

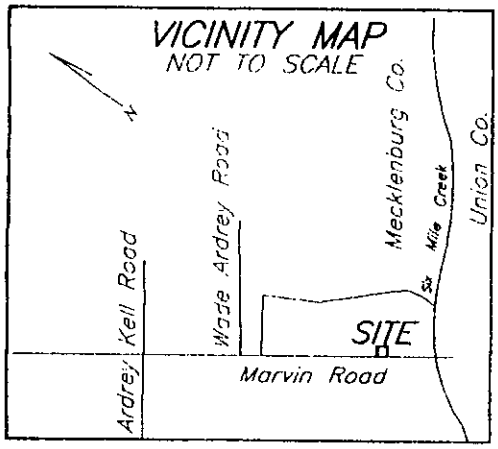
17909 MARVIN RD

22903114

1/8/2008

duponbj

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



SIGNED _____ REGISTERED SURVEYOR

NAD '83

NORTH CAROLINA PROFESSIONAL SEAL L-2645 LAND SURVEYOR PHILIP E. WHITE, JR.

PSW 6/6/06
Approval granted for a garage addition. Use existing system. Phil Walker RS

ARDREY PROPERTIES LLC &
SALLY PATTERSON
TM# 22903101
DB 11842 PG 836
2.211 ACRES

S28°08'59"E 137.42'
S26°16'16"W 256.67'
FLOODWAY BOUNDARY
45' SETBACK
FUTURE 100 YR FLOOD SCALED FROM 3711900307E ELEV= 578.4
COMMUNITY ENCROACHMENT BOUNDARY
LOT 3
MAP BOOK 43\363
2 STORY FRAME COMP ROOF
PORCH
GRAVEL DRIVE
S89°08'35"E 256.39'
S87°52'14"W 198.54'
6' SETBACK
160.00'
138.85'
49.50'
30'
68.94'
30' SETBACK
TIE TO ESP ASSOC. GPS CONTROL #141 N: 464815.4280 E: 1452252.3950 S 23-48-21 E 161.28'
S02°39'09"E 70.54'
81.61'
S 00°51'25" W 180.69' TOTAL
99.08'
L=111.86' R=686.20'
S04°25'41"E C=111.74'
MARVIN ROAD SR #3635
(60' PUBLIC R/W)

HD 183613

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

P# 154093 DC

LOCATION

STREET # (N,S,E,W) X17909 STREET NAME MARVIN Rd. (AV,RD,ST, etc)

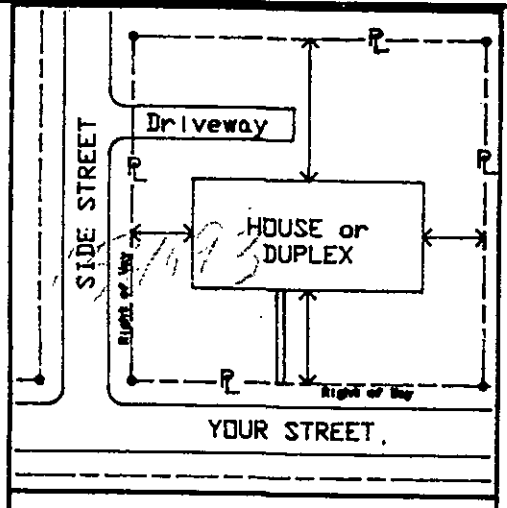
SUITE/UNIT(S):

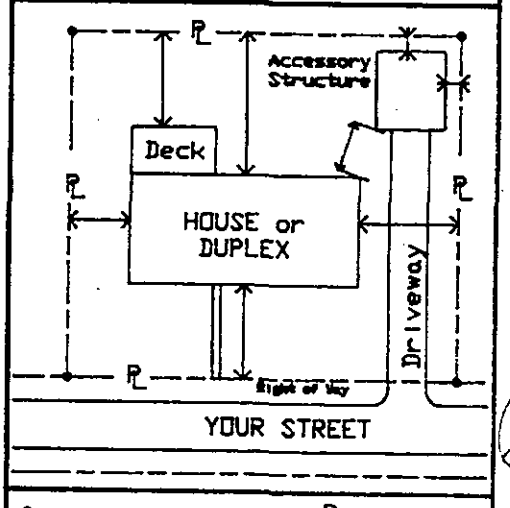
PERMIT #

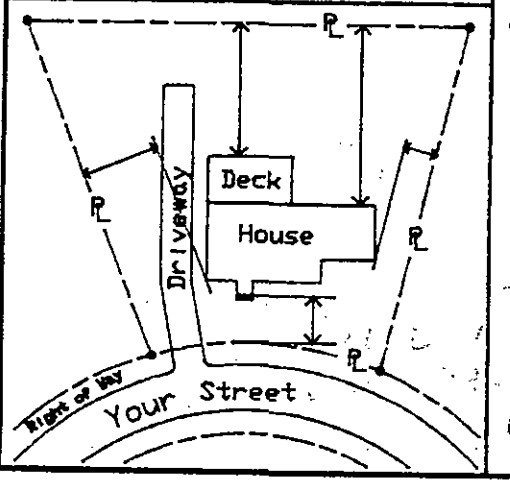
TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 22908101 JOB #

EXAMPLES/PLOT PLAN





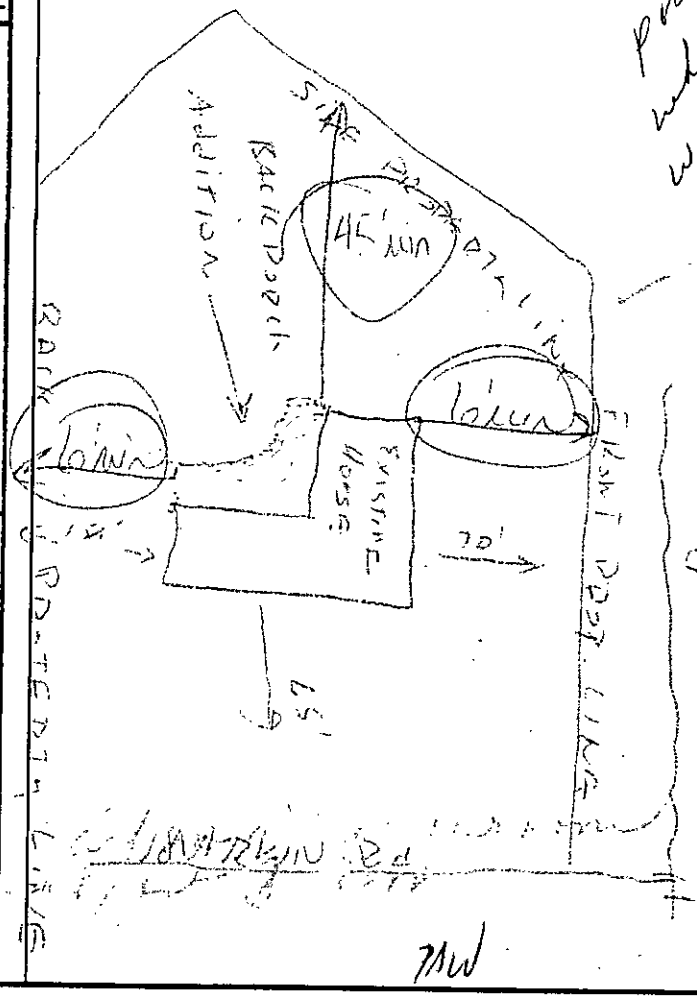


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



replace, damaged Print, dimensioned when printed was small

ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

X [signature] 11-7-05 VAN PATTERSON
APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

PLW Deck approved 11/8/05

APPROVED BY

B-83

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5708B DATE: 10/25/05

TC: 229-031-01 P0 ☒ L ☐ CRT

SERIAL 19594

Name of Owner Andrey Properties, LLC Juris.: _____

Address of Property 17909 Marvin Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield >440

Number of Lines 4 @ Varying

Cover Depth 12"

Water Supply Source Shared Well

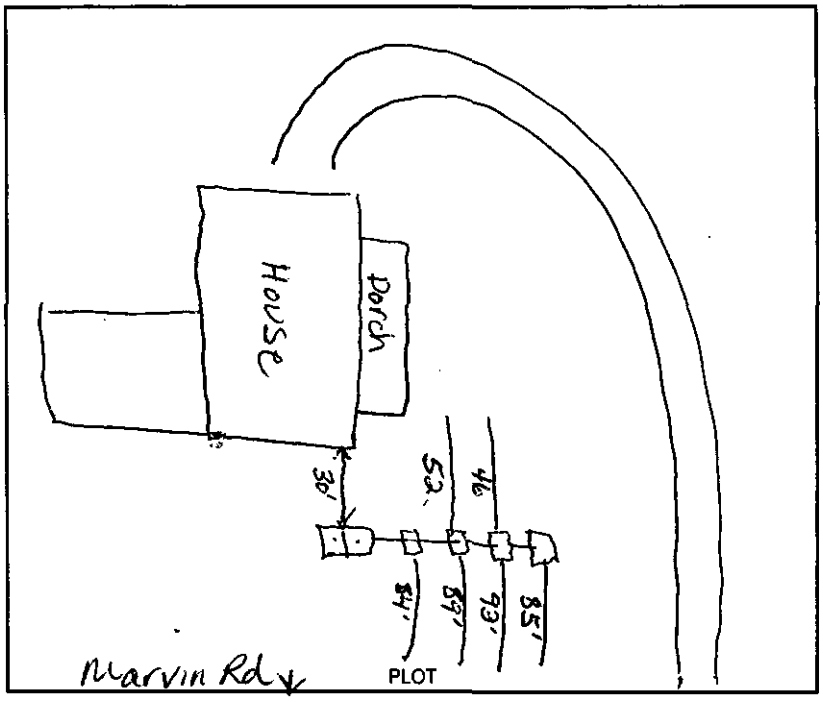
Distance to Water Source >100'

Excavation Inspected 10/25/05

Tank(s) Inspected 10/25/05

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500g ST, Conv. System, D-Boxes CTR# Norwood

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ 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 I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: Designed for 3 bdrm design unit, Type IIa

Gina Buchanan, RSO
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

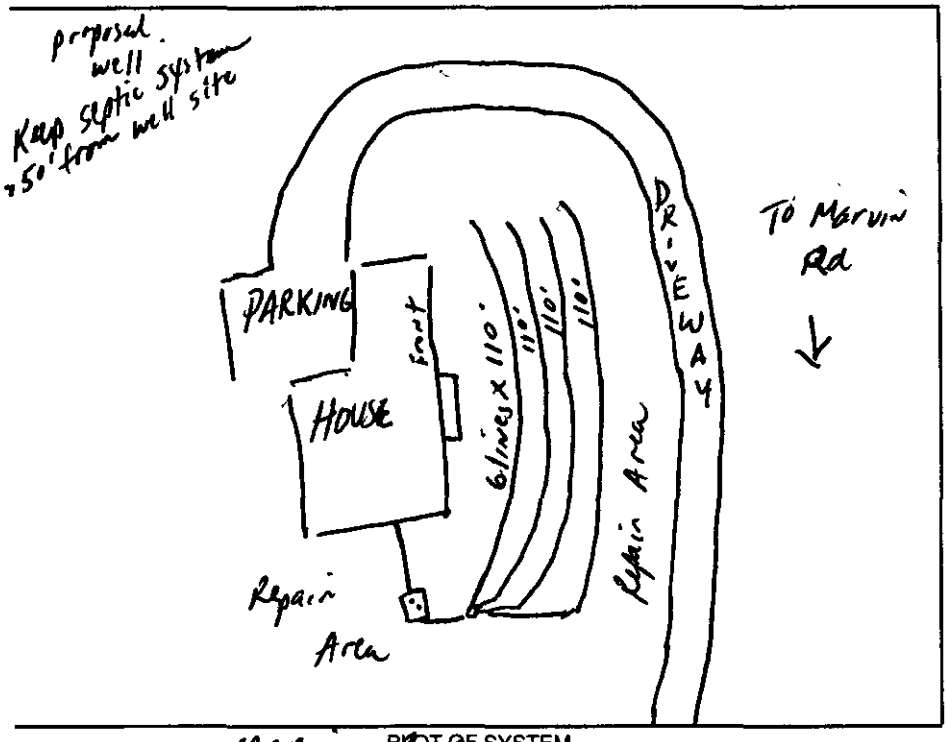
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5708B DATE: 10/12/05

TC: 229-031-01P0

SERIAL Nº 20201

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3/18/05. All work shall be completed on or before 11/12/05, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 4(110') 440 feet

Number of Lines 4(110')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Audrey Properties LLC

LOCATION OF PROPERTY 17909 Marvin Road

Comments: Install 1500 Gal Septic Tank, D-Box, 4 lines x 110' long x 3' wd x 12" Stone / Keep lines on contour of land

Phila S. Walker RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

PROPOSED PLOT PLAN

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

FILE: 5708B

TC: 229-031-01aa

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 3 Bedroom Residence
1500 SF
4 lines x 110'long x 3'wd x 12"Stone
440 SF Type III Repair Area
Keep the septic system > 50' from the proposed well
Keep lines on contour of land

1" = 60'

NAIL IN E ELEVA N

FEMA FLOOD FRINGE LINE
ELEVATION=577.00'

S 00°51'25" W 200.00'

Proposed well Area

208.56'

S 89°08'35" E

6' SETBACK

PARK Area

HOUSE

110'

Repair Area

DRIVEWAY

6' SETBACK

200.00'

N 89°08'35" W

99.08'

N 00°51'25" E

L=101.37'
TAN=50.78
BRG. =N03°59'24"W
R=686.20
CH. =101.28

MARVIN ROAD SR #3635
(60' PUBLIC R/W)

+-17--+8+
IUEP
I I
I 2 2
I 4 4
I I
+8+--18--+8+
IBAS House
I dimensions I
+5+----36-----+6+
9FOP 9
+----36-----+

APPROVAL DATE JSW Allard 3/18/05

OWNER/AGENT SIGNATURE Rodney Properties by Sally Patterson Mgr

DATE 9/8/04

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CK # 1019

FEE: 300.00
DATE: 9/28/04 gc

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS LD

PERMIT NUMBER: 5708B
PARCEL NUMBER: 229-031-01 PO

JOB LOCATION ADDRESS: 17909 MARVIN ROAD
PROPERTY OWNER: ARDERY PROPERTIES LLC
BUILDING CONTRACTOR: NA
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: PHILO WALKER **DATE:** 09/27/04

Philo S. Walker RS
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 5708B, 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:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5708B** Tax Number: **229-031-01PO**

- 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:

.275 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1309 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	436 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	NA Gallon pump tank	12 Depth of stone (in)	

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

Additional conditions: **KEEP LINES ON CONTOUR OF LAND, KEEP PROPOSED WELL >100' FROM ANY SEPTIC SYSTEMS(SHARED WELL)**

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:

1309 Absorption Area (ft^2) 436 Total trench length (ft)	12 Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 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.

Phila S. Walker RS 9/27/04
DENR Authorized Agent 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

Sally D. Patterson 9/28/04
Owner/Agent Signature Date

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

ACS

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

Sheet: 1 of 2
Property ID: PO 229-031-01
Lot #: 3
File #: 5708B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Ardrey Properties, LLC
Applicant:
Address: 10500 Old Ardrey Kell Road, Charlotte, N. C. 28277
Date Evaluated: 9/21, 2004
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .95a
Location of Site: 17909 Marvin Road
Property Recorded:
Water Supply: [ ] Public [ ] 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	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .275GPD/FT^2
		6-48	SBK/C	FI/SEXP/S/P					
2	"	0-3	GR/SCL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		3-49	SBK/C	FI/SEXP/S/P					
3	LS, 10	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		4-39	SBK/C	FI/SEXP/S/P					
		39-49	SBK/CL	FR/SEXP/SS/SP					
4	LS, 12	0-6	GR/SCL	"	>32" TO SOIL WETNESS	32	"	"	US, IV .225GPD/FT^2
		6-32	SBK/C	FI/SEXP/S/P					
5	"	0-6	GR/SCL	FR/SEXP/SS/SP	>31' TO SOIL WETNESS	31	"	"	"
		6-31	SBK/C	FI/SEXP/S/P					
6	"	0-5	GR/SCL	FR/SEXP/SS/SP	>28" TO SOIL WETNESS	28	"	"	"
		5-28	SBK/C	FI/SEXP/S/P					
7	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.275GPD/FT^2	.225GPD/FT

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 9/22/2004, W. R. Marlin
Others Present:

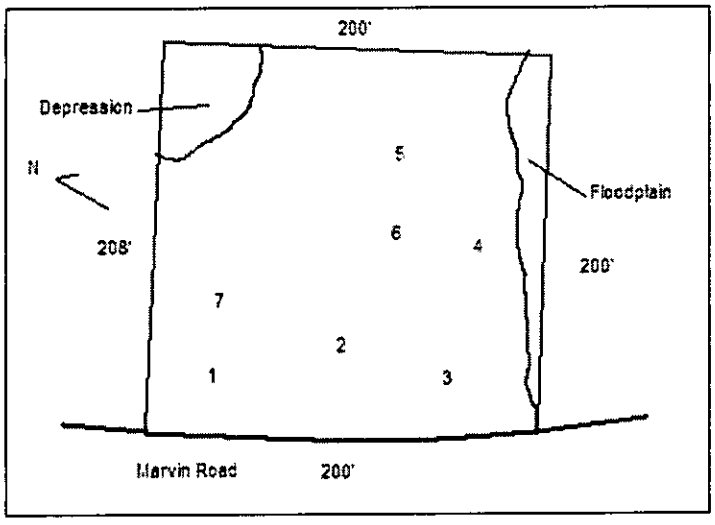
COMMENTS:

100% repair, may need pump, do not install when soils are wet

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-Food 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



JUL-26-04 09:31 AM

PROPOSED PLOT PLAN

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

FILE: 5708B

TC: 229-031-01pp

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

3 Bedroom Residence
Install 1500 ST
4 lines x 110' long x 3' wd
x 12" stone 440 LF
Keep drainfield on contour of land Type IIa
Keep the septic system >100' from the shared well
Type IIa Repair Area

1" = 60'

NAIL IN B.
ELEVA
N

FEMA FLOOD FRINGE LINE
ELEVATION=577.00'

S 00°51'25" W 200.00'

Proposed well

45' SETBACK

208.56'

200.00'

S 89°08'35" E

N 89°08'35" W

6' SETBACK

6' SETBACK

RDR

Repair Area

HOUSE

Keep lines on contour of land

110'

110'

110'

110' 30' SETBACK

Repair Area

105' To house Corner

99.08'

N 00°51'25" E

L=101.37'
TAN=50.78
BRG.=N03°59'24"W
R=686.20
CH.=101.28

MARVIN ROAD SR #3635
(60' PUBLIC R/W)

House dimensions

APPROVAL DATE

OWNER/AGENT SIGNATURE

DATE 9/8/04

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

ACS

Sheet: 1 of 2
Property ID: PO 229-031-01
Lot #: 3
File #: 5708B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Ardrey Properties, LLC — Applicant:
Address: 10500 Old Ardrey Kell Road, Charlotte, N. C. 28277 — Date Evaluated: 9/21, 2004
Proposed Facility: Residence — Design Flow (.1949): 360gpd — Property Size: .95a
Location of Site: 17909 Marvin Road — Property Recorded:
Water Supply: [ ] Public [ ] 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 .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
1	LS, 8	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
2	"	0-3	GR/SCL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		3-49	SBK/C	FI/SEXP/S/P					
3	LS, 10	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		4-39	SBK/C	FI/SEXP/S/P					
		39-49	SBK/CL	FR/SEXP/SS/SP					
4	LS, 12	0-6	GR/SCL	"	>32" TO SOIL WETNESS	32	"	"	US, IV
		6-32	SBK/C	FI/SEXP/S/P					.225GPD/FT^2
5	"	0-6	GR/SCL	FR/SEXP/SS/SP	>31' TO SOIL WETNESS	31	"	"	"
		6-31	SBK/C	FI/SEXP/S/P					
6	"	0-5	GR/SCL	FR/SEXP/SS/SP	>28" TO SOIL WETNESS	28	"	"	"
		5-28	SBK/C	FI/SEXP/S/P					
7	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.275GPD/FT^2	.225GPD/FT

Other Factors (.1946):
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Evaluated By: W. R. Marlin, LSS, 9/22/2004, W. R. Marlin
Others Present:

COMMENTS:
100% repair, may need pump, do not install when soils are wet

Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
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	

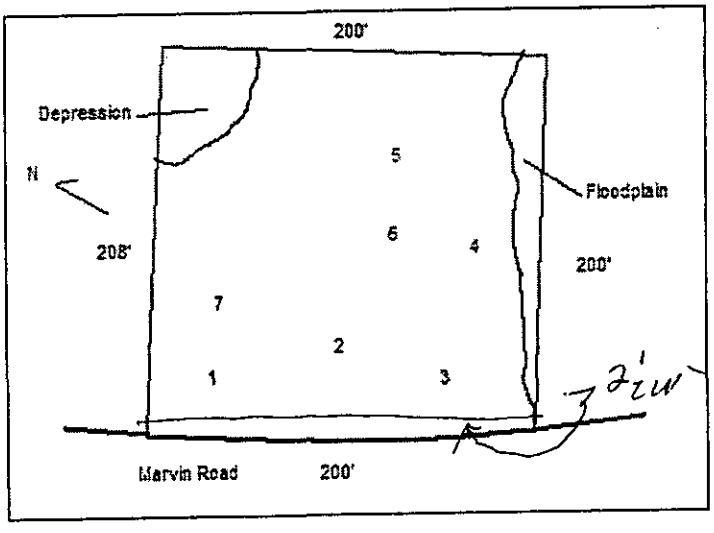
Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

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

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

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations



FEE: 240.00 + 45.00 DATE: 9/13/04 check 2994

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

1 J 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 #: 5708B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 229-031-01P0

STREET ADDRESS: 17909 Marvin Road

SUBDIVISION OR MOBILE HOME PARK NAME: Lower Providence Area

LOT NUMBER: 3

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2478

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

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 home to be moved to site Oct/Nov 2004

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
EASEMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS ✓ YES __ NO

PROPERTY OWNER:

NAME: (LAST) Ardrey Properties LLC (FIRST) (MI)

ADDRESS: 10500 Old Ardrey Kell Rd

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: (704) 542-2097

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/23/04 Book 41 @ pg 828

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: Ardrey Properties by Sally A. Patterson, Mgr. DATE: 9/8/04

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

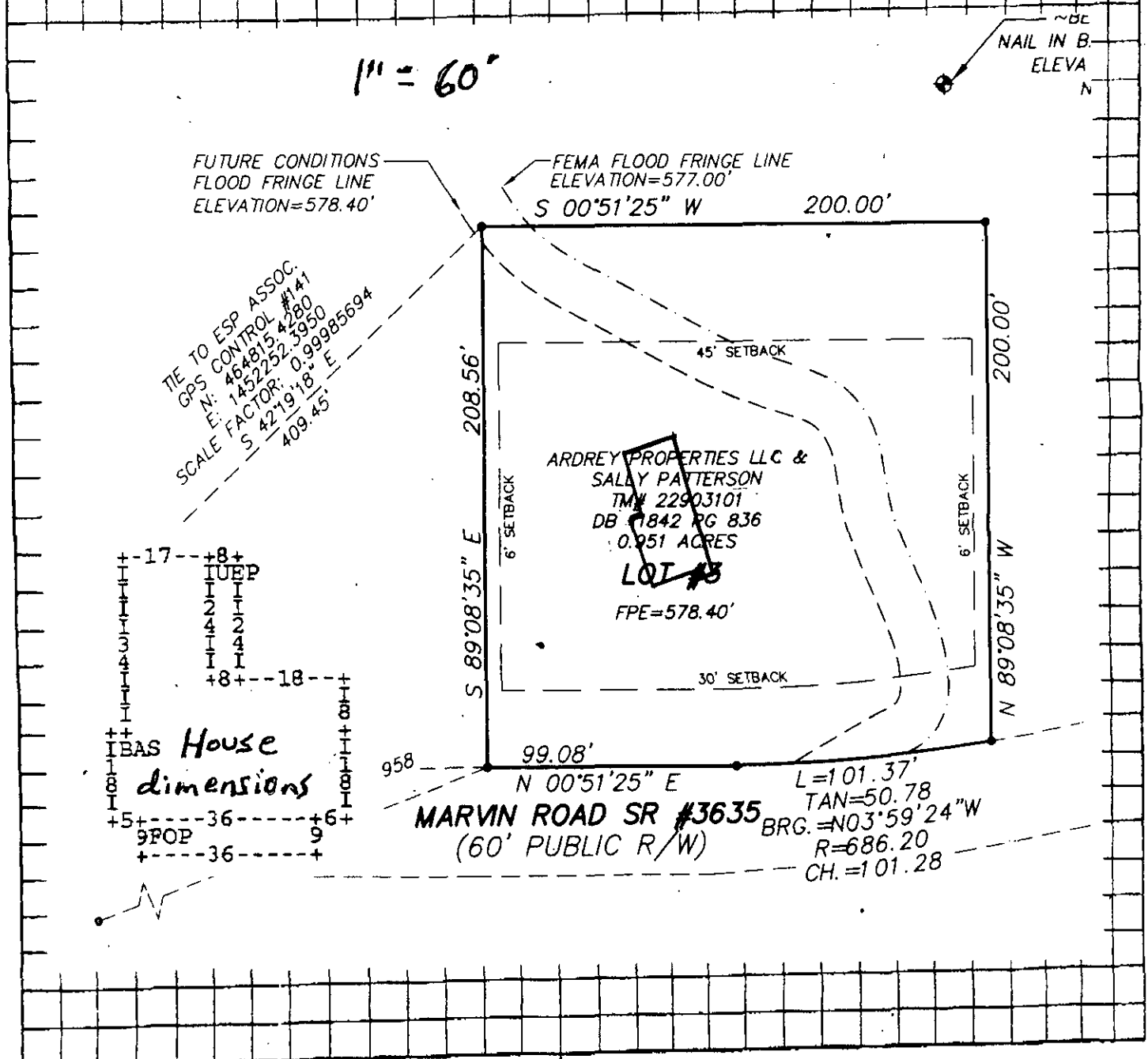
PROPOSED PLOT PLAN

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

FILE: 5708B

TC: 229-031-01po

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 _____

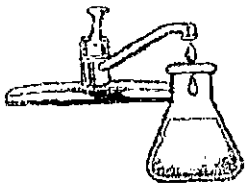
Ardrey Properties by Sally Patterson Mgr
OWNER/AGENT SIGNATURE

DATE 9/8/04

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



K & W Laboratories
9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 08/31/06

Client: DL Mullis
9200 Surface Hill Rd
Charlotte, NC 28227

Project: Von Patterson
17909 Marvin Rd.

Sample Description:	Drinking Water		
Date Collected:	08/28/06	at	14:00
Date/Time analysis begun:	08/29/06	at	13:35
Date/Time analysis completed:	08/30/06	at	14:00

Contaminant	Method	Results
Total Coliform	Colilert	**Absent**
Fecal Coliform	Colilert	**Absent**

Lab Log #: E2557

Certified By:

NC Certification 37767
SC Certification 99051

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 8/22/2006 04:07 PM

LABORATORY SERVICES DIVISION

LOCATION: 17909 Marvin Rd
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/17/2006 11:45 CHAIN OF CUSTODY #: 06080440
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB83395	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	8/17/2006 15:18	NVR
AB83395	**Total Coliform**	**present**	**P/A**		SM 9223B	8/17/2006 15:18	NVR

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:	17909 Marvin Rd., Pineville, NC
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 0606044C

Sampled By (Print Name)
Debra Howell

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
G-20050318	DH	3-17-06 11:45 am	N/A N/A	N	NA	6.6				X	100 ml		2						X		X

AB83345

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		03/17/06	1410

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.

Laboratory Analysis Report
Report Date: 8/22/2006 04:13 PM

LABORATORY SERVICES DIVISION

LOCATION: 17909 Marvin Rd.
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/17/2006 11:45
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06080439

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB83394	**NITRATE**	**2.7**	**mg/L**	0.15	EPA 353.2	8/17/2006 15:17	EWN
AB83394	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	8/18/2006 13:21	EWN

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:	17909 Marvin Rd., Pineville, NC
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 00080439
Sampled By (Print Name)
Debra Howell

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
1883394 G-20050318	DH	8-17-06 11:45am	N/A N/A	N	15.3°C	22				X	500 ml		1			X				22	X	
G-20050318	DH	8-17-06 11:45am	N/A N/A	N	15.3°C					X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		8/17/06	1450
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

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

COPY

57088

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) KELVIN BELK-BOBBY BAILEY CERTIFICATION # 2036

WELL CONTRACTOR COMPANY NAME MULLIS WELL DRLG. PHONE # (704) 5455694

STATE WELL CONSTRUCTION PERMIT# (if applicable) ASSOCIATED WQ PERMIT# (if applicable)

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use

2. WELL LOCATION:
Nearest Town: PINEVILLE County MECK
17909 MARVIN Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☑Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: VON PATTERSON
Address 10500 Old Ardrey Kell Road
(Street or Route No.)
Charlotte NC 28277
City or Town State Zip Code
(704) 542-2097
Area code- Phone number

4. DATE DRILLED 4-19-05
5. TOTAL DEPTH: 300'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 30' FT.
8. TOP OF CASING IS 1½' FT. Above Land Surface* (Use "+" if Above Top of Casing)
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 10 METHOD OF TEST AIR
10. WATER ZONES (depth): 102'-115'
11. DISINFECTION: Type HTH Amount 1pt
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +1½'	To 94'	Ft.	6⅝"	.25"	pvc
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 30'	Ft.	cement	pumped
From	To	Ft.		

14. SCREEN:

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

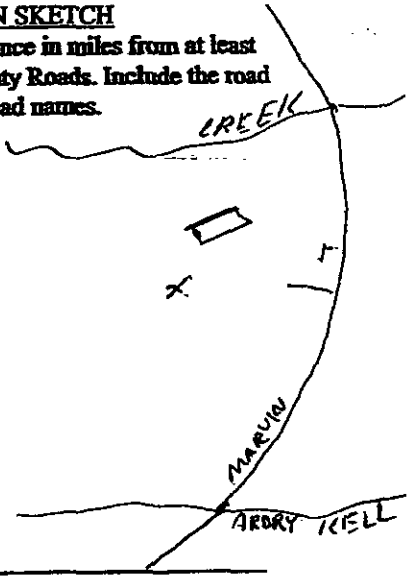
15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

16. REMARKS:

DEPTH From	To,	DRILLING LOG Formation Description
0' -	15'	clay
15' -	96'	quartz, clay + sand
96' -	300'	grave

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



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

Kelvin Belk 4-19-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	17909 Marvin Rd., Pineville, NC
LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#:
Sampled By (Print Name)
Debra Howell

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
G-20050318	DH	8-17-06 11:45 am	N/A N/A	N	NA					X	100 ml		2						X	X	X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
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

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

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:	17909 Marvin Rd., Pineville, NC
LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#:

Sampled By (Print Name)
Debra Howell

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
G-20050318	DH	8-17-06 11:45am	N/A N/A	N	15.3°C					X	500 ml		1			X					X	X
G-20050318	DH	8-17-06 11:45am	N/A N/A	N	18.3°C					X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only.
Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
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

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

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 # 5708B

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 2005 0318 PSW01 Tax Parcel #: 229 031 01

Property Owner: Andrex Properties, Von & Sally Patterson

Job Location Address: 17909 Marvin Road

City/ETJ: Charlotte State: NC Zip Code: 28277

Permit Issuance Date: 3/18/05

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Single Family House

Sewage System Type: Private On-site

Area of Regulated Groundwater Usage Restrictions Apply: No If Yes, see requirements in Specific Conditions of This Permit.

Replacement for Existing Well: No 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 Certified Well Contractor that is currently registered with the Department 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.

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

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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:

Authorized Agent: Philo Walker

Signature: Philo S. Walker RS

Owner/Legal Agent: Von PATTERSON
Print Name

Signature: Von Patterson

File#: 5708B

Permit#: 20050318 PSW 01

Well Activity Checklist

		Date
1. Application & Well Siting		
☑	Complete application on file	3/18/05
☑	Site plan and other appropriate documentation submitted	3/18/05
☐	Registered well driller Certification Number: _____	
☑	Proposed well location meets required setbacks	3/18/05
☑	**ARGU** restrictions satisfied (if applicable)	3/18/05
☑	Well permit issued	3/18/05
☑	Septic system permit issued (if applicable)	9/28/04
2. Onsite Inspection		
Observed / Driller		
☐ / ☑	Valid permit on site with registered well driller	
☐ / ☑	Required setbacks satisfied, approved location per permit	
Appropriate Materials Used for Construction:		
Observed / Driller		
☐ / ☑	Drilling fluids/additives	
☐ / ☑	Casing materials/Joint compounds	
Source of Water:		
Observed / Driller		
☐ / ☐	Greater than 40 ft. below land surface	
☐ / ☐	Water NOT from a known contamination zone	
Well Casing:		
Observed / Driller		
☐ / ☐	Casing > than 40 ft. below land surface	
☐ / ☐	Non-potable zones effectively sealed	
☐ / ☐	Casing properly seated	
☐ / ☐	Casing terminated at least 12 inches above land surface	
☐ / ☐	All ASTM/NSF standards met	
☐ / ☐	Drive shoe used	
Grouting:		
Observed / Driller		
☑ / ☐	Approved grouting materials used	4/26/05
☑ / ☐	Grouted to a minimum of 20 ft. below land surface	4/26/05
☑ / ☑	Grouted within 5 days of casing being set	4/26/05
☐ / ☑	Proper depth to seal non-potable zones	4/26/05
Well Head:		
☐	Well casing extended at least 12 inches above land surface	
☐	Vented, sanitary well cover in place	
☐	Access port in place	
☐	Sample tap between pump and pressure tank properly constructed	

Well Activity Checklist Continued

Well Disinfection: **Date**

- ☐ Notification of disinfection _____

Well Contractor Identification Plate:

- ☐ Plate installed securely on well casing _____
- ☐ Information not obscured _____
- ☐ Information accurately completed _____

Pump Installer Identification Plate:

- ☐ Plate installed securely _____
- ☐ Information not obscured _____
- ☐ Information accurately completed _____

3. Well Sampling

- ☐ Appropriate water samples collected as required by permit _____

4. Approval

- ☐ Well construction form (GW-1) on file _____
- ☐ Well construction approval granted _____
- ☐ Well construction approval denied _____

5. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

Date: 3/18/05
Reviewed By: SLS

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 229-031-01 File # 5708B

Street Address: 17909 Marvin Rd

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 229-031-01 MPL # 584

Street Address: 17909 Marvin Rd.

DENR Incident #: 27668 & 27669

Current Status: Closed Why? Soil contamination only from heating oil UST. Soil removed to below soil-to-groundwater MSCC's. and site closed by DENR

Responsible Party: Ardrey Properties LLC

Responsible Party Contact Info: 10500 Old Ardrey Kell Rd
Charlotte, NC 28277

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC). NA

Attach copies of groundwater flow maps. (Watch of seasonal change) NA

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis NA
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern?

If Yes	ARGU is a 1500-foot buffer around the maximum extent of contamination

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU?
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: Since both contamination incidents have been closed by DENR following removal of soil these sits will be removed from the MPL list. Therefore no ARGU derived construction or sampling requirements apply.

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

17909 Marvin Rd



Ardery Properties LLC #1
Incident # 27668
soil cont only. Cont. Soil removed per DENR UST database (3/4/5 ver)

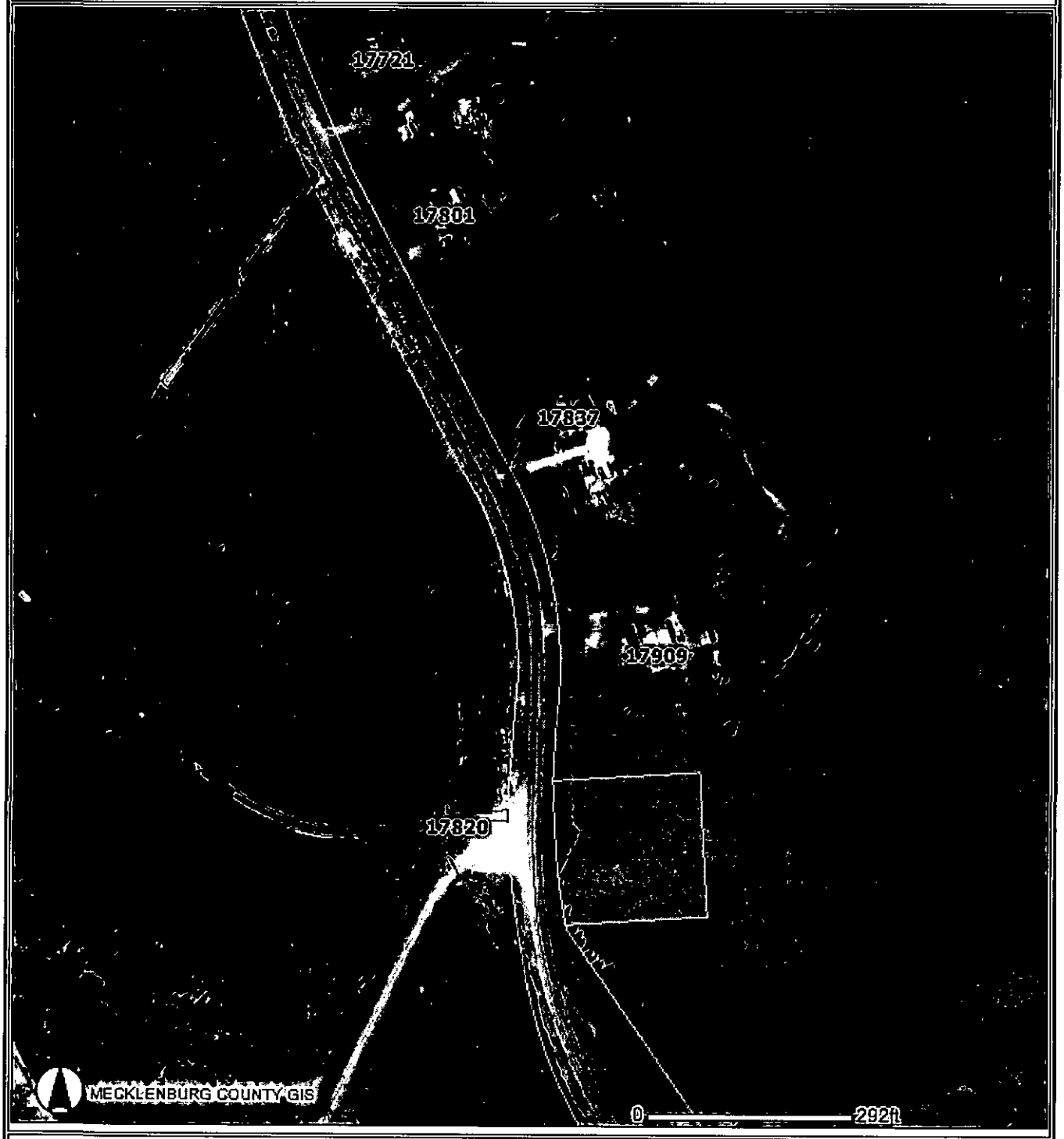
The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri Mar 18 09:53:53 EST 2005



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.

5708 229-03114

PROPOSED PLOT PLAN

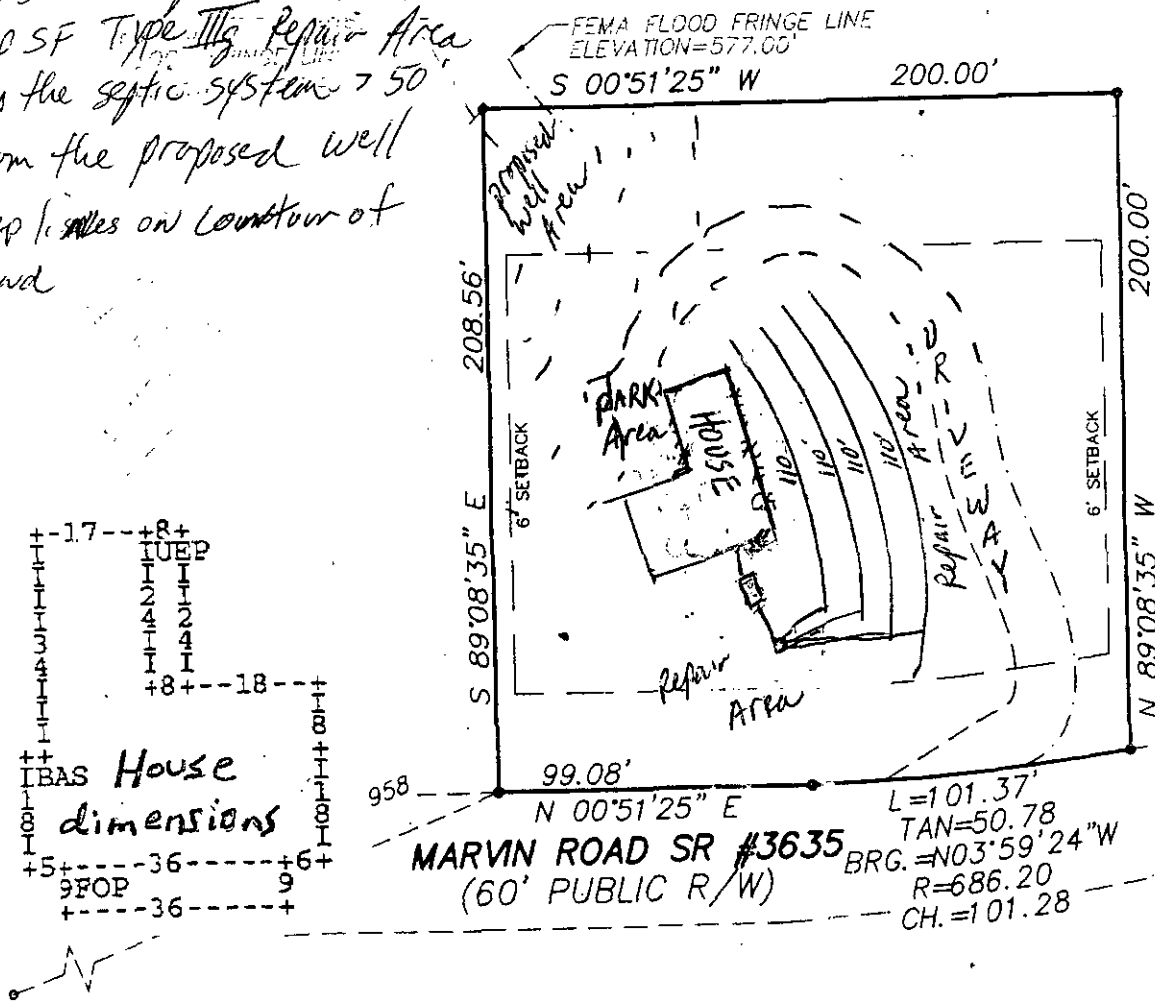
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 57086

TC: 229-081-0100

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 3 Bedroom Residence
1" = 60'
1500 ST
4 lines x 110' long x 3' wd x 12" Stone
440 SF Type IIIg Repair Area
Keep the septic system > 50' from the proposed well
Keep lines on contour of land



APPROVAL DATE Rick Alford 3/18/05

OWNER/AGENT SIGNATURE Rodney Properties by Sally Patterson Mgr

DATE 9/8/04

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CK GWS – RES APP 12/04

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 # 5708B

WELL FEE: 400.00
DATE: 3/15/05
CRT [ ] 9C
[X]

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 #: 229-031-04
STREET ADDRESS: 17509 Marvin Rd.
CITY: Charlotte
STATE: NC ZIP: 28277
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION: Philo

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1800
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: ARDRE Properties
ADDRESS: 10500 Old Ardrey Kell Rd.
CITY: Charlotte NC. 28277
STATE: NC. ZIP: 28277
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-542-2097 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Von Patterson / Sally Patterson
ADDRESS:
CITY: SAME
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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.

Von Patterson / agent 3/15/05
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.

Von Patterson / agent 3-15-05
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

0953

PROPOSED PLOT PLAN

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

FILE: 5708 B

TC: 229-061-01 pp

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.

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4 lines x 110' long x 3' wd x 12" Stone
440 SF Type IIIs Repair Area
Keep the septic system > 50' from the proposed well
Keep lines on Contour of land

NAIL IN B
ELEVA
N

FEMA FLOOD FRINGE LINE
ELEVATION=577.00'

S 00°51'25" W 200.00'

Proposed well area

208.56'

S 89°08'35" E

6' SETBACK

PARK Area

HOUSE

110'

Repair Area

REPAIR AREA

6' SETBACK

200.00'

N 89°08'35" W

repair Area

99.08'

N 00°51'25" E

958

L=101.37'
TAN=50.78
BRG.=N03°59'24"W
R=686.20
CH.=101.28

MARVIN ROAD SR #3635
(60' PUBLIC R/W)

+-17--+8+
IUEP
I I
I 2 I 2
I 4 I 4
I I
+8+--18--+8+
IBAS House
I 8 I dimensions I 8 I
+5+----36-----+6+
9FOP 9
+----36-----+

APPROVAL DATE YSW Attend 3/18/05

Judy Properties by Kelly Patterson Mgr
OWNER/AGENT SIGNATURE

DATE 9/8/04

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Cop