


14439 HENRY HARRISON STILLWELL DR

01322104

1/8/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5311B WASPS App #: 2417

Primary ES assigned to project:

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☑

I. File Review:

| Rule or Law | | | | |
|---|---|---|---|---|
| | **Permit Application** | | | |
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| 1939 (a)(2) | Texture Class Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| 1939 (a)(2) | Structure type Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☐ | No ☐ | N/A ☑ |
| 1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | | | |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☑ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: 3 Were sufficient auger borings made? | Yes ☑ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR | Yes ☐ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☑ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☑ | No ☐ | N/A ☐ |
| 1937(g) 1945(b) | System components shown – Initial | Yes ☑ | No ☐ | N/A ☐ |
| 1945(b) | Repair area shown | Yes ☑ | No ☐ | N/A ☐ |
| 1937 (f)(g) | Does System design match facility, flow & WWcharacteristics? | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☑ | No ☐ | N/A ☐ |
| 1937 (f)(g) | Is the System located in the approved area? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☑ | No ☐ | N/A ☐ |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | | | |
| .1937(g) | Trench depth indicated? | Yes ☑ | No ☐ | N/A ☐ |
| 1937(g) | Trench width indicated? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☑ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☐ | No ☐ | N/A ☑ |
| | | | | N/A ☐ |
| | Operation Permit | Yes ☐ | No ☐ | N/A ☐ |
| 1937(i) | System type as described in table V(a) of rule .1961 | Yes ☐ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☐ | No ☐ | N/A ☐ |

H. WASPS Review:

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☐ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

Comments: # Items requiring correction/modification: _____

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: KSL Date performed: 7-10-07

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 07/12/07 | **Amount:** | 150.00 |
| **Receipt #:** | 51724 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 752600 | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

**Account #:** 200000
**Contractor:** PARK AVENUE PROPERTIES
**Attn:**
**Address:** 21121 CATAWBA AVE
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>14439 HENRY HARRISON STILLWELL DRIVE | | 1 | 150.00 | 150.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 437.50 | | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 07/12/07 | **Amount:** | 150.00 |
| **Receipt #:** | 51725 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 752600 | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

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**Contractor:** PARK AVENUE PROPERTIES
**Attn:**
**Address:** 21121 CATAWBA AVE
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>14439 HENRY HARRISON STILLWELL DRIVE | | 1 | 150.00 | 150.00 |

----------**Outstanding Balances**----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 437.50 | | | | | |

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

# IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30002417 GWS File #: 5311B Tax Parcel #: 013-221-04

- This 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.

I. **This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 7/9/2012

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size ($ft^2$): 4356 # Bedrooms: 4 # Occupants: 3

Building Foundation: Basement Without Plumbing Water Supply: Private Well

II. **Initial System Type:** Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/$ft^2$): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

III. **Repair System Type:** Pump to Approved **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/$ft^2$): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area ($ft^2$): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

IV. **Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: WILLIAM A. WILL
Print Name

Signature: Jeremy Michelone Signature: William A. Will

Date Issued: 7/9/2007

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-8894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

## IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30002417 GWS File #: 5311B

**IV. Permit Conditions/Comments:**

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: [signature]

Date Issued: 7/9/2007

Owner/Legal Agent: WILLIAM A. WILL
Print Name

Signature: [signature]

LD 23751
23 7599

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
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# IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
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| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**III. Repair System Type:** Pump to Approved **System Classification:** IIIb

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
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- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone, L.S. Signature: _____

Date Issued: 7/9/2007

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S

Date Issued: 7/9/2007

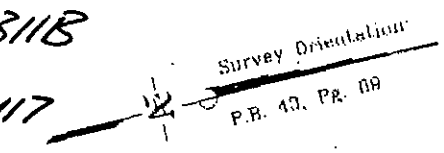
Owner/Legal Agent: _____
Print Name

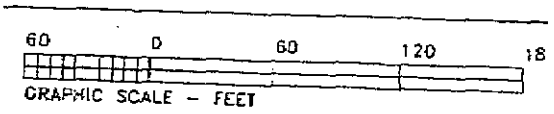
Signature: _____

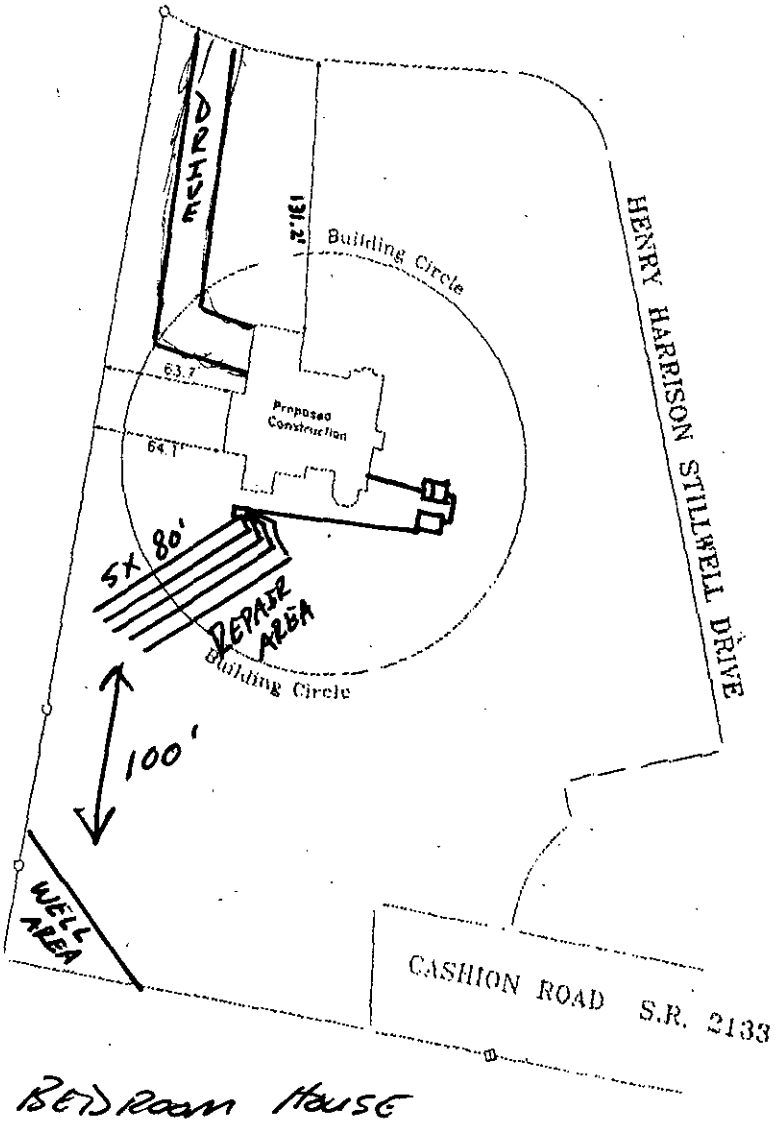
FILE # 5311B

PERMIT # 2417

PARCEL # 013-221-04




→ FOUR BEDROOM HOUSE

→ 1500 SEPTIC TANK

→ 1000 PUMP TANK

→ 400 TLF

→ 5 lines x 80' x 3'

→ TYPE III b PUMP TO 25% RED. & REPAIR

Tony Neal R.S. 7/20/07

X _____

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

Sheet: 1
Property ID: 013-22104
Lot #: Lot 1, Pod 1
File #: 5311B
Code: 1

ACS

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Neighborhoods of Stillwell, LLC
Applicant: S. Ashley Rollans
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 08/19/2003
Proposed Facility: Residence
Design Flow (.1949): ~~720gpd~~ 480
Property Size: 2.55a
Location of Site: Off Cashion Road
Property Recorded:
Water Supply: [ ] Public [x] 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 Structure/ Texture | SOIL MORPHOLOGY .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, 12 | 0-4 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48+ | N/A | NONE | PS, IV .3GPD/FT$^2$ |
| | | 4-32 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 32-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-5 | GR/CL | " | >54" TO SOIL WETNESS | 54 | " | " | " |
| | | 5-14 | SBK/CL | " | | | | | |
| | | 14-54 | SBK/C | FI/SEXP/S/P | | | | | |
| 3 | " | 0-4 | GR/CL | FR/SEXP/SS/SP | >51" TO SOIL WETNESS | 51 | " | " | " |
| | | 4-33 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 33-51 | SBK/CL | FR/SEXP/SS/SP | | | | | |

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

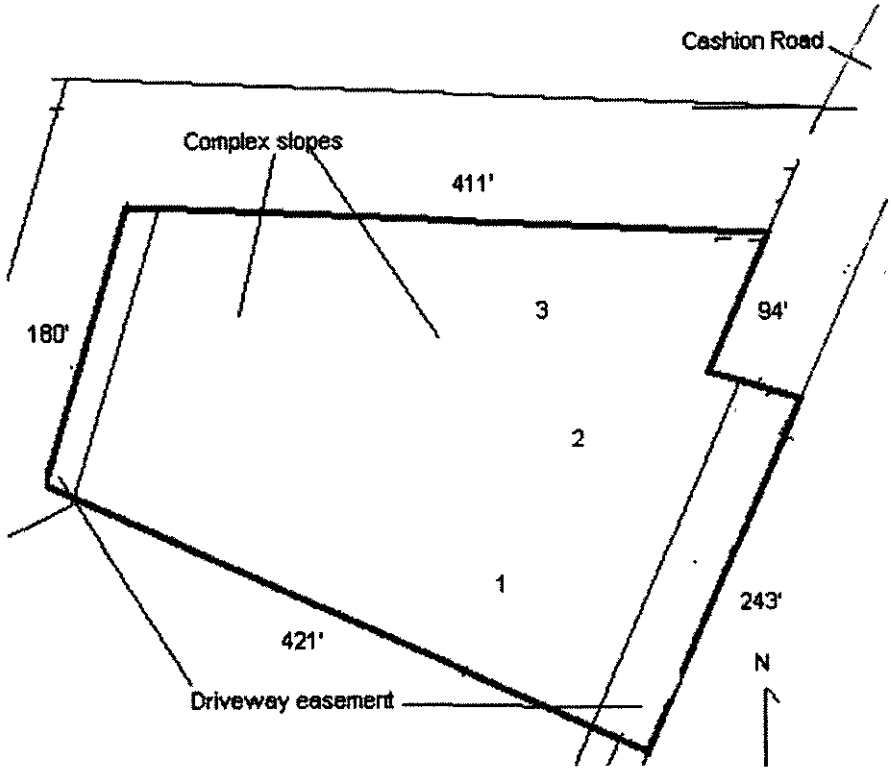
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 8/22/2003, W. R. Marlin
Others Present: A. Rollans

FILE # 5311B

COMMENTS: 100% repair____

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

| STRUCTURE | MINERALOGY |
|---|---|
| SG-SINGLE GRAIN | SLIGHTLY EXPANSIVE |
| M-MASSIVE | |
| CR-CRUMB | EXPANSIVE |
| GR-GRANULAR | |
| SBK-SUBANGULAR BLOCKY | |
| ABK-ANGULAR BLOCKY | |
| PL-PLATY | |
| PR-PRISMATIC | |



*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/11/07 | **Amount:** | 100.00 |
| **Receipt #:** | 51219 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 250695 | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

**Account #:** 200000
**Contractor:** PARK AVENUE PROPERTIES
**Attn:** JOHN BRADFORD
**Address:** 21121 CATAWBA AVENUE
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0704 | Change in Plot Plan<br>~~19439~~ HENRY HARRISON STILLWELL<br>14439 | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 50.00 | | | | | |

FILE NUMBER: 53113 Revised On: January 3, 2007 APPLICATION NUMBER: 2417

SEPTIC FEE: 100.00 DATE: 6/11/07 VISA JHA

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: 400.00 DATE: 6/11/07 VISA JHA

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: 01322104
STREET ADDRESS: 19439 HENRY HARRISON STILLWELL
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: STILLWELL
LOT #: 1-1 LOT SIZE (acres): 2.714 AC
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: 4356
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
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 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: WILLIAM + ANNIE WILL
ADDRESS: 14424 Oxford Hollow
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704 948 7628 WORK PHONE: 334-2627
MOBILE PHONE: 704 905 0718 FAX: 704 788-1793

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN 31/07
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

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.

X [signature] 6/7/07
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.

X Annie Will 6/7/07
Property Owner's or Owner's Legal Representative Signature Date

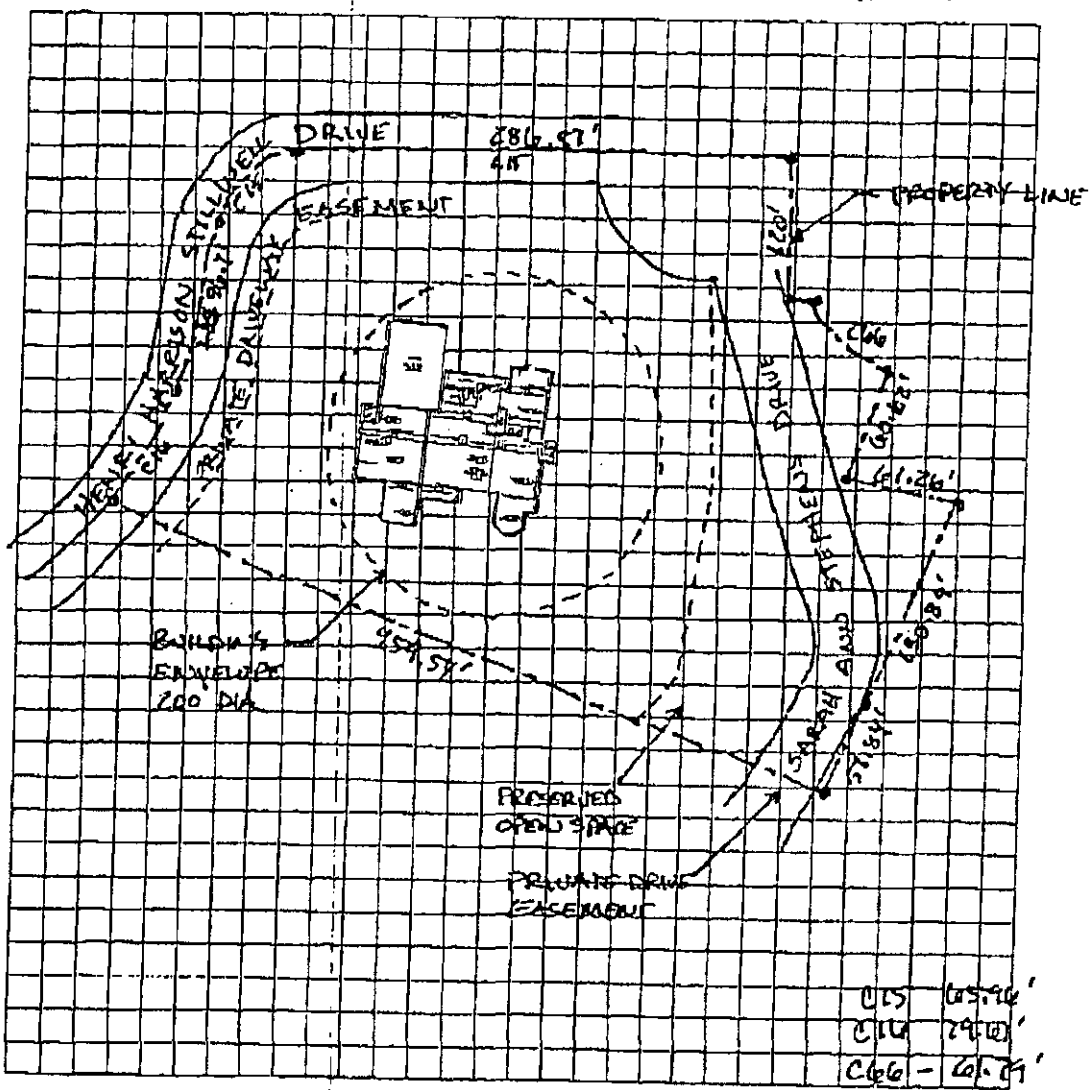
■ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ■ UN-SCALED SITE PLAN SUBMITTED

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) 336-8894

File #_____
Date_____

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




X Owner/Agent Signature _____

Date 6/7/07

LBC 12/15/04

FEE: 200.00
DATE: 8/6/03
TKA

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

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

Check 14874

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

Jeremy

FILE #: 5318

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01322104

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell

LOT NUMBER: 1-1

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4000 - 6000 SF

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE Closed

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

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

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

**PROPERTY OWNER:**

NAME: (LAST) Jacobus (FIRST) Frank (MI) Neighborhoods of Stillwell, LLC.
ADDRESS: PO Box 99
CITY: Davidson STATE: NC ZIP: 28036
DAYTIME PHONE: (704) 895-0556

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: (LAST) Rollans (FIRST) Samuel (MI) Ashley
DAYTIME PHONE: (704) 202-7877 (m)
720-9405 (o)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? May 2003

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: Samuel A Rollans DATE: 8/4/03

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

21121 Catwaba Avenue
Cornelius, NC 28031
Office 704.334.2626
Facsimile 704.334.2627
www.parkaveproperties.com

Park Avenue PROPERTIES

# Fax

**To:** Meck County - Groundwater Wastewater **From:** John Bradford

**Fax:** 704 332 - 6894 **Pages:** 7

**Phone:** **Date:** 6/7/07

**Re:** **cc:**

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Attached is a request for well permit as well as a septic system modification request. I plan to pay by credit card so please call me for payment at 704 453 9348 (cell) or 704 334 2626 (office)

The original septic permit is attached (5311 B.)

Thank You —

John

CK#208 Chg in Plat Plan fee

FEE: 100.00
DATE: 10/14/04

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

P236739

PERMIT NUMBER: 5311B
PARCEL NUMBER: 01322104

JOB LOCATION ADDRESS: LOT 1-1
PROPERTY OWNER: ____
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: Neighborhoods @ Stillwell
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 10/12/04

Jeremy Michelone, R.S. 10/12/04
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 5311B, 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:
   Agreement forms on file before CA release.

## CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5311B** Tax Number: **01322104**

- *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:

| | | | |
|---|---|---|---|
| 0.3 Long-term acceptance rate (GPD/ft^2) | 720 Max gallons/day wastewater flow | 1800 Absorption Area (ft^2) | 9 *Trench spacing (min. on centers)* (ft) |
| Serviced by private well: ☒ Yes ☐ No | 1500 Gallon septic tank | 600 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.) |
| 6 Bedrooms in residence | 1000 Gallon pump tank | NA Depth of stone (in) | |

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

Additional conditions: **See attached plot plan and provisions.**

***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:

| | | | |
|---|---|---|---|
| 1800 Absorption Area (ft^2) 600 Total trench length (ft) | NA 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.

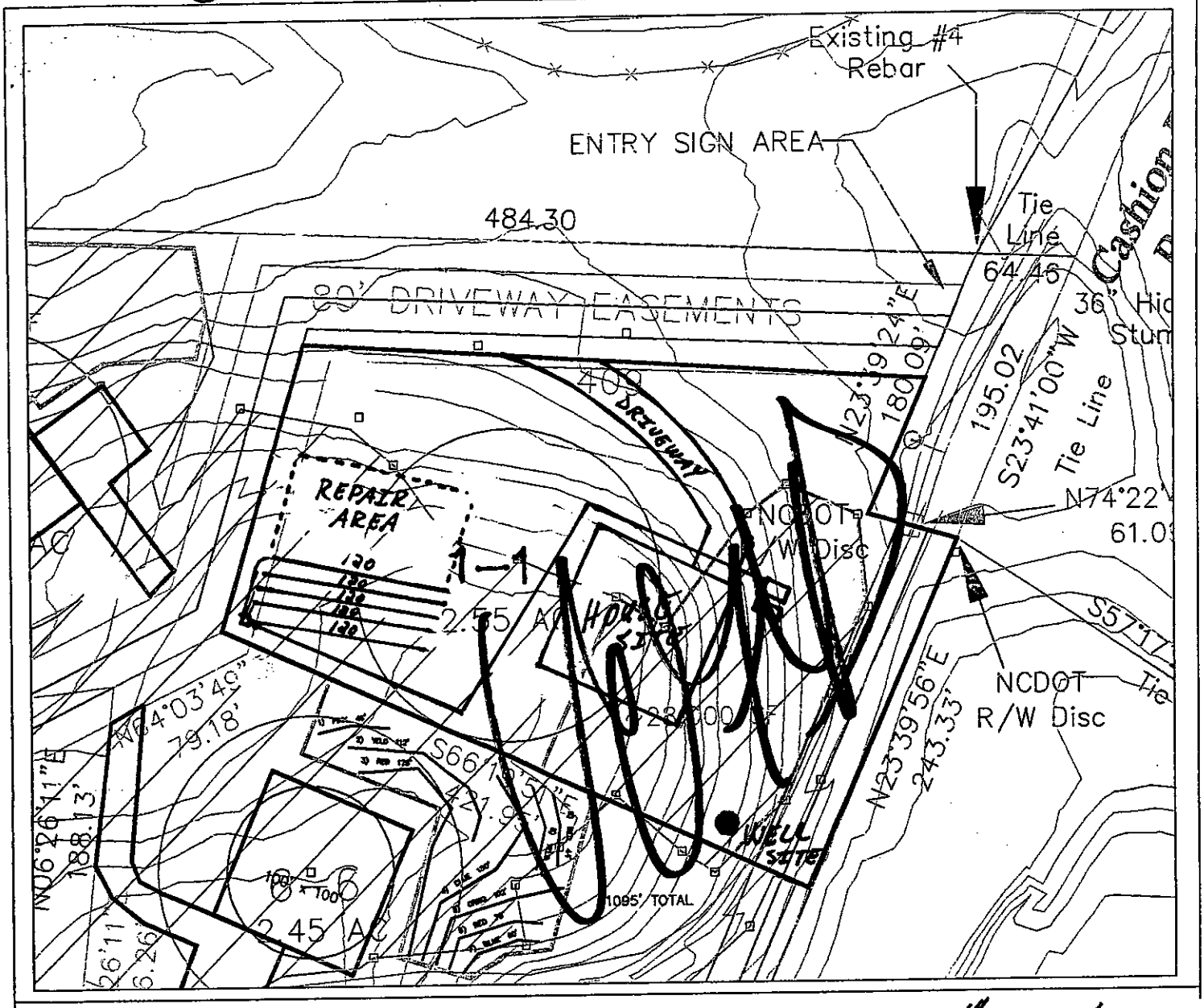
Tommy Mitchell R.S. 10/12/04
DENR Authorized Agent Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

Sergie Blood 11/4/04
Owner/Agent Signature Date

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

5311B PLOT PLAN 015-221-04




1" = 100' SCALE

PROVISIONS:

→ System designed for a 6 (six) Bedroom House
→ 1500 gallon septic tank, 1000 gallon pump tank
→ Install 5 lines x 120' x 3' (600 TLF)
→ Type III 6 Pump to Innovative System and Repair System
→ Sleeve supply line under the driveway
→ Pressure Manifold Distribution
→ Any private or public well installed to serve this property as a water supply shall meet all standards of construction for water supply rules as specified in 15A NCAC 02C. 0107. Failure to comply with Standards may result in permit revocation.

Jeremy Medlin, R.S. 10/12/04

x Angie Blount 11/4/04

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC-5
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 53118
PARCEL NO: 013-221-04

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Neighborhoods at Stillwell
AUTHORIZATION ISSUED BY: Jimmy Mecht R.S. DATE: 1/9/04
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 53118, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

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

4. OTHER CONDITIONS: Agreement forms on file before CA Release

## 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.

X Angie Blount 7/7/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 53118 — IMPROVEMENT PERMIT — Tax Number: 013-221-04

- 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 | X No | | ___ Partial Basement |
| Type Primary Wastewater System<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 0.3 Long-term acceptance rate | 720 Max gallons/day wastewater flow | 1800 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| yes Serviced by private well | 1500 Gallon septic tank | 600' Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 6 Bedrooms in residence | NA Gallon pump tank | NA Depth of stone | | |
| Any surface waters present: NO Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: * See Attached Plot PLAN + Note provisions<br>6 Lines x 100' x 3' w/ drop Boxes<br>Agreement forms on file before CA Release | | | | |
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 1800 Absorption Area (Sq ft)<br>600 Total Trench Length (Ft) | NA Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" Maximum Trench Depth | |
| For existing system, enter the year originally installed: | | | | |

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

Tommy Mickle R.S. 1/6/04
DEHNR Authorized Agent — Date

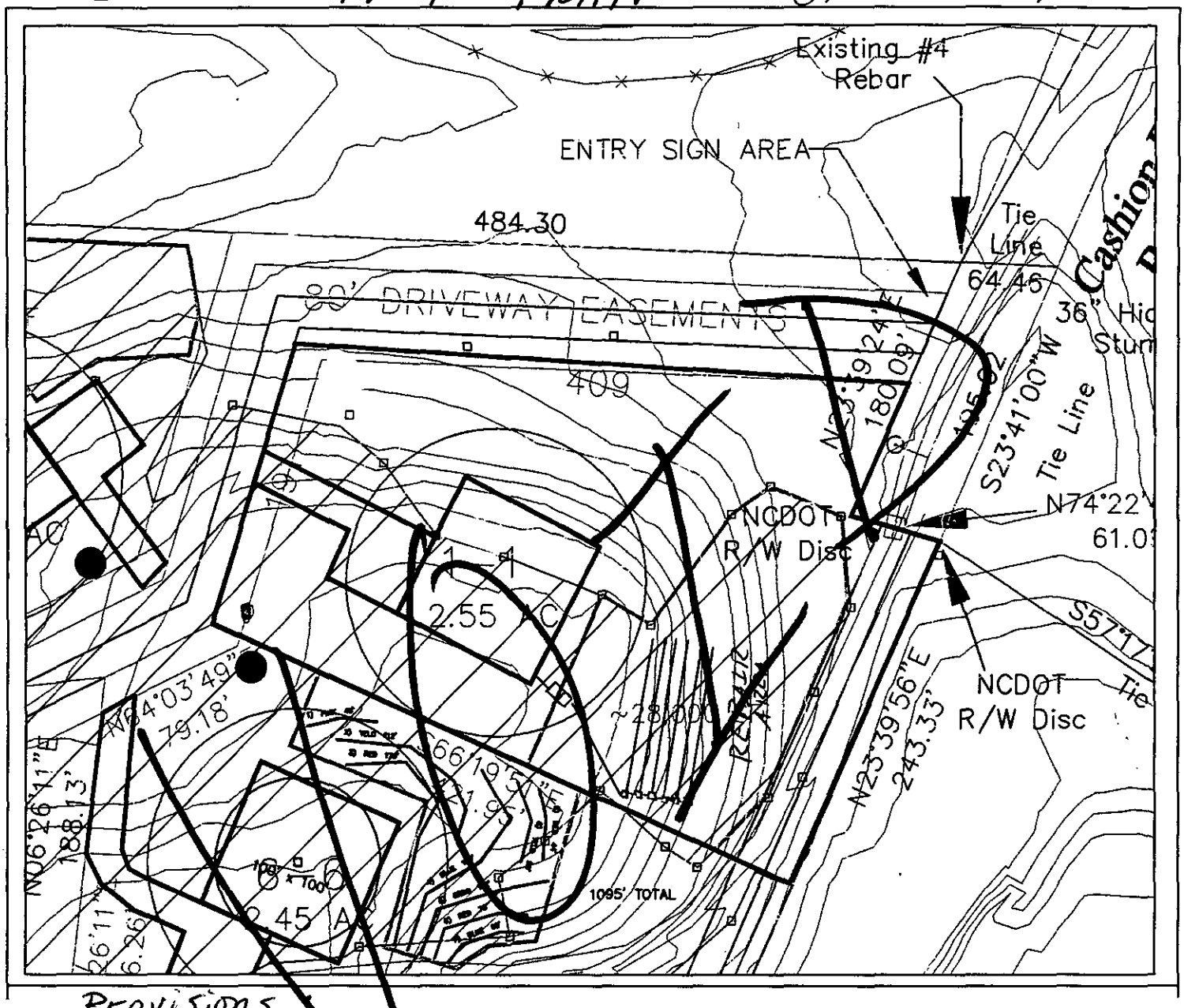
X Angie Blount 7/7/04
Owner/Agent Signature — Date

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

IWWS-100195

53118 PLOT PLAN 013-221-04




Provisions:

→ System designed for Six Bedroom House

→ 1500 gallon septic tank

→ Install 6 lines x 100' x 3' (600 TLF)

→ Use Drop Boxes as distribution Angie Blount 7/7/04

→ Type IIIg innovative system & Repair.

* Any private or public well installed to serve this property as a water supply shall meet all standards of construction for water supply rules as specified in 15A NCAC 02C. 0107. Failure to comply with the standards may result in permit revocation.

Jimmy Mabe R.S.

1/6/04

**Groundwater & Wastewater Services**
**Well Project File & Data Review Worksheet**

GWS File #: 531113 WASPS App #: 2417

Primary ES assigned to project: Jeremy Mikulenas

Secondary ES assigned to project: Josh Sellers

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☑ System installation completed ☐ N/A-Sewer ☐

**I. File Review:**

| | | | |
|---|---|---|---|
| Completed application | Yes ☑ | No ☐ | |
| ARGU review report | Yes ☑ | No ☐ | N/A ☐ |
| Signed permit | Yes ☐ | No ☐ | |
| Notification of disinfection | Yes ☐ | No ☐ | N/A ☐ |
| Sample Results | TC ☐ | Nitrate/Nitrite ☐ | Other ☐ N/A ☐ |
| GW-1 Form / GW-30 Form | Yes ☐ | No ☐ | |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: _____

Comments: 7/10/07 - please fax to applicant for signature.

**II. WASPS Review:**

| | | | |
|---|---|---|---|
| Completed application w/ valid address | Yes ☑ | No ☐ | |
| ARGU review completed | Yes ☑ | No ☐ | N/A ☐ |
| Permit issued | Yes ☐ | No ☐ | |
| Activity checklist completed | Yes ☐ | No ☐ | |
| Appropriate comments included | Yes ☐ | No ☐ | |
| Site information record completed | Yes ☐ | No ☐ | |
| Well detail record completed | Yes ☐ | No ☐ | |

# Items requiring correction/modification: _____

Comments:

Application received date: _____ ES assigned date: _____ Permit issued date: _____

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: _____

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10002417 **File #:** 53118 **Tax Parcel #:** 013-221-04
**Property Owner:** WILLIAM & ANNIE WILL
**Job Location Address:** 14439 HENRY HARRISON STILLWELL DR
**City/ETJ:** HUNTERSVILLE **State:** NC **Zip Code:** 28078
**Permit Issuance Date:** 7/9/2007
**Use of Well:**
**Type of Facility Served by Well:** House
**Sewage System Type:**

**Area of Regulated Groundwater Usage Restrictions Apply:** YES
***Replacement for Existing Well:*** *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 North Carolina Certified Well Contractor 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):**

[X] Grout must be placed the full extent of the casing. [X] Casing to bedrock
[X] Initial water sample to be taken and analyzed for (check all that apply):
[X] Volatile Organic Compounds (VOC's) [X] Semi-volatile Compounds [X] Metals (Specify in Other Conditions)
[ ] Pesticides [ ] Herbicides [ ] *Other (See Below)*

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:**

Metals sampling to include As, Ba, Cd, Cr, Pb, Hg, Se, Au. Well can only be located outside of mandatory 500' setback from LF waste disposal boundary as indicated on plat.

Jeremy Mitchell R.S
Authorized Agent: Print Name

Jeremy Mitchell R.S
Signature:

William A. Will
Owner/Legal Agent: Print Name

William A. Will
Signature:

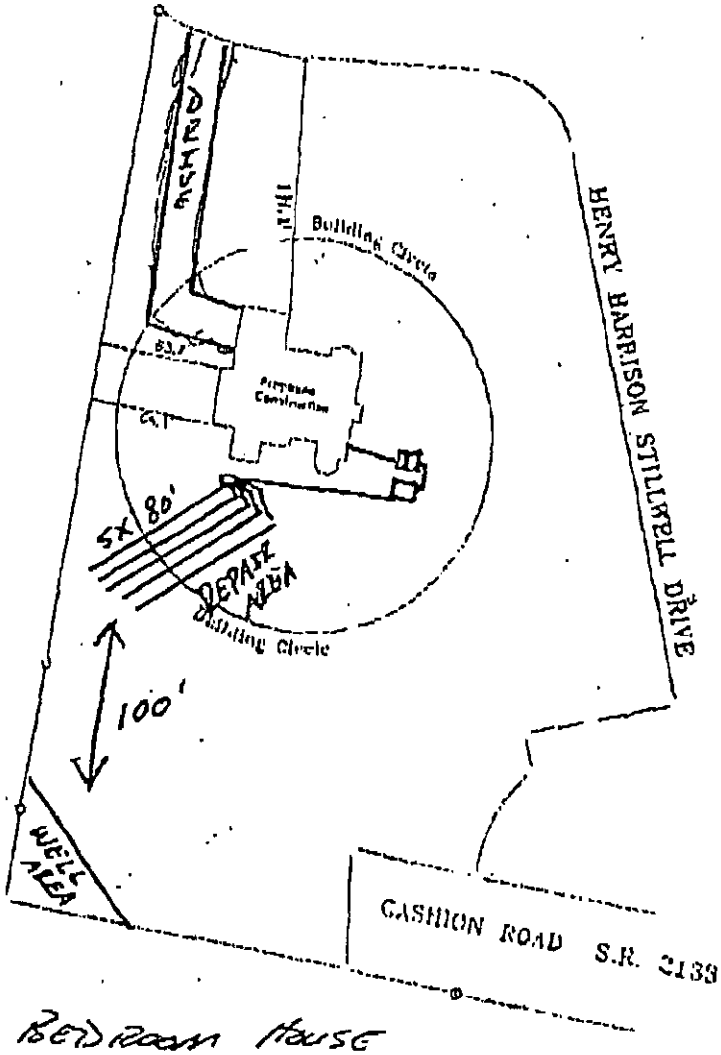
FILE # 5311B

PERMIT # 2417

PARCEL # 013-221-04

Survey Orientation
P.B. 43, Pg. 88

GRAPHIC SCALE – FEET
60 0 60 120 18




→ FOUR BEDROOM HOUSE

→ 1500 SEPTIC TANK

→ 1000 PUMP TANK

→ 400 TLF

→ 5 LINES x 80' x 3'

→ TYPE III-6 PUMP TO 25% RED. + REPAIR

7/9/07

7/9/07

********** -COMM. JOURNAL- ********** DATE JUL-11-2007 ***** TIME 10:45 *******

MODE = MEMORY TRANSMISSION START=JUL-11 10:44 END=JUL-11 10:45

FILE NO.=383

| STN NO. | COMM. | ONE-TOUCH/ ABBR NO. | STATION NAME/TEL NO. | PAGES | DURATION |
|---|---|---|---|---|---|
| 001 | OK | ☎ | 97043342627 | 003/003 | 00:00:37 |

-MECKLENBURG CO GWS -

********** - - ***** - 704 336 6894- *******

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

# Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: WILLIAM & ANNIE WILL
Fax #: 704-334-2627
Phone #: 704-905-0718

From: J. Aidoo
Date: 07/11/07

Number of pages transmitted: 3 (including coversheet)

Comments:
Please sign permit and fax signed copy back to our office

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 06/11/07
**Receipt #:** 51221
**Check / Auth #:** VISA 250695
**Received By:** AIDOOJK

**Amount:** 400.00
**Tendered:** 0.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** PARK AVENUE PROPERTIES
**Attn:** JOHN BRADORD
**Address:** 21121 CATWABA AVENUE
**Address:**
**City/State/Zip:** CORNELIUS, NC 28031

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>19439 HENRY HARRISON STILLWELL | | 1 | 400.00 | 400.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 50.00 | | | | | |

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10002417 **File #:** 5311B **Tax Parcel #:** 013-221-04
**Property Owner:** WILLIAM & ANNIE WILL
***Job Location Address:*** 14439 HENRY HARRISON STILLWELL DR
**City/ETJ:** HUNTERSVILLE **State:** NC **Zip Code:** 28078
**Permit Issuance Date:** 7/9/2007
**Use of Well:**
**Type of Facility Served by Well:** House
**Sewage System Type:**

**Area of Regulated Groundwater Usage Restrictions Apply:** YES

**Replacement for Existing Well:** 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 North Carolina Certified Well Contractor 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):**

[X] Grout must be placed the full extent of the casing. [X] Casing to bedrock

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

[X] *Volatile Organic Compounds (VOC's)* [X] *Semi-volatile Compounds* [X] Metals (Specify in Other Conditions)
[ ] Pesticides [ ] Herbicides [ ] Other (See Below)

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:**

Metals sampling to include As, Ba, Cd, Cr, Pb, Hg, Se, Au. Well can only be located outside of mandatory 500' setback from LF waste disposal boundary as indicated on plot.

Jeremy Mitchell R.S.
Authorized Agent: Print Name

Jeremy Mitchell R.S.
Signature:

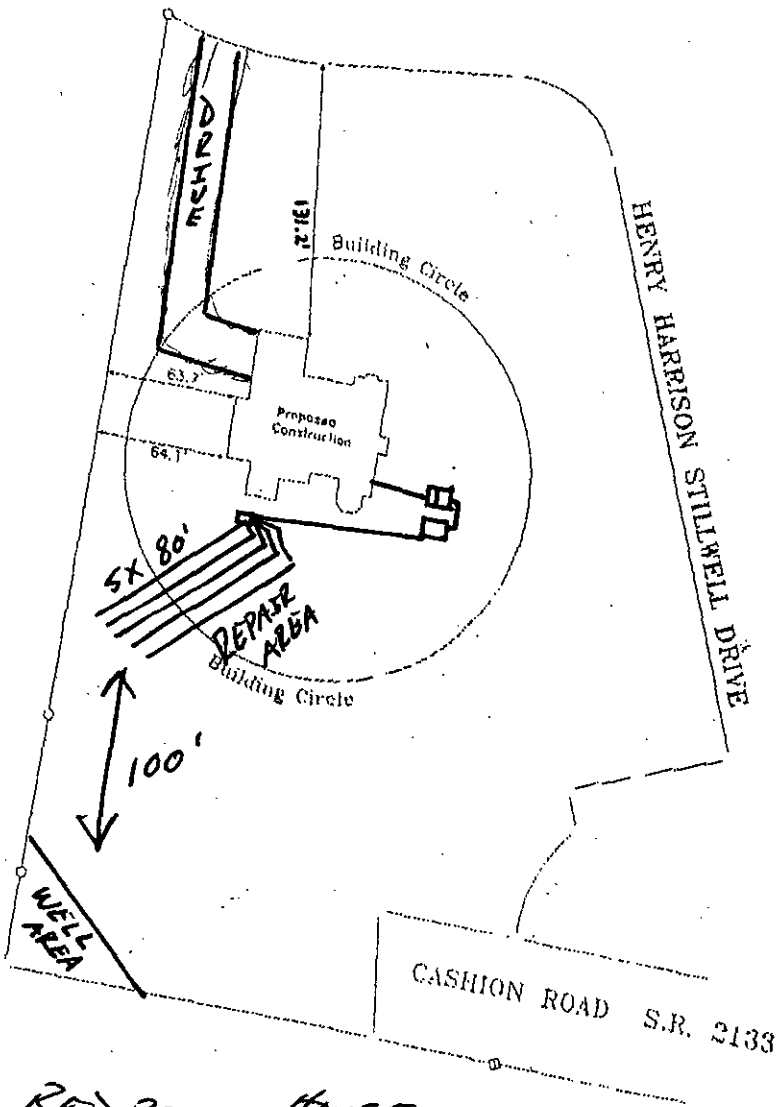
Owner/Legal Agent: Print Name

Signature:

FILE # 5311B

PERMIT # 2417

PARCEL # 013-221-04




→ FOUR BEDROOM HOUSE

→ 1500 SEPTIC TANK

→ 1000 PUMP TANK

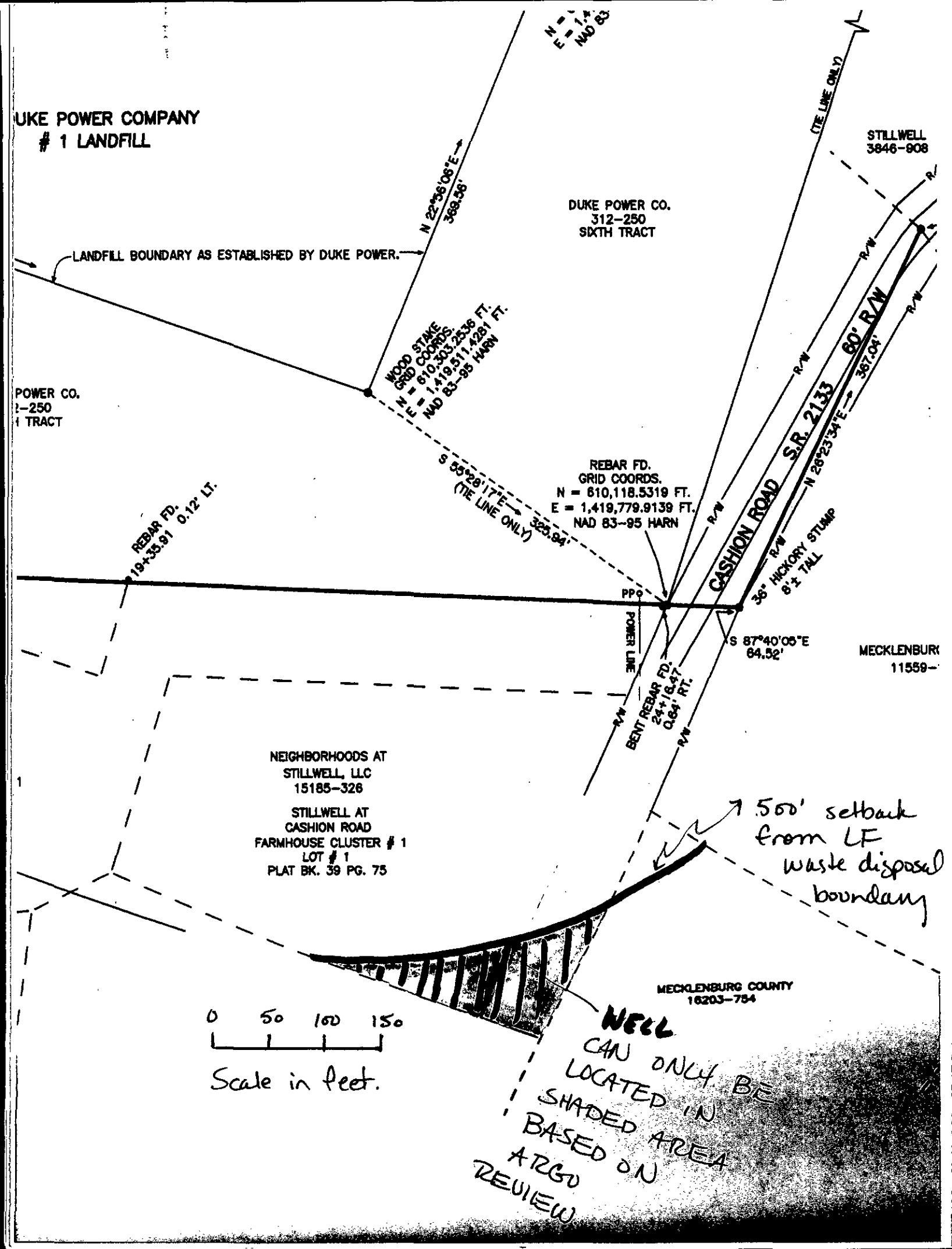
→ 400 TLF

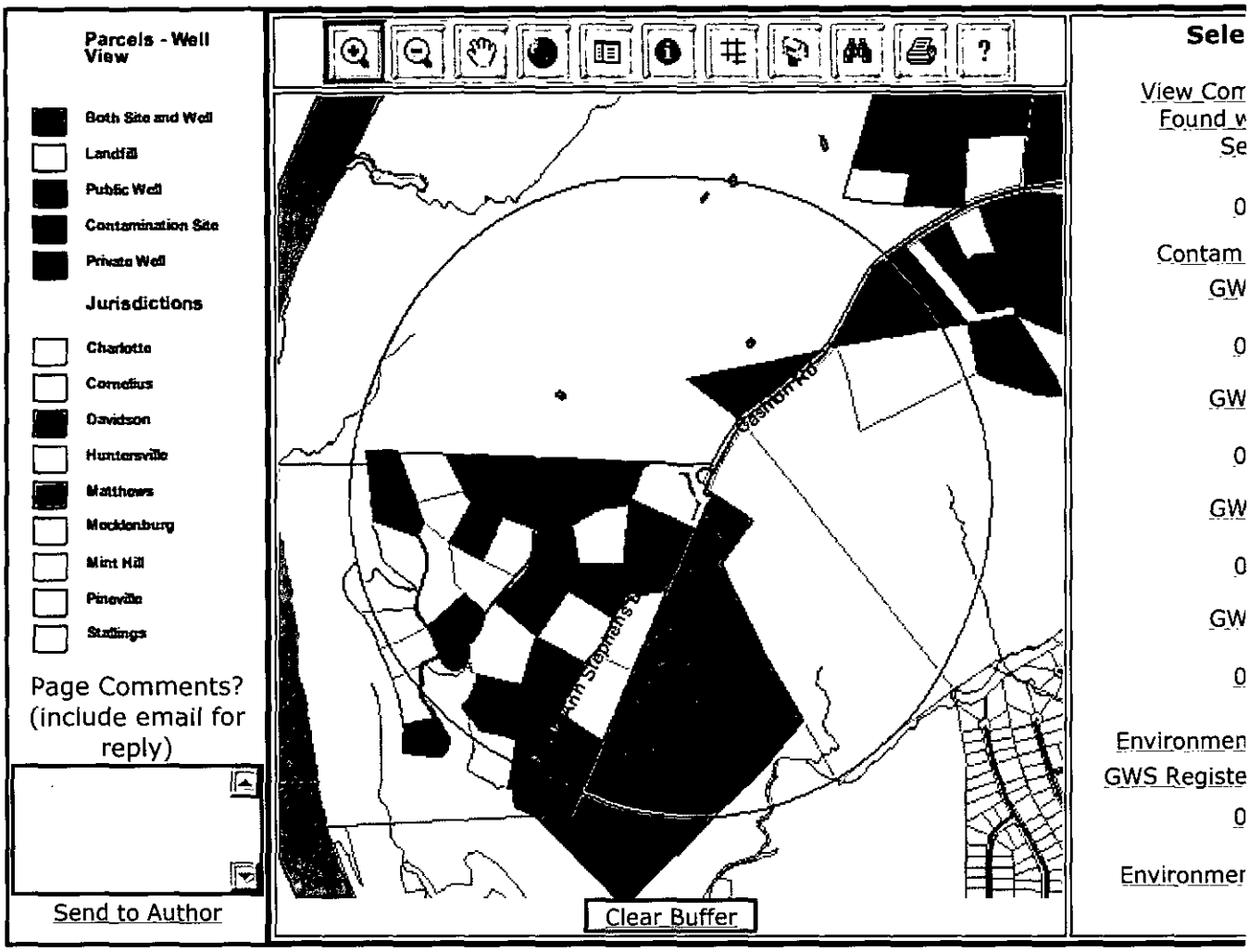
→ 5 lines x 80' x 3'

→ TYPE III b PUMP TO 25% RED. + REPAIR

Jerry Mack R.S. 7/19/07

X _____


UKE POWER COMPANY
# 1 LANDFILL
LANDFILL BOUNDARY AS ESTABLISHED BY DUKE POWER.
N 22°56'08"E
368.58'
DUKE POWER CO.
312-250
SIXTH TRACT
WOOD STAKE
GRID COORDS.
N = 610,303.2536 FT.
E = 1,419,511.4281 FT.
NAD 83-95 HARN
S 55°28'17"E
(TIE LINE ONLY)
325.94'
REBAR FD.
GRID COORDS.
N = 610,118.5319 FT.
E = 1,419,779.9139 FT.
NAD 83-95 HARN
REBAR FD.
19+35.91 0.12' LT.
PP
POWER LINE
CASHION ROAD S.R. 2133
60' R/W
N 28°23'34"E
367.04'
36" HICKORY STUMP
6'± TALL
S 87°40'05"E
64.52'
BENT REBAR FD.
24+16.47
0.64' RT.
R/W
(TIE LINE ONLY)
STILLWELL
3846-908
MECKLENBURG
11559-
NEIGHBORHOODS AT
STILLWELL, LLC
15185-326
STILLWELL AT
CASHION ROAD
FARMHOUSE CLUSTER # 1
LOT # 1
PLAT BK. 39 PG. 75
MECKLENBURG COUNTY
16203-754
0 50 100 150
Scale in feet.
500' setback
from LF
waste disposal
boundary
WELL
CAN ONLY BE
LOCATED IN
SHADED AREA
BASED ON
ATRU
REVIEW


Parcels - Well View
Both Site and Well
Landfill
Public Well
Contamination Site
Private Well
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Page Comments? (include email for reply)
Send to Author
Clear Buffer
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GW
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Environmen
GWS Registe
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Environmer

# WORK ORDER

**Work Order Number:** 73581

**In Service:** _____ **Out of Service:** _____

**WO Initiated Date:** 6/22/07 10:30:03 AM **Supervisor:** STUTTS, JACK **Team Members:** **Shop:** HUNT

**Activity Performed:** ARGU Well Review
**Address:** **Key Map:**

**Crew Type:** WR SR SS FH MR VS VR EV PM **Location of Worksite:** Front Rear Side Arrival: _____ Departure: _____

**Size Main:** $^{3}/_{4}$" 1" $1^{1}/_{4}$" $1^{1}/_{2}$" 2" 4" 6" 8" 10" 12" Other _____ **Size Service Connection:** $^{3}/_{4}$" 1" $1^{1}/_{4}$" $1^{1}/_{2}$" 2" 4" 6" 8" Other _____

**Pipe Type:** A.C. C.I. Clay Concrete PVC Steel Other _____ **Material (quick codes) used:** _____

**Further Work Pending:** Yes No Landscape Area: _____ Concrete Cut: _____ Asphalt Cut: _____ Fence: _____ wood chain link wrought iron brick other _____

**Vehicle (quick code):** _____ **Equipment (quick code):** _____ **Time Updated to C.O.S.:** _____ **Work Order Status:** IP
**Update Map:** N

**Instructions:**

1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

**Comments:** Create one work order per ARGU Review
By CALDWELL, SHAWNA: 6/22/07 2:06:04 PM
Based on this review this permit application is approved with the following conditions:
Well can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application. The well will also require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter VII Section IV Requirements for New Water Supply Wells Within an Area of Regulated Groundwater Usage to include grouting the full extent of the casing and GW sampling initially and biannually thereafter for volatiles, semi-volatiles and metals to include As, Ba, Cd, Cr, Pb, Hg, Se and Au.

**Work Order Number:** 73581

**Associated Service Requests**

| RequestID | Date/Time Initialized | Priority | Description | Problem Address |
|---|---|---|---|---|
| | | | | |

**Tasks**

| Order | Name | Start | Status | Proceed | Assigned To | Request Code | Comments |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**Employee #s** _____ _____ _____ _____ _____ **Planner/Scheduler Sign Out:** _____

## Hydrogeologist Permit Application Review

Application #: 2417
Permit File #: 5311B

Permit Type: New Well (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☑ Full Grouting ☑ Casing to Bedrock ☑ Sampling

☑ *Volatile Organic Compounds* (VOC's) ☑ Semi-volatile Compounds ☑ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

Metals sampling to include As, Ba, Cd, Cr, Pb, Hg, Se, Au. Well can only be located outside of mandatory 500' setback from LF waste disposal boundary as indicated on plot.

EHS Review | Update

Time Spent (hours):
☐ Change: 2.50

*The application has been forwarded to Jeremy Michelone for review.*

App. #: 2417

Septic Fee: 100.00

Date: 6/21/2007

CRT[ ]

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

**FILE #** 5311B

Well Fee: 400.00

Date: 6/21/2007

CRT[ ]

SEPTIC / TYPE APPLICATION: ○ NONE ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ◉ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ○ NONE ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 013-221-04 ☐ PO

STREET ADDRESS: 14439 HENRY HARRISON STILLWI

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: STILLWELL

LOT #: 0

TOWNSHIP: 06

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

◉ HOUSE (H) ○ OTHER

HEATED SQUARE FOOTAGE: 4356

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☑ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

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

☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

RANK: 0 0 0 0 0

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ○ Yes ◉ No | GRADING/SOIL REMOVAL PERFORMED | ◉ Yes ○ No |
| EXISTING WASTEWATER SYSTEMS | ○ Yes ◉ No | JURISDICTIONAL WETLANDS | ○ Yes ◉ No |
| WELLS, SPRINGS, OR WATER LINES | ○ Yes ◉ No | APPROVAL REQ'RD BY OTHER AGENCY | ○ Yes ◉ No |
| EASEMENTS OR RIGHT-OF-WAYS | ◉ Yes ○ No | WASTEWATER OTHER THAN DOM. SEWAGE | ○ Yes ◉ No |

**PROPERTY OWNER:**

NAME: WILLIAM & ANNIE WILL

ADDRESS: 14924 OXFORE HOLLOW

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:

ADDRESS:

| | | | | | |
|---|---|---|---|---|---|
| CITY: | HUNTERSVILLE | | CITY: | | |
| STATE: | NORTH CAROLINA | ZIP: 28078 | STATE: | | ZIP: |
| HOME PHONE: | 704-948-7628 | WORK: 704-334-2627 | HOME PHONE: | | WORK: |
| MOBILE: | 704-905-0718 | FAX: | MOBILE: | | FAX: |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT | Update | Go to Front Counter | Duplicate

EDMS Report for ARGU Review
14439 Henry Harrison Stillwell, Huntersville
Tax Parcel ID # 013-221-04
File # 5311B
App. #2417

Public water supplied by CMU is NOT available at this site.

06/22/07 (Fri.) – Received request for ARGU review for new water supply well located at 14439 Henry Harrison Stillwell, Huntersville. No well location marked on plot submitted with review.

06/22/07 (Fri.) – Identified two MPL sites within 1,500 feet of the subject parcel:

MPL# 884 Duke Power McGuire Landfill (Closed Sanitary Landfill)

File review of Duke Power McGuire Landfill file indicates:
No violations of 2L Standard in monitoring well samples.
Chromium and Barium detected in monitoring network below 2L Standard at levels considered naturally occurring.
Groundwater gradient shown on map in file is generally to the NW away from subject property.

NOTE: Mandatory setback for a new well is 500-ft from the waste disposal boundary for a sanitary landfill. A review of the plot plan and survey of the Duke Power Co landfill site indicates that the almost the entire parcel 01322104 falls within the 500-ft exclusion zone. Only a portion of the southeast corner is outside of the 500-ft exclusion zone.

MPL#1149 Stephens, Kathleen Residence
4918 Cashion Rd., Huntersville, NC
NCDENR UST Inc. # 27491
Source: Home heating oil UST

File review indicates high risk soil only heating oil UST incident. On-site WSW sampled as part of 2003 MPL investigation for Duke Power McGuire Landfill with no detections.
Extent of soil contamination has been defined on-site, but contaminated soil remains in place.

The referenced WSW location is within 1,500' of the source area at the Kathleen Stephens Residence.

Based on this review this permit application is approved with the following conditions: Well can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot in the permit file. The well will also require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter VII Section IV Requirements for New Water Supply Wells Within an Area of Regulated Groundwater Usage to include grouting the full extent of the casing and GW sampling initially and biannually thereafter for volatiles, semi-volatiles and metals to include As, Ba, Cd, Cr, Pb, Hg, Se and Au.

Date:6/22/07
Reviewed By: SWC

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 013-221-04 File # 5311B

Street Address: 14439 Henry Harrison Stillwell, Huntersville

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 #: 013-221-02 MPL # 1149

Street Address: 4918 Cashion Rd., Huntersville NC 28078

DENR Incident #: 27491

Current Status: High risk soil only Heating Oil UST release Why? Soil> soil to gw remains in place.

Responsible Party: Kathleen Stephens

Responsible Party Contact Info: Same as above.

File Review

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

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

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
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. Y
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 | Y |

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? N

| | |
|---|---|
| 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: Based on review of the Kathleen Stephens MPL, the well location is within the 1,500' ARGU boundary from the source area for the Kathleen Stephens MPL, the permit is approved with grouting the full length of casing.

Date:6/22/07
Reviewed By:_SWC___

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 013-221-04 File # 5311B

Street Address: 14439 Henry Harrison Stillwell, Huntersville

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 #: 013-151-02 MPL # 884

Street Address: 13568 HWY 73 Huntersville NC 28078

DENR Incident #: None Assigned

Current Status: Post closure landfill monitoring and reporting per 15A NCAC 13B NC Solid Waste Management Rules Why? Required for all closed sanitary landfills closing after 1979.

Responsible Party: Duke Power Company

Responsible Party Contact Info: 13568 HWY 73
Huntersville, NC 28078
(704) 373-4947

File Review

| | |
|---|---|
| Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC). | No 2L Violations |
| Attach copies of groundwater flow maps. (Watch of seasonal change) | |
| Attach a copy of the most recent summary table for soil/groundwater laboratory analysis<br>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.<br>Based on this information, answer the following questions: | Y |
| 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 | Y |
| 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? | N |
| 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: Well can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site. Grout full length of casing and initial sample and bi-annual sampling thereafter for VOC's and metals (As, Be, Cd, Cr, Pb, Hg, Se & Au).

**Mecklenburg County, NC Groundwater & Wasterwater Services**
Landfill Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 01315102
**Name:** Y
**Street No.:** DUKE POWER MCGUIRE LANDFILL
**Street Direction:** 13568
**Street Name:**
**Street Type:** N.C. 73
**City:** HY
**Zip:** HUNTERSVILLE
**Code:** 28078
**Status:** SANP
**Permit Number:** Open
**Date Issued:** 60-04

* Link to GIS Real Estate System

**Mecklenburg County, NC Groundwater & Wasterwater Services**
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 01322102
**Name:** STEPHENS, KATHLEEN RESIDENCE
**House No:** 4918
**Street Dir:**
**Street Name:** CASHION
**Street Type:** RD
**City:** HUNTERSVILLE
**State:** NC
**Zip:** 28078
**NC Incident Number:** 0 EXIT Well Information System

* Link to GIS Real Estate System

FILE NUMBER: 53113 Revised On: January 3, 2007 APPLICATION NUMBER: 2417

SEPTIC FEE: 100.00 DATE: 6/11/07 VISA-SKA

WELL FEE: 400.00 DATE: 6/11/07 VISA JPM

# 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: ☐ 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: 01322104
STREET ADDRESS: 19439 HENRY HARRISON STILLWELL
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: STILLWELL
LOT #: 1-1 LOT SIZE (acres): 2.714 AC
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: 4350
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
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 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: WILLIAM + ANNIE WILL
ADDRESS: 14924 Oxford Hollow
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704 948 7628 WORK PHONE: 334-2627
MOBILE PHONE: 704 905 0718 FAX: 704 786-1763

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN 31/07
13. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

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.

X _____ 6/7/07
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.

X Annie Will 6/7/07
Property Owner's or Owner's Legal Representative Signature Date

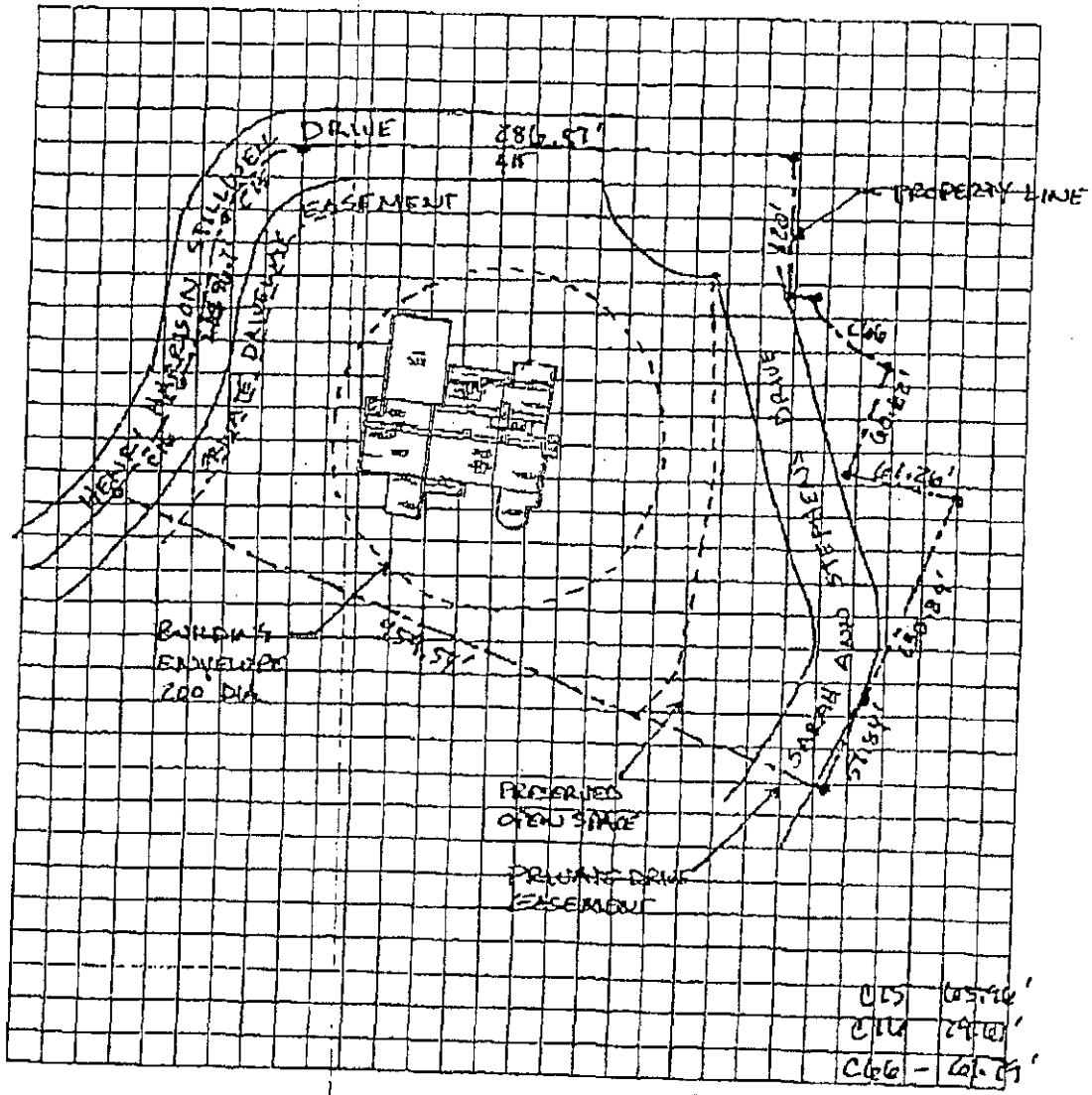
■ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ■ UN-SCALED SITE PLAN SUBMITTED

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) 336-8894

File #_____
Date_____

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




X Owner/Agent Signature _____

Date 6/7/07

LBC 12/15/04

JPM

FILE NUMBER: 53113

Revised On: January 3, 2007

APPLICATION NUMBER: 2417

SEPTIC FEE: 100.00
DATE: 6/11/07
VISA JPM

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: 400.00
DATE: 6/11/07
VISA JPM

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: 01322104
STREET ADDRESS: 19439 HENRY HARRISON STILLWELL
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: STILLWELL
LOT #: 1-1 LOT SIZE (acres): 2.714 AC
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: 4356
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☒ BASEMENT 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 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: WILLIAM + ANNIE WILL
ADDRESS: 14424 Oxford Hollow
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704 948 7628 WORK PHONE: 334-2627
MOBILE PHONE: 704 905 0718 FAX: 704 786 1763

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN 31/07
13. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

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.

X [signature] 6/7/07
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.

X Annie Will 6/7/07
Property Owner's or Owner's Legal Representative Signature Date

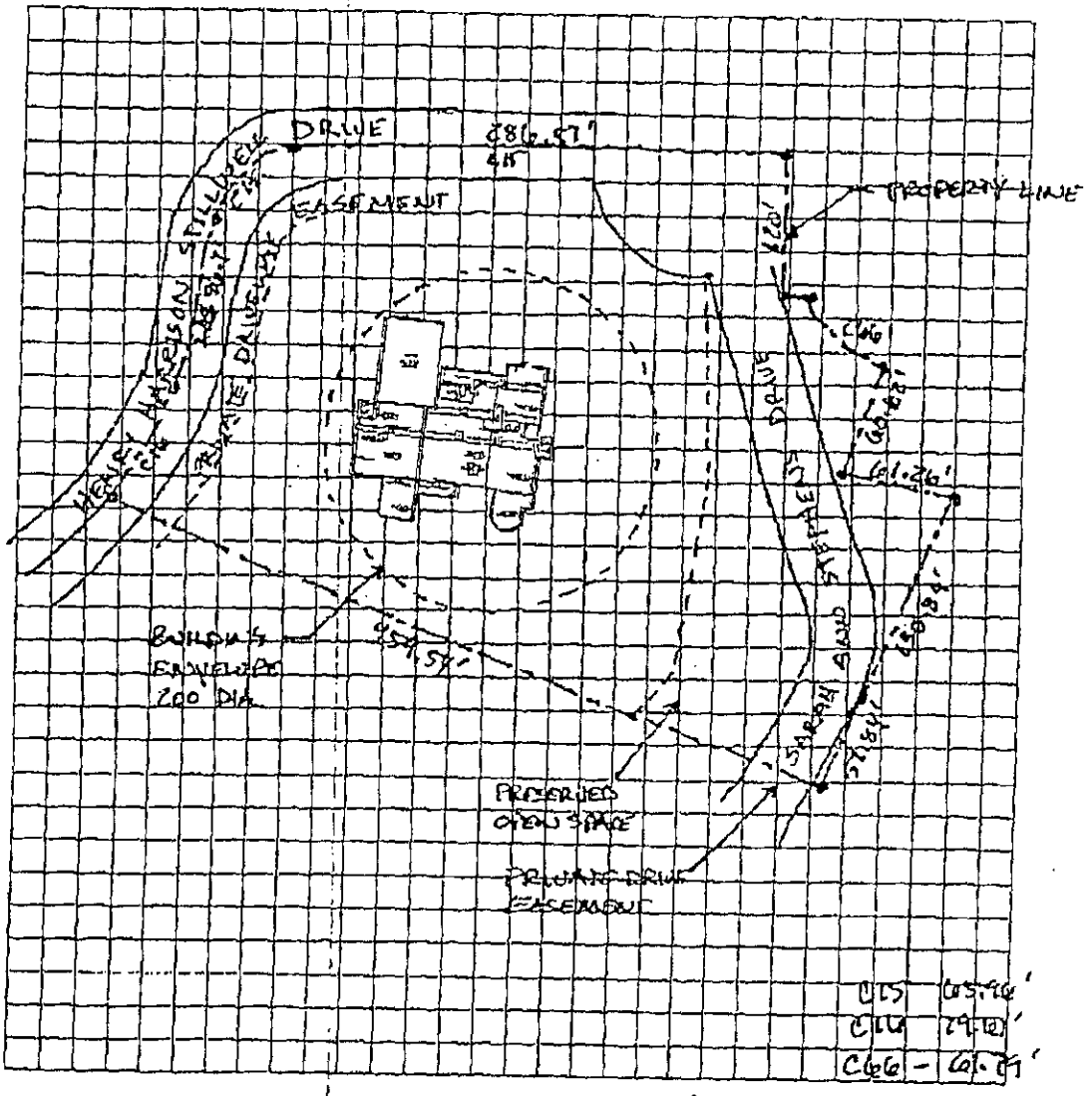
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