7399B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

3928

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 139-161-08
STREET ADDRESS:
CITY: Mint Hill
STATE: NC ZIP:
SUBDIVISION NAME: Old Camden
LOT #: 13 LOT SIZE (acres): 54,835 Sq. ft.
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☑ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2,400+
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PRIVATE WELL ☑ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☑ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☑ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☑ NO
WASTE STORAGE	☐ YES	☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ASAP ☑ N/A

12. PROPERTY OWNER:
NAME: Gold Medallion Homes
ADDRESS: 5923-A Stockbridge Dr.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 201-0050
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Tim Whitaker
ADDRESS: 1112 Queensgate St.
CITY: Gastonia
STATE: NC ZIP: 28054
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 830-4344
FAX: 704 866-9540

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. TW (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

T. Whittaker
Property Owner's or Owner's Legal Representative Signature

9/26/08
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ 250 ck DATE FEE RECEIVED: 10/17/08

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: SC

GWS FILE NUMBER ASSIGNED: 7399B

APPLICATION ID NUMBER ASSIGNED: 3928

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103, FAX: 704-336-8894

Revised on: 7/1/08

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/17/08	**Amount:**	1,250.00
Receipt #:	59335	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

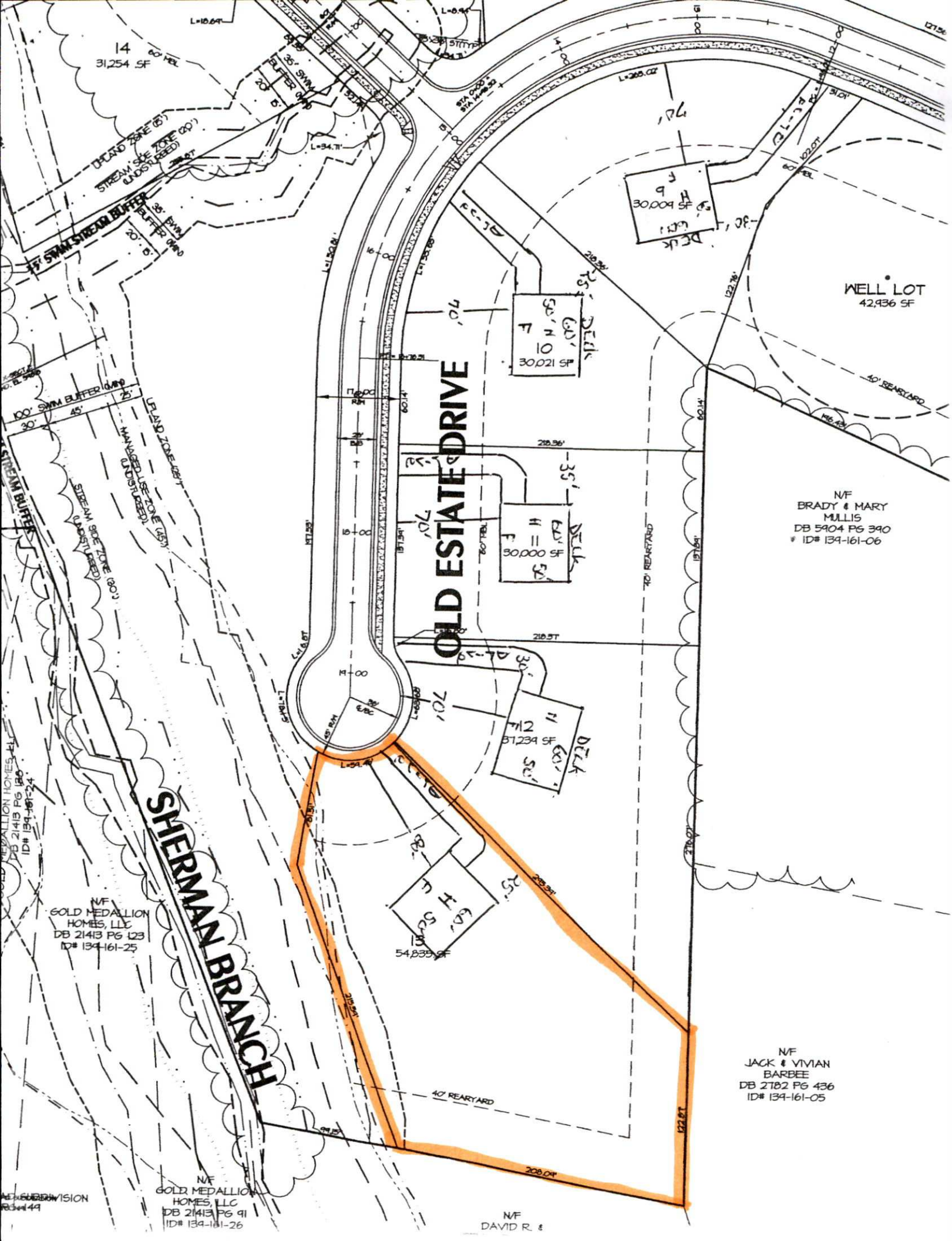
Account #: X35814
Contractor: GOLD MEDALLION HOMES LLC
Attn:
Address: 5923-A STOCKBRIDGE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen lots 9 - 13 OFF OLD CAMDEN RD/LOT LINES CHANGED		1	1,250.00	1,250.00

$ 250 cash

8/13 App not in WASPS, Soil test done on Original App from 10/07 lot lines changed start over

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,313.57					


OLD ESTATE DRIVE
SHERMAN BRANCH
WELL LOT
42,936 SF
14
31,254 SF
30,009 SF
30,021 SF
30,000 SF
37,239 SF
54,839 SF
40' REARYARD
N/F
BRADY & MARY
MULLIS
DB 5904 PG 390
ID# 139-161-06
N/F
GOLD MEDALLION
HOMES, LLC
DB 21413 PG 123
ID# 139-161-25
N/F
JACK & VIVIAN
BARBEE
DB 2782 PG 436
ID# 139-161-05
N/F
GOLD MEDALLION
HOMES, LLC
DB 21413 PG 91
ID# 139-161-26
N/F
DAVID R. &
208.04'
122.67'
219.54'
239.31'

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

Sheet: 1 of 2
Property ID: PO 139-161-08
Lot #: 13
File #: 7399B
AppID: 3928

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Gold Medallion Homes
Applicant: Tim Whittaker
Address: 5923-A Stockbridge Drive, Monroe, N. C. 28110
Date Evaluated: 10/23/08
Proposed Facility: Residence Design Flow (.1949) 480gpd
Property Size: 1.26a
Location of Site: Old Estate Drive (proposed)
Property Recorded:
Water Supply: [x] Public [ ] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-2	GR/CL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	N/A	NONE	US, IV
		2-13	SBK/C	FI/SEXP/S/P					
		13-29	ABK/PL/C	"					
		29-44	ABK/C	FI/SEXP/S/P					
2	"	0-3	GR/CL	FR/SEXP/SS/SP	2.5Y6/2 AT 35"	48	"	"	US, IV
		3-30	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		30-48	ABK/SBK/C	"					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	US, III
		6-30	SBK/CL	"					.2GPD/FT^2
		30-48	ABK/PL/C	"					
4	"	0-5	GR/CL	"	5Y7/1 AT 39"	51	"	"	US, IV
		5-29	SBK/ABK/C	FI/SEXP/S/P					.2GPD/FT^2
		29-51	ABK/PL/C	"					
5	"	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		3-48	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
6	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					
7	"	0-3	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		3-48	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .2GPD/FT^2				

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

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 10/27/2008. W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

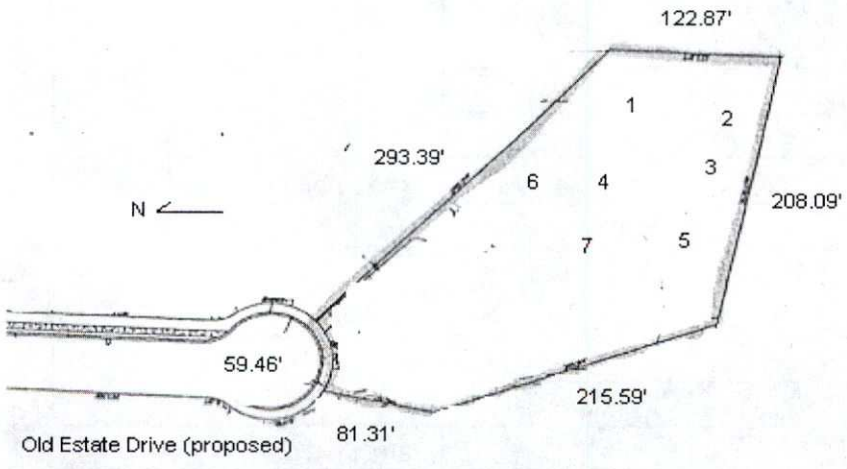
COMMENTS:
100% repair

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-Foot 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			
FP-Flood Plain		CL-Clay Loam	
		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	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	

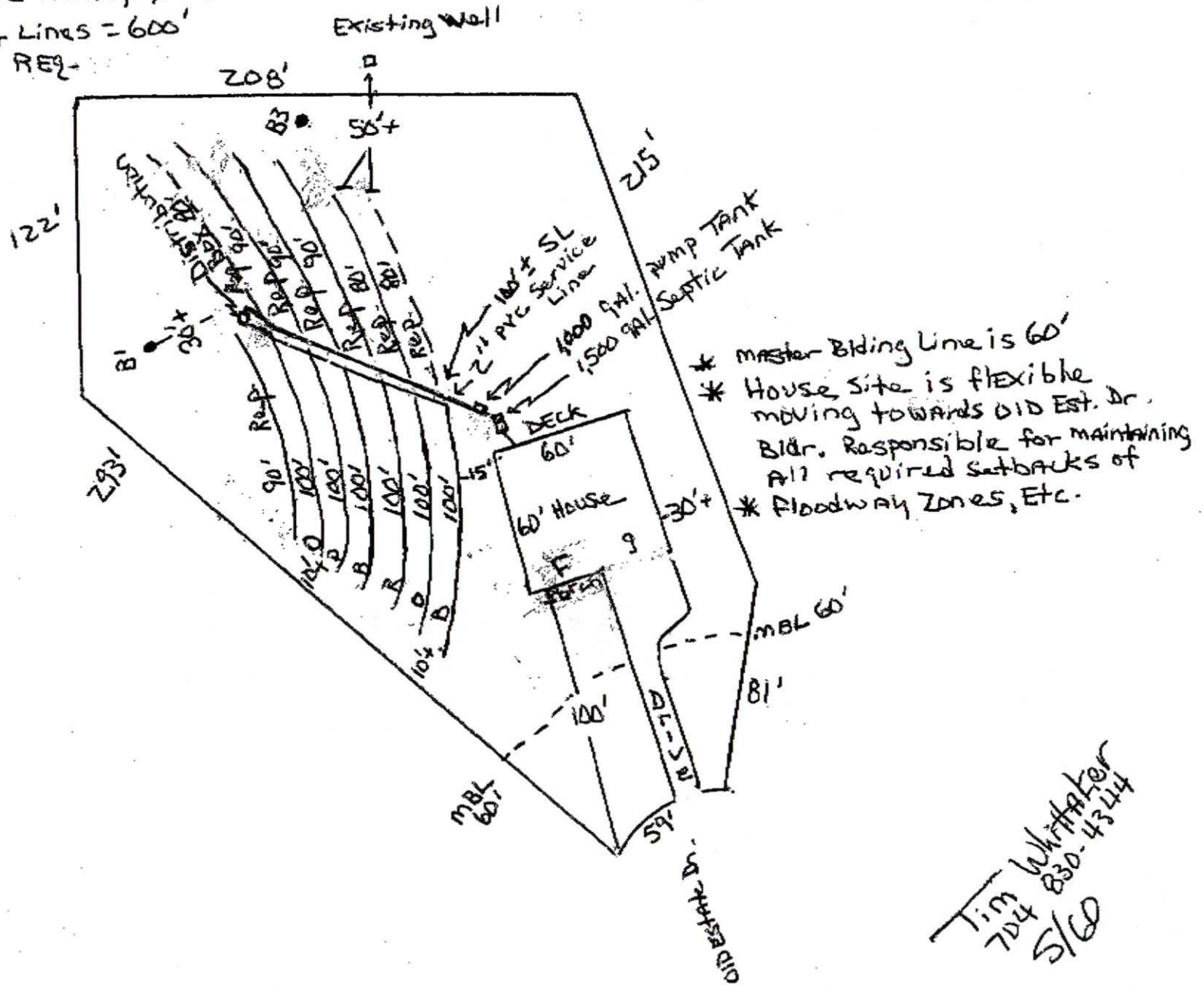
Sketch of Soil Evaluation Locations



2009 02/11 09:54:19 17048669540 5/5 TIM WHITTAKER PAGE 05/05
02/11/2009 09:55 17048669540

(4) Bedrm. Pumped, 25% Reduction Septic Sys.
Quick Four Chamber. LTAR .2 Chamber Repair.
1,500 gal. Septic Tank, 1,000 gal. Pump Tank 600'+ Shown.
(6) 100' chamber Lines = 600'
(150) Chambers Req.

m.c.g.w.s.
File: 7399-B
Lot 13 OID Camden Estate



Tim Whittaker
704 830-4344
5/60

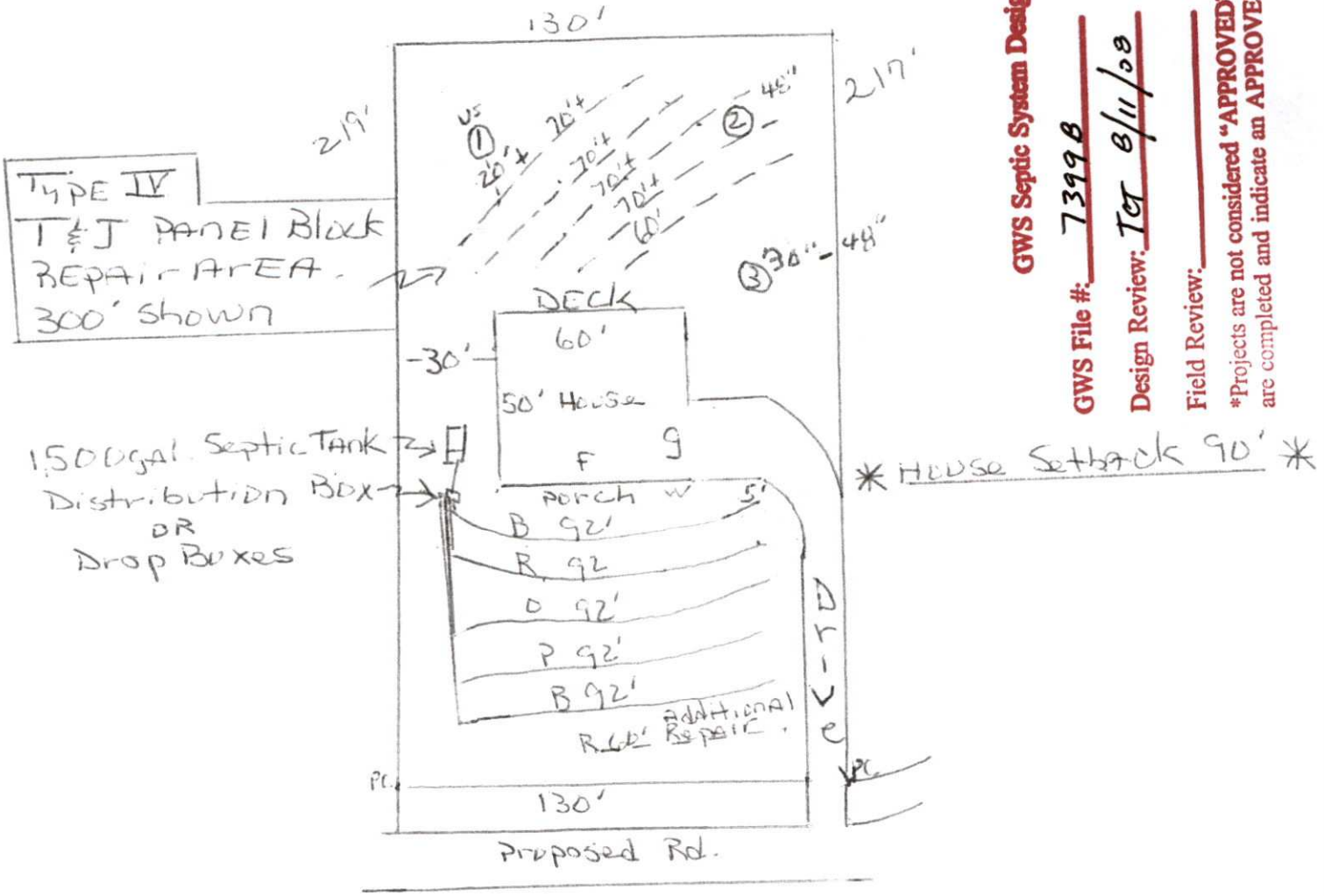
M.C.G.W.S.
File: 7399-B
* Lot 13
139-16-08

(3) Bedrm., Gravity fed, Quick 4 Chamber 25% Reduction Septic System (.2 LTAR)

(5) 92' chamber Lines = 460'

(23) Chambers per Line = 115 chambers

GWS Septic System Design Review
GWS File #: 7399B Approved ☐ Disapproved ☐
Design Review: TG 8/11/08 ☒ ☐
Field Review: _____ ☐
*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

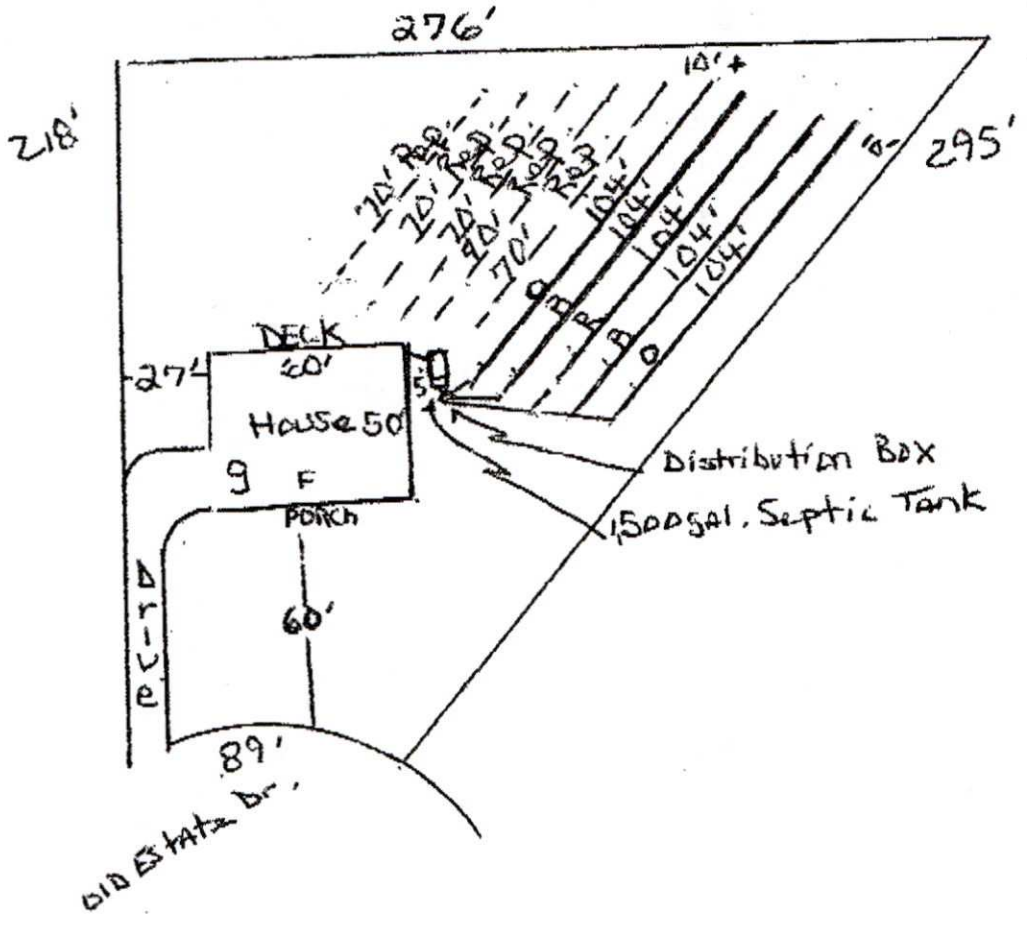


Note: May Require Drop Box Distribution as option.
Builder responsible for final grade & stub-out ELEVATION.

8/15/08
J. Whittaker
704 830-4344
5/50

M.C.G.W.S.
File: 7398-B
Lot 12 Old Camden Est.

(3) Bedrm. Gravity Fed, 25% Reduction Septic System.
Quick Four Chamber. LTAR .175
1500 gal. Septic Tank, Distribution Box
(5) 104' chamber Lines = 520'
(26) chambers per Line = 130 chambers Req.
Type II PPBPS (Panel Block) Repair AREA 350'+



12/2/08
Tim Whittaker
704 830-4344
S160

OLD CAMDEN

	23	7411B
	1	7387B
	15	7403B
	24	7412B
	2	7388B
	16	7404B
	3	7389B
	17	7405B
	25	7413B
NO	10	7396B
	8	7394B
	4	7390B
	18	7406B
	26	7414B
NO	9	7395B
	19	7407B
	5	7391B
	27	7415B
NO	12	7398B
	6	7392B
	20	7408B
	28	7416B
	11	7397B
	21	7409B
	22	7410B
	7	7393B
	13	7399B
	14	7402B

12/18/08

To: David Cornelius, R.S.

From: T. Whittaker
704 830-4344 Cell
704 866-9540 fx.

RE: Revision Lot 6
File: 7392-B

David: Please ck. on status of:

Lot 3 File; 7389-B
Lot 25 File; 7413-B
Lot 26 File; 7414-B

Enclosed: Lot 6 Revision
Lot 7 Revised to 4 Bedrm.
Lot 8 Revised to 3 Bedrm.

Cover Pg. plus 4 pgs.

David: will set up Appt. to Look At Lots 9, 10, 11, 12, 13, 14, 15, 17.

Thanks,
TWhitt.

7399-B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 139-161-08
STREET ADDRESS:
CITY: Mint Hill
STATE: NC ZIP:
SUBDIVISION NAME: Old Camden
LOT #: 13 LOT SIZE (acres): 50,000 sq. ft.
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☑ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2,400 +-
NUMBER OF BEDROOMS: 3 TW'
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PRIVATE WELL ☑ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED)
☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☑ OTHER Chamber Plan

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☑ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☑ NO
WASTE STORAGE	☐ YES	☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☑ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:
NAME: Gold Medallion Homes
ADDRESS: 5923-A Stockbridge Dr.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 201-0050
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Tim Whittaker
ADDRESS: 1112 Queensgate St.
CITY: Cornelia
STATE: NC ZIP: 28054
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704 830-4344
FAX: 704 866-9540

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST, SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103 FAX: 704-336-6864

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. T.W. (initial here for septic system applications)
for G.M.H.

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

T. Whittaker
Property Owner's or Owner's Legal Representative Signature

8/13/08
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 7399-B Lot 13

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8884

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

Sheet: 1 of 2
Property ID: PO 139-161-08
Lot #: 13
File #: 7399B
AppID: 2859

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Gold Medallion Homes, LLC
Applicant: Joseph L. Collins
Address: 5923-A Stockbridge Drive, Monroe, N. C. 28110 360 gpd
Date Evaluated: 2/7/08
Proposed Facility: Residence Design Flow (.1949) 600gpd
Property Size: .69a
Location of Site: Off Old Camden Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-2	GR/CL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	N/A	NONE	US, IV
		2-13	SBK/C	FI/SEXP/S/P					
		13-29	ABK/PL/C	"					
		29-44	ABK/C	"					
REPAIR 2	"	0-3	GR/CL	FR/SEXP/SS/SP	2.5Y6/2 AT 35"	48	"	"	US, IV
		3-30	SBK/C	FI/SEXP/S/P	23" MAX DEPTH				.2GPD/FT^2
		30-48	ABK/SBK/C	"					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	US, III
		6-30	SBK/CL	"					.2GPD/FT^2
		30-48	ABK/PL/CL	"					
4	"	0-5	GR/CL	"	5Y7/1 AT 39"	51	"	"	US, IV
		5-29	SBK/ABK/C	FI/SEXP/S/P					.2GPD/FT^2
		29-51	ABK/PL/C	"					
INITIAL 5	"	0-18	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		18-48	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
					SITE LTAR .2GPD/FT^2				

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

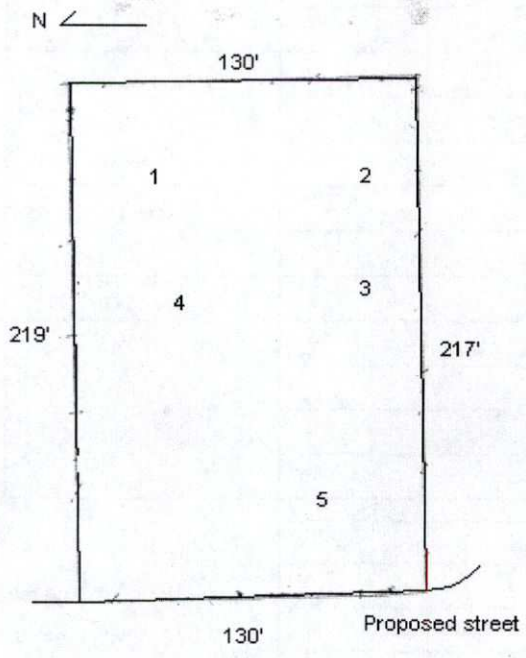
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 2/12/2008, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		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



FILE NUMBER: 7399B CLK 6284 Revised On: August 31, 2007 APPLICATION NUMBER: 2859

SEPTIC FEE: 200
DATE: 10/17/07

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 139-161-08
STREET ADDRESS: Old Camden Rd
CITY: Midland
STATE: NC ZIP: 28107
SUBDIVISION NAME:
LOT #: 13 LOT SIZE (acres): .689
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☒ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HC
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3000
NUMBER OF BEDROOMS: 3 4
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER:
NAME: Gold Medallion Homes, LLC
ADDRESS: 5923-A Stockbridge Drive
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: WORK PHONE: (704)821-7606
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Joseph L. Collins
ADDRESS: 1101 Lester Mullis Road
CITY: Indian Trail
STATE: NC ZIP: 28079
HOME PHONE: WORK PHONE:
MOBILE PHONE: (704)641-5898 FAX: (704)753-5898

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9/7/2007
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? already closed on 9/7/2007

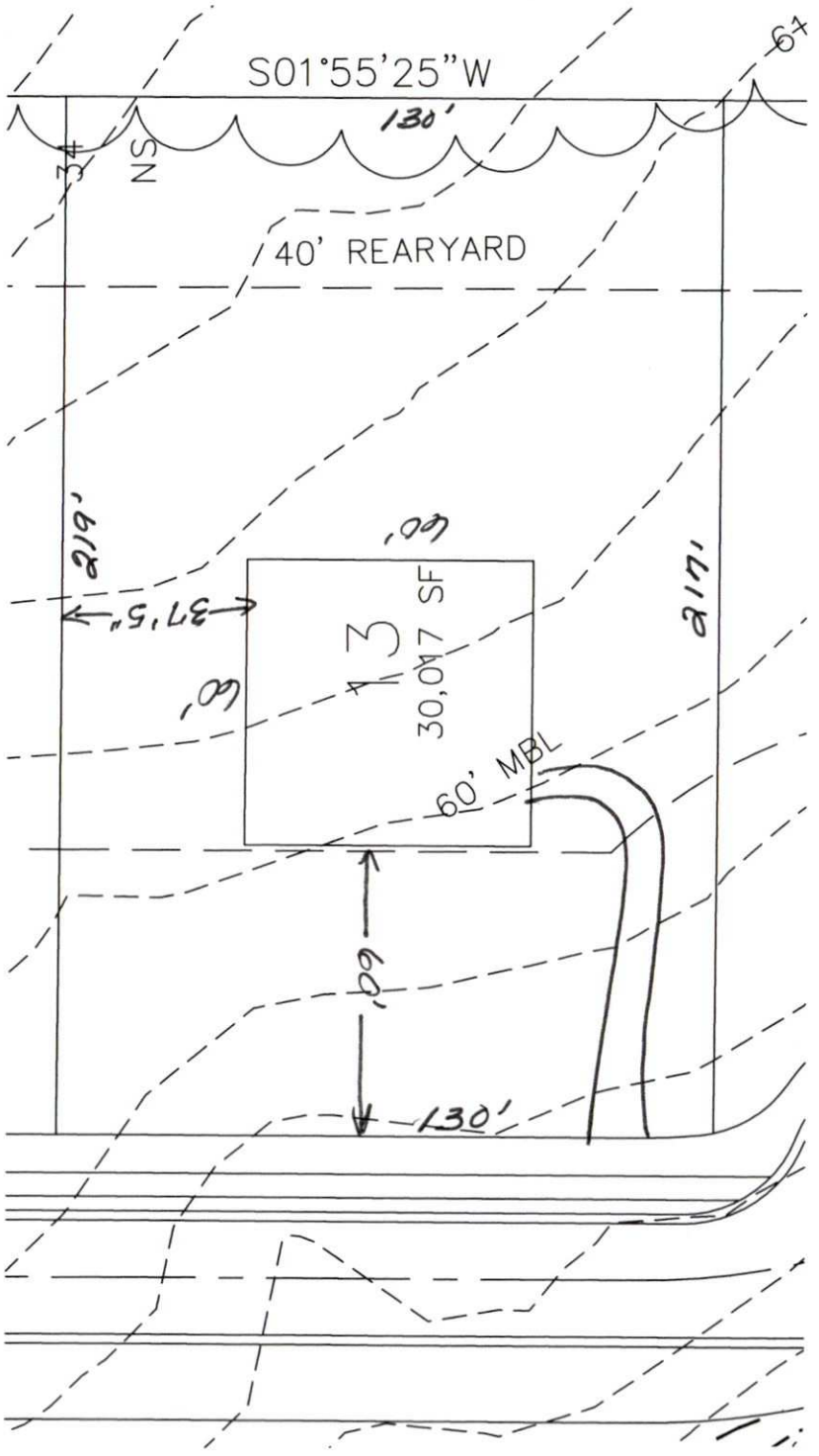
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Joseph L Collins 10/16/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

_____
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED


S01°55'25"W
130'
34'
NS
40' REARYARD
219'
37.5'
,00
,00
13
30,047 SF
217'
60' MBL
60'
130'