

18109 WOODLANDS TRAIL DR

1/3/2008

duponbj

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

Permit Number: 3693B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 007-162-09

- 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	
3 Long-term acceptance rate	180 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1000 Gallon septic tank	200 Total trench length (ft)	≤36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
N/A Bedrooms in residence 3 employees	N/A Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Keep all parts of system 100' off any wells.				
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	
600 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	≤36" 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 the 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 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.

Larry B. Thompson L.R.S. 3-31-97
DEHNR Authorized Agent Date

MANAGER 3.31.97
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

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

DATE: 3-31-97 PERMIT NO: 3893 B
PARCEL NO: 007-162-07

JOB LOCATION ADDRESS: 13501 Mayes Road
PROPERTY OWNER: Steven Bloebels
BUILDING CONTRACTOR: Atlantic Bair Co. Inc.
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jerry B. Thompson Jr. R.S. DATE: 3-31-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3893B, 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: _____

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] MANAGER 3-31-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

4400

Sheet ___ of ___
PROPERTY ID #: #1 3993A
COUNTY: PO 007-162-09

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Atlantic Land Holdings LLC APPLICANT: _____
ADDRESS: 1701 South Blvd, Charlotte APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: Store PROPOSED DESIGN FLOW (.1949): 1595pd/ PROPERTY SIZE: 2
LOCATION OF SITE: 13501 Mayer Road PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE % (Slopes 2 to 4%)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTR
1	LS	0-5"	gr/cl	Fr/SE/SS/SP	7.5YR 6/8 to 10YR 6/1 wetness	46"	N/A	None	1395A-2 IV PS
		5-30"	SBK/C	Fi/SE/SS/P					
		30-47"	SBK/cl	Fr/SE/SS/SP					
2	LS	0-3"	gr/cl	Fr/SE/SS/SP	7.5YR 6/8 to 10YR 6/1 wetness	47"	N/A	None	1395A-2 IV PS
		3-30"	SBK/C	Fi/SE/SS/P					
		30-47"	SBK/cl	Fr/SE/SS/SP					
3	LS	0-28"	gr/cl/sa	Fi/SE/SS/SP	7.5YR 6/8 to 10YR 6/1 wetness	46"	N/A	None	1395A-2 IV PS
		28-48"	SBK/cl	Fr/SE/SS/SP					
4	LS	0-3"	gr/sc/	Fr/SE/SS/SP	7.5YR 6/8 to 10YR 6/1 wetness	46"	N/A	None	1395A-2 IV PS
		3-46"	SBK/C	Fi/SE/SS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally suitable
EVALUATED BY: William A. Mackie 3-26-99
OTHER(S) PRESENT: LS

COMMENTS: apparently must have Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) HS (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) SH (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

NOTES

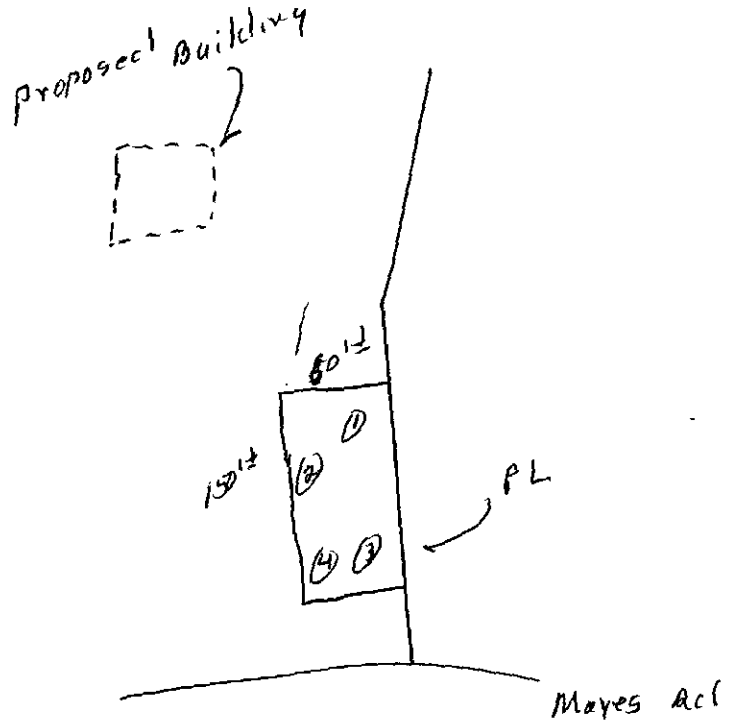
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

8930



PROPOSED PLOT PLAN

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

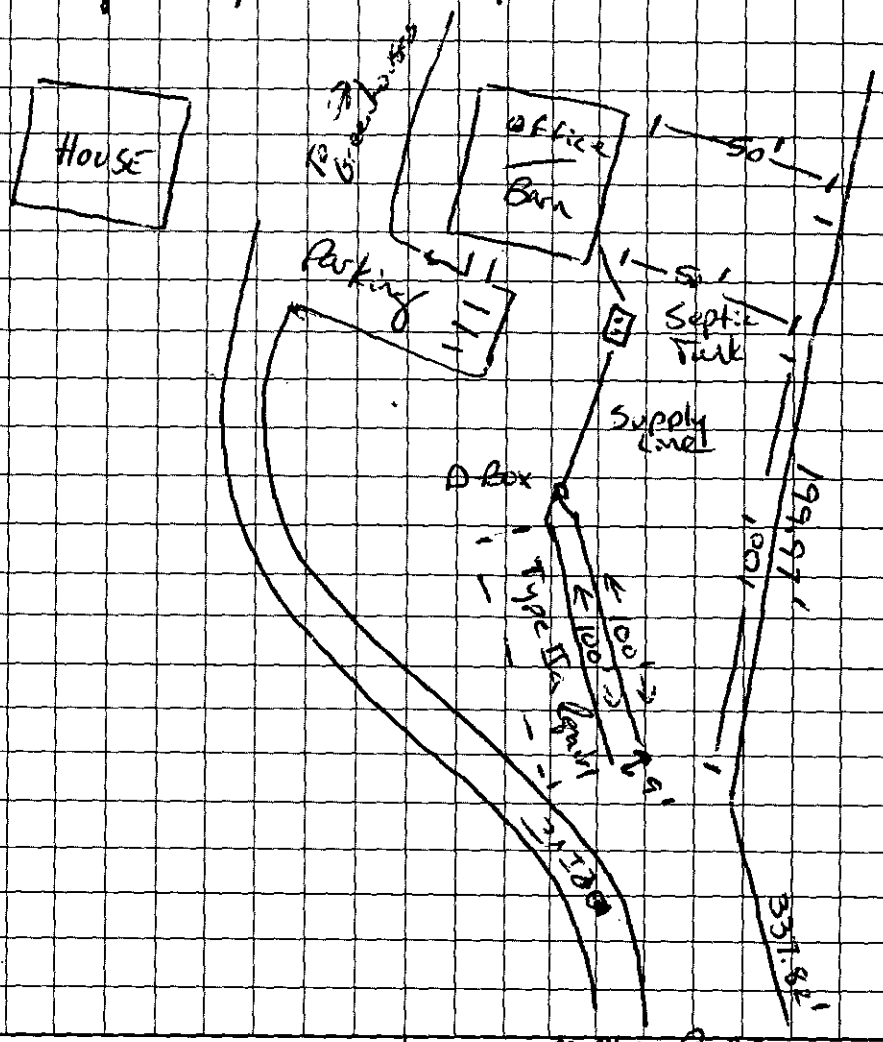
FILE: 3893 B

TC: 007-162-09

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

- 1000 gallon septic tank
- D-Box
- (2) 3'w x 100'L x 12" stone
- Keep trench bottoms level and on contour.
- Keep all parts of system >100' away from septic system and repair area
- Max trench depth of 36"



MANAGER

OWNER/AGENT SIGNATURE

DATE 3.31.97

APPROVAL DATE 3-31-97 J. Thompson, RS

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

FEE: 100.00 CK # 119
DATE: 3/10/97 JC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT
FOR COMMERCIAL/INDUSTRIAL SITE

[redacted]

1 | CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: FS10B 38930

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-162-09

STREET ADDRESS: 13501 [redacted] Mayes Rd

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Building: 3,000 sqf
WORMFARM → 2 Greenhouses: 6,720 sqf

Square footage of facility:

NUMBER OF EMPLOYEES: 3
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

- X TOILETS/URINALS
- X HANDSINK
- ___ SHOWERS
- ___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.
(NOW SHARING WELL FOR EXISTING HOUSE)

TYPE OF WASTEWATER:
- X SEWAGE
- ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

—

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	X YES ___ NO	WELL SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTE WATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: ATLANTIC LAND HOLDINGS LLC
(LAST) (FIRST) (MI)

ADDRESS: ~~13501 MAYES Rd~~ 1701 South Blvd

CITY: ~~HUNTERSVILLE~~ Charlotte STATE: NC ZIP: ~~28078~~ 28203

DAYTIME PHONE: (704) 896 - 5705

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BREBELS STEVEN
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 896 - 5705

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? —

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: Steven BREBELS

DATE: 03.10.1997

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

PG. 32

DAVIDSON-CONCORD RD.

DAVIDSON

PARTING OAKS LN.

CITY LIMITS

CONCORD RD.

RD.

2020±

435±

2
2.33 AC.
CHURCH

1
23.339 AC.

3
25.56 AC (CA)

162

16

17
5.814 AC.

15
4.761 AC

6.111 AC.

BARNHARDT

7 AC
5

6.23 AC
27

41.6 AC (CA)
9

10.03 AC.
21

13.54 AC
7

10.72 AC.
6

1.26 AC
26

1.00 AC
22

18

23

24

25

TWP. RD.

CITY LIMITS

DEWEESE

HUNTERSVILLE MAYES

2443

1350.75

PG. 31

20
3.013 AC.

10 AC.

17.987 AC.

1.384 AC.

8

10

12

BK. 11-06

FOR TAX PURPOSES ONLY

TAX LINE MAP BOOK 07 PAGE 16
MECKLENBURG COUNTY NORTH CAROLINA
REVISED 8-21-95 SCALE 1"=400'

15

110

600

CONSENT OF MEMBERS TO ACTION
WITHOUT MEETING OF

ATLANTIC BAIT COMPANY, LLC

JUNE 5, 1996

We, the undersigned, being the initial members of Atlantic Bait Company, LLC (the "Company"), a North Carolina limited liability company, do hereby authorize Marijn Kerssens and Steven Brebels, and either of them, to act on behalf of and serve as managers of the Company; provided that, neither of them shall be liable for the obligations of the Company solely by reason of being a manager of the Company, and neither of them shall become personally liable for any losses, obligations, or debts of the Company. Further, the Company shall indemnify said manager for judgments, settlements, penalties, fines, or expenses incurred in any proceeding to which the manager is a party solely because he is acting as a manager of the Company.

The authorization set forth in this Consent of Members may be withdrawn at any time by written notice to Mr. Kerssens and/or Mr. Brebels. This authorization automatically shall lapse in the event of an Assignment and Transfer of the ownership interest of the undersigned initial members.

Nothing set forth in this Consent shall prohibit the initial members from continuing to serve as managers of the Company.

The undersigned, being the initial members of the Company, hereby acknowledge that the foregoing resolution has the same force and effect as if taken in a duly constituted meeting of the members, with an effective date as of the day and year first written above.

Kenneth F. Essex (SEAL)
KENNETH F. ESSEX

Robert S. Blair (SEAL)
ROBERT S. BLAIR, JR.

3/10/97 File 3893B

FEE: 435.00
DATE: 1-29-96

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

[ ] 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 #: 3693 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-162-09-001

STREET ADDRESS: 13501 MAYES ROAD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

Consultation made 3-6-96
w/ Dean Jocum on site.
W. R. Marlin 3-1-96

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

Private Pre-school 50 children - 100 children what will soil support? Size systems

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	WELL, SPRINGS OR WATERLINES	X YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: Joe L. Cannon

NAME: Cannon (LAST) Joe (FIRST) L. (MI)

ADDRESS: 13511 Mayes Rd

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Bowman (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892-9770

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: X Joe L. Cannon DATE: 1-29-96

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

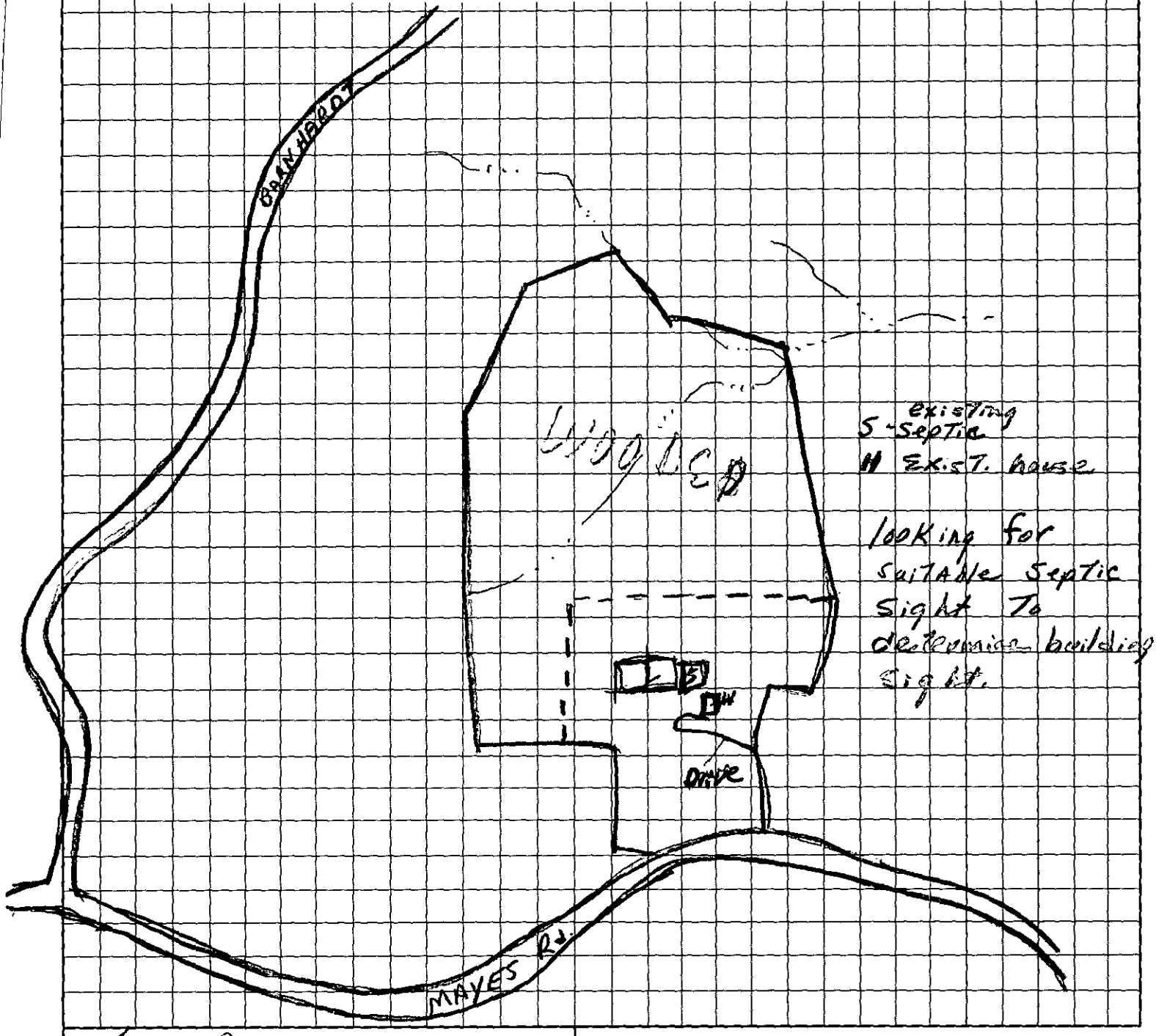
PROPOSED PLOT PLAN

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

FILE: 3893B

TC: 007-262-09PA

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.



X Joe Cannon
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

BARNHART RD

MAYES RD

CONCORD RD

762.4

754.2

776.7

765.7

774.3

761.2

794.2

740

760

780

720

734.2

707.2

708.3

700

680

685.0

746.7

763.2

759.8

745.4

790.0

790.2

747.2

773.5

759.7

772.7

788.5

763.3

757.2

750.1