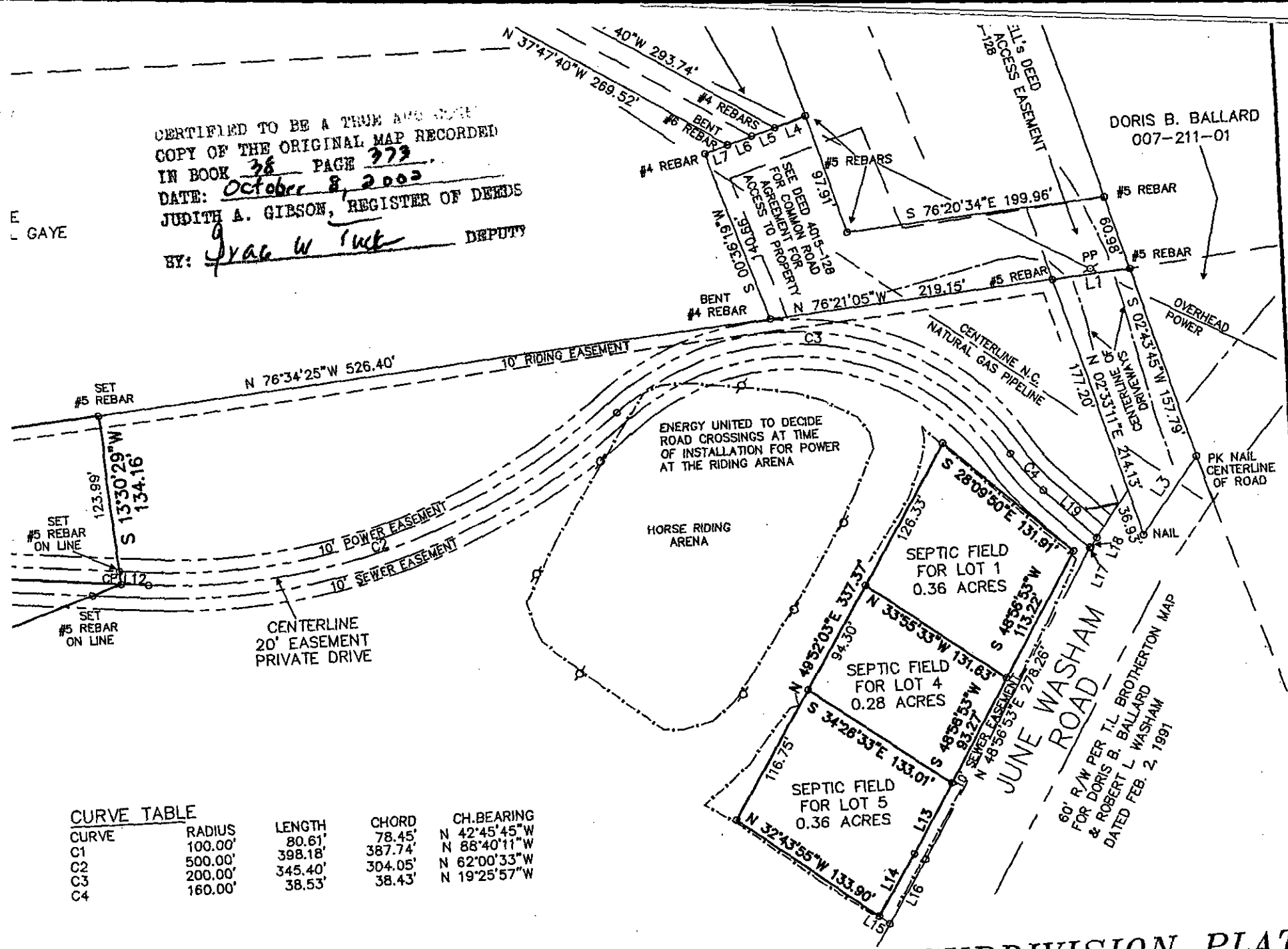
Davidson Farms Estates



LINE TABLE

COURSE	BEARING
L1	N 76°26'49"W
L2	N 56°54'54"E
L3	S 55°00'38"W
L4	S 89°48'47"W
L5	N 88°58'15"W
L6	N 89°07'47"W
L7	S 89°47'06"W
L8	N 88°38'56"E
L9	N 00°38'13"E
L10	N 65°51'20"W
L11	N 19°40'10"W

CERTIFIED TO BE A TRUE AND EXACT
COPY OF THE ORIGINAL MAP RECORDED
IN BOOK 38 PAGE 273
DATE: October 8, 2002
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Grace W Tuck DEPUTY



CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C1	100.00'	80.61'	78.45'	N 42°45'45"W
C2	500.00'	398.18'	387.74'	N 88°40'11"W
C3	200.00'	345.40'	304.05'	N 62°00'33"W
C4	160.00'	38.53'	38.43'	N 19°25'57"W

REFERENCES:

DEEDS AND MAPS AS SHOWN.
DESCENDANTS OF THE WALTER P. ARCHER ESTATE WERE NOT ABLE TO PROVIDE A MAP. (SEE DB 110-274)

REVISION OF SUBDIVISION PLAT DAVIDSON FARMS ESTATES PHASE I

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT DECLARATION AND AGREEMENT

This DECLARATION AND EASEMENT made this 16 day of October, 2002 by and between Johnstone, Remmey & Shryock, LLC, ("Declarant"), and any and all persons, firms or corporations hereafter acquiring any of the lots referred to herein.

WITNESSETH:

WHEREAS, Declarant is the owner of the Easement Parcel and the Benefitted parcel, as described herein; and

WHEREAS, Declarant wishes to create a Septic Tank drain Field Easement to control the development and the use of the Easement Parcel and the Benefitted Parcel for the protection of the owner of the Benefitted Parcel and the future owners thereof.

NOW, THEREFORE, Declarant hereby declares that the Easement Parcel and the Benefitted Parcel, as hereinafter defined, shall be held, sold and conveyed subject to the following Easement, which shall run with such parcels and be binding on all parties having any right, title or interest in such parcels, their heirs, successors and assigns, and shall be binding upon each owner thereof.

Declarant hereby creates an Easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Declarant, referred to herein as the "Easement Parcel", and located in the City of _____, Deweese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

This instrument was prepared by: Thomas, Godley & Childers, P.A.
Mail after recording to: 514 Williamson Rd., Ste 421
Mooresville, NC 28117

Must be Recorded in Register of Deeds Office

Mecklenburg Tax Parcel No. out of 007-171-12, 11, as shown ~~on a page of the County Tax Map attached hereto as Exhibit A, Lot~~ as Septic Fdl for Lot 1 Block _____ of Davidson Farms Estates recorded in Map Book 38, Page 373 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Easement Parcel" and of the septic Tank Drain Field Easement Area located thereon.

Declarant hereby imposes said Easement for the benefit of itself as the present owner and for the benefit of future owners of the following lot or parcel of land, referred to herein as the "Benefitted Parcel", situated in the City of _____, Dewerese Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 007-171-18, as shown ~~on a page of the County Tax Map attached hereto as Exhibit A~~, as Lot 1, Block _____ of Davidson Farms Estates recorded in Map Book 38, Page 373 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Benefitted Parcel".

Said Easement shall enable the owner of the Benefitted Parcel to place, if, as and when needed, such need to be determined by the owner of the Benefitted Parcel in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, the owner of the Benefitted Parcel shall have the right to use said connector strip for access as needed. **This Easement may not be altered, amended or cancelled without the written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.** This Easement shall automatically expire, however, should the owner of the Benefitted Parcel ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Declarant as the owner of the Easement Parcel acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

-- Grading or filling
-- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area

-- Excavating soil from the Area
-- Placing footings or foundations or engaging in any other construction activity in the Area
-- Placing in-ground or above-ground swimming pools in the Area
-- Placing irrigation systems in the Area
-- Placing underground utility lines or cables in the Area
-- Planting trees or gardens in the Area
-- Removing any large trees in the Area unless dead or diseased
-- Using the area for the burial of stumps, trash, or any other type of construction material
-- Using the Area for gravesites
-- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Declarant has hereunto set his/her/their hand(s) and seal(s), 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 the authority of its Board of Directors, the day and year first above written.

DECLARANT

_____ John Edward Shuttz III MANAGER (SEAL)
(Corporate Name)

By: _____ _____ (SEAL)
_____ President

_____ (SEAL)

ATTEST:

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

STATE OF NORTH CAROLINA

COUNTY OF Mecklenburg

I, Ben S. Thomas , a Notary Public for said County and State, do hereby certify that John Edward Shryock III, (manager) of Johnstone, Remmey & Shryock, L.L.C., a limited-liability company, personally appeared before me this day and acknowledged the due execution of the foregoing instrument on behalf of the company.

WITNESS my hand and official seal, this 16th day of October, 2002

OFFICIAL SEAL
NOTARY PUBLIC - NORTH CAROLINA
IREDELL COUNTY
BEN S. THOMAS
My Commission Expires 03-02-2007

Notary Public

My Commission Expires: 3-2-2007

This Document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

By: Jeremy Mcholas R.S. DATE: 10/21/02

Jeremy Mcholas R.S.

(print Name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument .

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

Sheet: 1
Property ID: PO 007-171-11, 12
Lot #: 1
File #: 5060B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Tim Wahl (Wahl LLC)
Applicant: L. A. Blankenship
Address: 14707 June Washam Road, Davidson, N. C. 28036
Date Evaluated: 09/25/2002
Proposed Facility: Residence
Design Flow (.1949): 600GPD
Property Size: .3a inv.
Location of Site: Off June Washam Road
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				
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-11	GR/SCL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	N/A	NONE	PS, IV .3GPD/FT^2
		11-31	SBK/C	FI/SEXP/S/P					
		31-45	SBK/CL	FR/SEXP/SS/SP					
2	"	0-4	GR/SCL	"	>49" TO SOIL WETNESS	49	"	"	"
		4-25	SBK/C	FI/SEXP/S/P					
		25-49	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-16	GR/SCL	"	>44" TO SOIL WETNESS	44	"	"	"
		16-36	SBK/C	FI/SEXP/S/P					
		36-44	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-14	GR/SCL	"	>48 TO SOIL WETNESS	48	"	"	"
		14-42	SBK/C	FI/SEXP/S/P					
		42-48	SBK/SCL	FR/SEXP/SS/SP					
5	"	0-4	GR/SL	FR/SEXP/NS/NP	>43" TO SOIL WETNESS	43	"	"	"
		4-8	GR/SCL	FR/SEXP/SS/SP					
		8-36	SBK/SC	FI/SEXP/S/P					
		36-43	SBK/SCL	FR/SEXP/SS/SP					
6	"	0-9	GR/SL	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	48	"	"	"
		9-48	SBK/ABK/SC	FI/SEXP/S/P					
7	"	0-4	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		4-39	SBK/C	FI/SEXP/ S/P					
		39-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 9/25/02,
Others Present: J. Michelone, W. Overby, L. Blankenship, T. Wahl

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

Sheet: 2
Property ID: PO 007-171-11, 12
Lot #: 4
File #: 50608 WAM
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner:
Address:
Proposed Facility: Design Flow (.1949):
Location of Site:
Water Supply: [ ] Public [ ] Individual [ ] Well
Evaluation Method: [ ] Auger Boring [ ] Pit
Type of Wastewater: [ ] Sewage [ ] Industrial Process

Applicant:
Date Evaluated:
Property Size:
Property Recorded:
[ ] Spring [ ] Other
[ ] Cut
[ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		OTHER PROFILE FACTORS				
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
8	LS, 10	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		6-22	SBK/SC	FI/SEXP/S/P					.3GPD/FT^2
		22-48	SBK/SCL	FR/SEXP/SS/SP					

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

Other Factors (.1946):
Site Classification (.1948):
Evaluated By: W. R. Marlin, LSS, 9/25/02
Others Present:

FILE # 96603

COMMENTS 100% Repair, Drain field system & Repair will require easements 1/3 of area investigated wells used for OF & Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE S-SHOULDER SLOPE L-LINEAR SLOPE FS-FOOT SLOPE N-NOSE SLOPE H-HEAD SLOPE CC-CONCLAVE SLOPE CV-CONVEX SLOPE T-TERRACE FP-FLOOD PLAIN	I	S-SAND LS-LOAMY SAND	1.2-0.8	VFR-VERY FRIABLE FR-FRIABLE FI-FIRM VFI-VERY FIRM EFI-EXTREMELY FIRM	NS-NON-STICKY SS-SLIGHTLYSTICKY S-STICKY VS-VERY STICKY NP-NON-PLASTIC SP-SLIGHTLYSTICKY P-PLASTIC VP-VERY PLASTIC
	II	SL-SANDY LOAM L-LOAM	0.8-0.6		
	III	SI-SILT SICL-SILTY CLAY LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM	0.6-0.3		
	IV	SC-SANDY CLAY SIC-SILTY CLAY O-ORGANIC	0.4-0.1		

STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

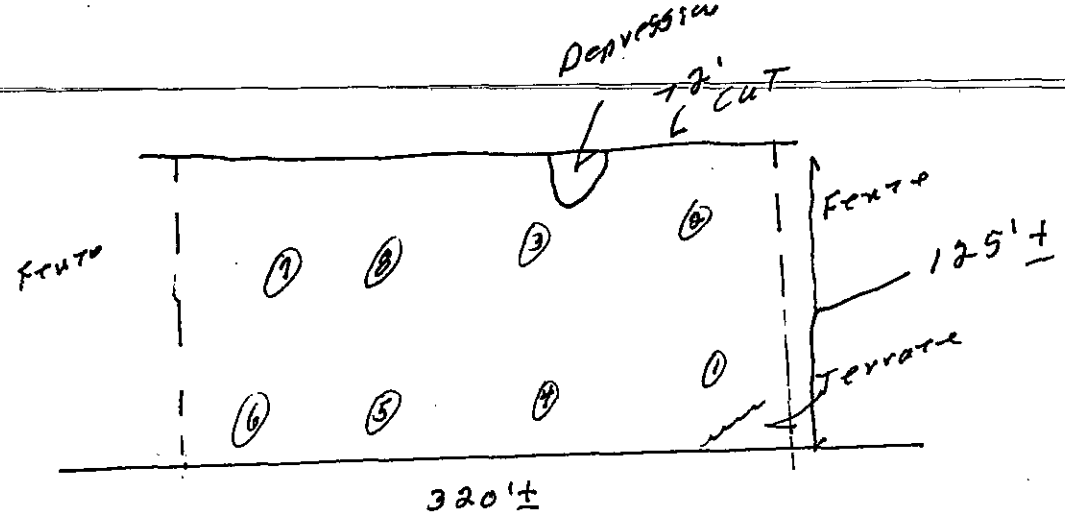
MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

N

Ring



FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 5060B

PARCEL NO: 007-171-11, 2

JOB LOCATION ADDRESS: Lot #1 Davidson Farms Estates

PROPERTY OWNER: Tim Wahl

BUILDING CONTRACTOR: Artisan Custom Homes

SUBDIVISION NAME: Davidson Farms Estates

AUTHORIZATION ISSUED BY: Jenny Mullis R.S. DATE: 10/10/02

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5060B, 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 MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before C.A. Release
Easement Agreement forms on file before C.A. Release
5 lines x 100' x 3' Pressure Manifold

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

(1) Agreement forms before C.A

(2) Easement forms before C.A.
Recorded

(3) Fees

(4) Signatures

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

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Others Present: J. Michelone, W. Overby, L. Blankenship, T. Wahl

Department of Environment, Health, and Natural Resources
Division of Environmental Health
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Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
8	LS, 10	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		6-22	SBK/SC	FI/SEXP/S/P					.3GPD/FT^2
		22-48	SBK/SCL	FR/SEXP/SS/SP					

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

Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By: W. R. Marlin, LSS, 9/25/02
Others Present:

FILE # 50603

COMMENTS 100% Repair, Drain tile system & Repair will require easements 1/3 of area investigated within wall for DTF Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2-0.8	VFR-VERY FRIABLE	NS-NON-STICKY
S-SHOULDER SLOPE		LS-LOAMY SAND		FR-FRIABLE	SS-SLIGHTLYSTICKY
L-LINEAR SLOPE				FI-FIRM	S-STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	VFI-VERY FIRM	VS-VERY STICKY
N-NOSE SLOPE		L-LOAM		EFI-EXTREMELY FIRM	NP-NON-PLASTIC
H-HEAD SLOPE					SP-SLIGHTLYSTICKY
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		P-PLASTIC
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			VP-VERY PLASTIC
T-TERRACE		CL-CLAY LOAM			
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

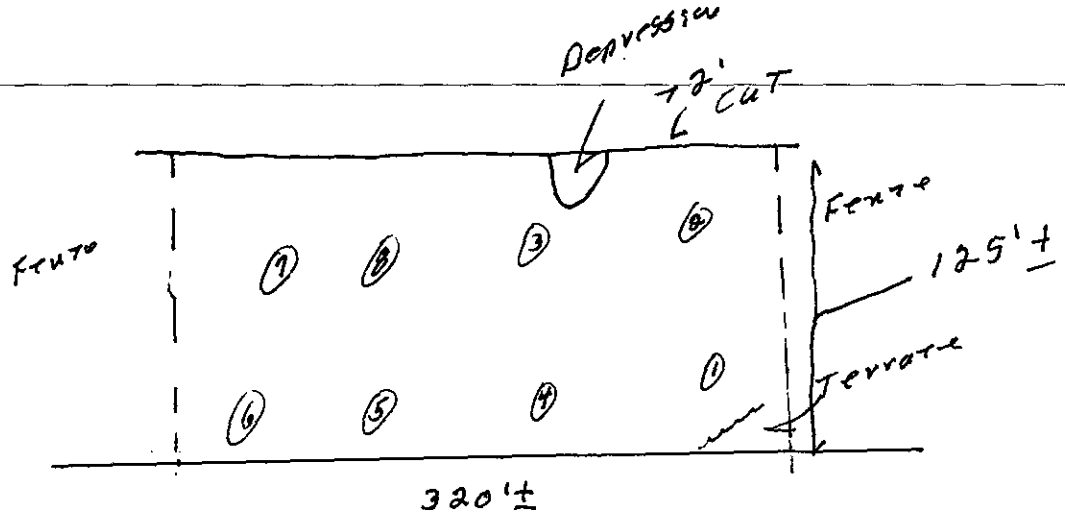
MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

N

Ring



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/23/02	**Amount:**	400.00
Receipt #:	10591	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	FOSTERV		

Account Information

Account #: X34221
Contractor: JOHNSTONE, REMMEY & SHRYOCK
Attn:
Address: P O BOX 2218
Address:
City/State/Zip: CORNELIUS, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations OFF JUNE WASHAM RD LOTS 1, 4, 5, AND FILE # 5067B		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00	346.01				

DATE: 9/4/02 Paid 200 FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM Paid 9/4/02 Septic Site Visit 9/12 1 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 50608

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 007-171-11 E 2

TAX/PARCEL NUMBER: NOT ASSIGNED YET

STREET ADDRESS: N/A off June Washam

SUBDIVISION OR MOBILE HOME PARK NAME: DAVIDSON FARMS ESTATES

LOT NUMBER: 1

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 4000 ±

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 9/16/02

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) WAHL (FIRST) TIM (MI) (WAHL LLC)	NAME: (LAST) Lee Ann (FIRST) Blankenship (MI)
ADDRESS: 14707 JUNE WASHAM RD	DAYTIME PHONE: (704) 634 - 9981
CITY: DAVIDSON STATE: NC ZIP: 28036	Issue permit to:
DAYTIME PHONE: (704) 655 -9200	Artisan Custom Homes

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8-8-02

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 9/4/02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

9/4 Placed info Bill in lot of 100 rd

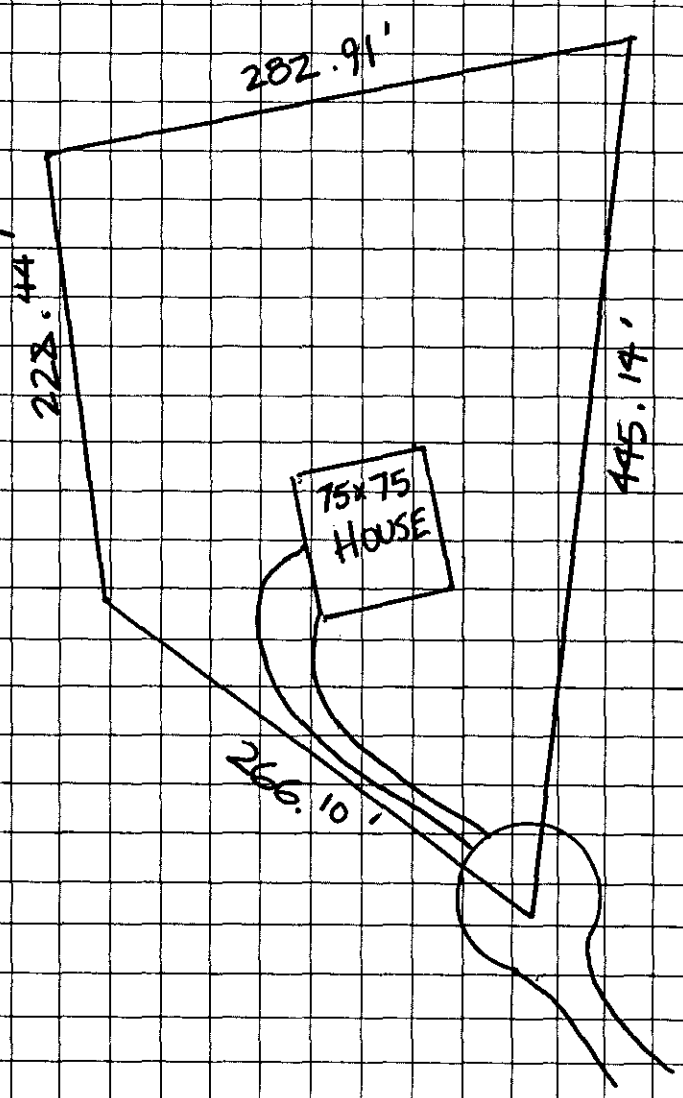
PROPOSED PLOT PLAN

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

FILE: 5060B

TC: 007-171 12512 PO

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 9/4/02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy