

9608 BALES LN

13945116

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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EHS DC

Reviewer KR

70273 County Permit Review Worksheet

Rule or Law		1	2	3	4	5	6	7	8	9	10
	Permit Application										
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	-									
.1939 (a)(2)	Structure type Recorded?	-									
.1939 (a)(2)	Consistence Recorded?	-									
.1939 (a)(3)	Mineralogy Recorded?	-									
.1939 (a)(4)	Soil Wetness Condition Recorded?	-									
.1939 (a)(5)	Soil Depth to Rock or Parent Material Recorded When Encountered?	-									
.1939 (a)(6)	Depth to Restrictive Horizons Recorded When Encountered?	•									
.1937(m)	Sufficient Available Space Recorded?	•									
.1939(a) & .1945(b)	Are the Profile Locations Shown?	✓									
	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	✓									
.1939(d), .1955, .1956, .1957	Were sufficient auger borings made?	✓									
	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	-									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System compoonents shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting	✓									

If system design is incorrect or inconsistent with site conditions, indicate why for each below

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

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7027B Permit #: _____ Tax Parcel #: 139-451-16

Property Owner: Grace Residential LLC

Job Location Address: 9608 Bales Ln.

City: Charlotte State: NC Zip Code: 28227

Operation Permit Issuance Date: 06-26-2007 Contractor Name: Larry Norwood

Permitted Design Flow: 480 GPD

Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1500 gallons 2-27-07 J&S STB-112 Law, SC

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 4 @ 120 feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 18 inches

Distribution Device: D-Box w/Speed levels

Inspection Dates

Tank(s) Inspected: 06-26-2007

Excavation Inspected: 06-26-2007

Pump & Controls Inspected: _____

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

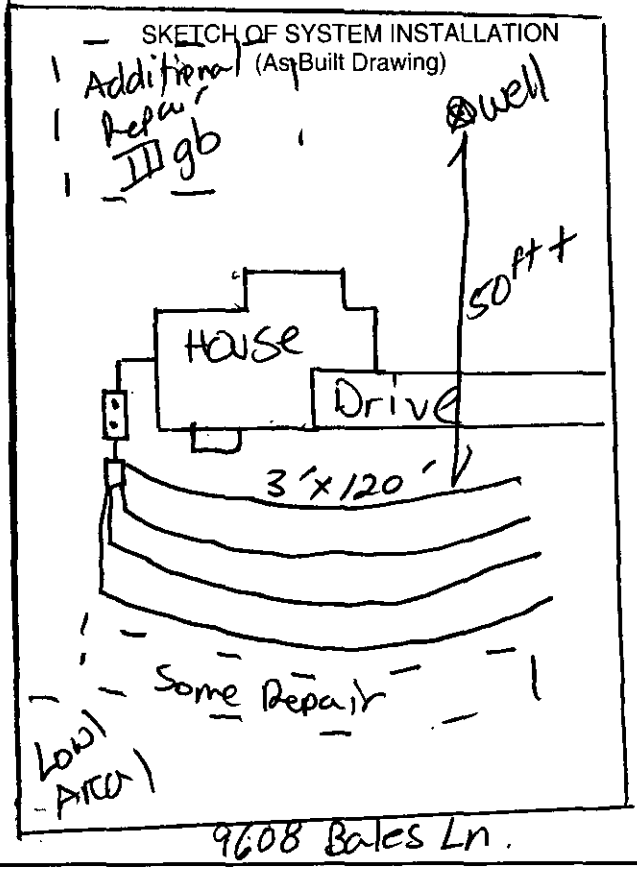
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 6-7 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50ft + feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III g

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7027B Permit #: _____ Tax Parcel #: 139-451-16

Property Owner: Grace Residential LLC

Job Location Address: 1608 Bales Ln

City: Charlotte State: _____ Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III g

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☐

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Michael Date: 06-26-2007

Signature: Jeremy Michael

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7027B Permit #: _____ Tax Parcel #: 139-451-16

Property Owner: GRACE RESIDENTIAL, LLC

Job Location Address: 9608 BALES LN.

City: CHARLOTTE State: _____ Zip Code: 28227

Installation Approval Issuance Date: 6/15/07

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 7/15/07, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Site LTAR: 0.25 GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A INNOVATIVE 25% REDUCTION

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 480 feet

# of Lines: 4 @ 120 feet

Depth of Media: N/A inches (Type) III g

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

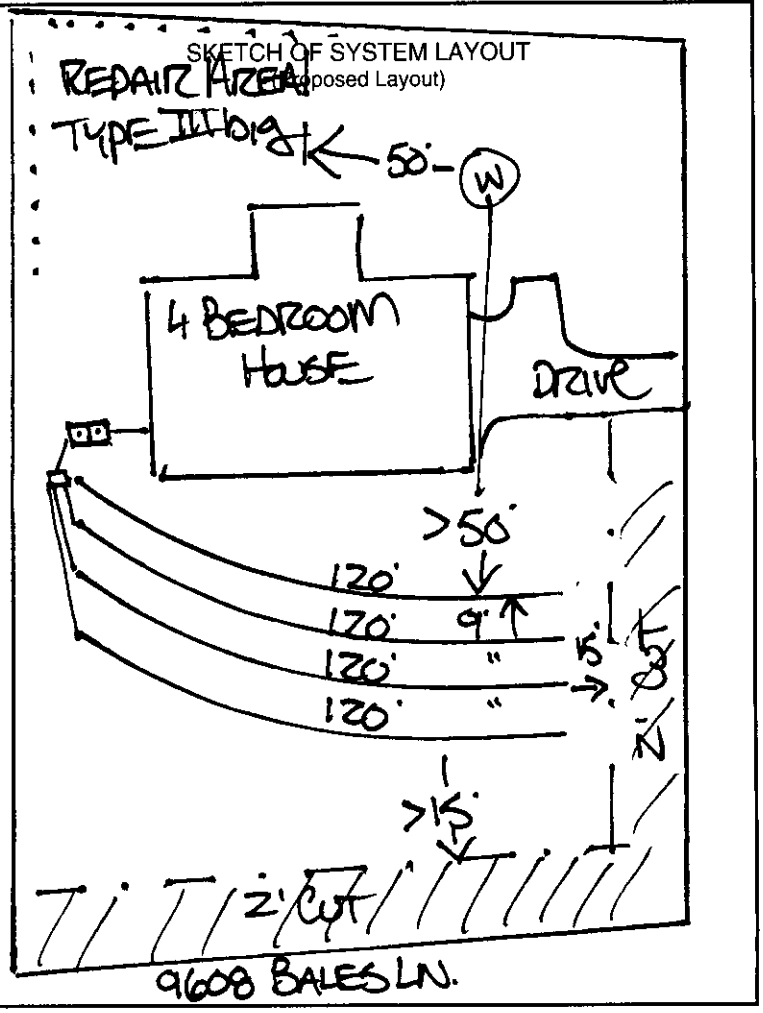
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT (Proposed Layout)



Comments: System Classification & Type: INNOVATIVE, 25% REDUCTION, TYPE III g
INSTALL 4 LINES @ 120' EACH. STAY >15' FROM 2' SLOPE CUT.
>50' FROM WELL, >5' FROM HOUSE.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: DAVID CORNELIUS, RS

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 #: **30002036** GWS File #: **7027B** Tax Parcel #: **139-451-16**

- 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):** 4/3/2012

Type of Installation: Residential - New System Lot Number: 23

Structure Type: HOUSE Size (ft^2): 4024 # Bedrooms: 4 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1440 Total Trench Length (ft): 480

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Distribution Box

III. Repair System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1440 Total Trench Length (ft): 480

Maximum Trench Depth (in): 30 Depth of Media (in): N/A 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: David Cornelius

Signature: _____

Date Issued: 4/3/2007

Owner/Legal Agent: Brian Haines
(Print Name)

Signature: _____

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 #: **30002036** GWS File #: **7027B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

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: David Cornelius

Signature: _____, RS

Date Issued: 4/3/2007

Owner/Legal Agent: Brian Haines
Print Name

Signature: _____

PROPOSED PLOT PLAN

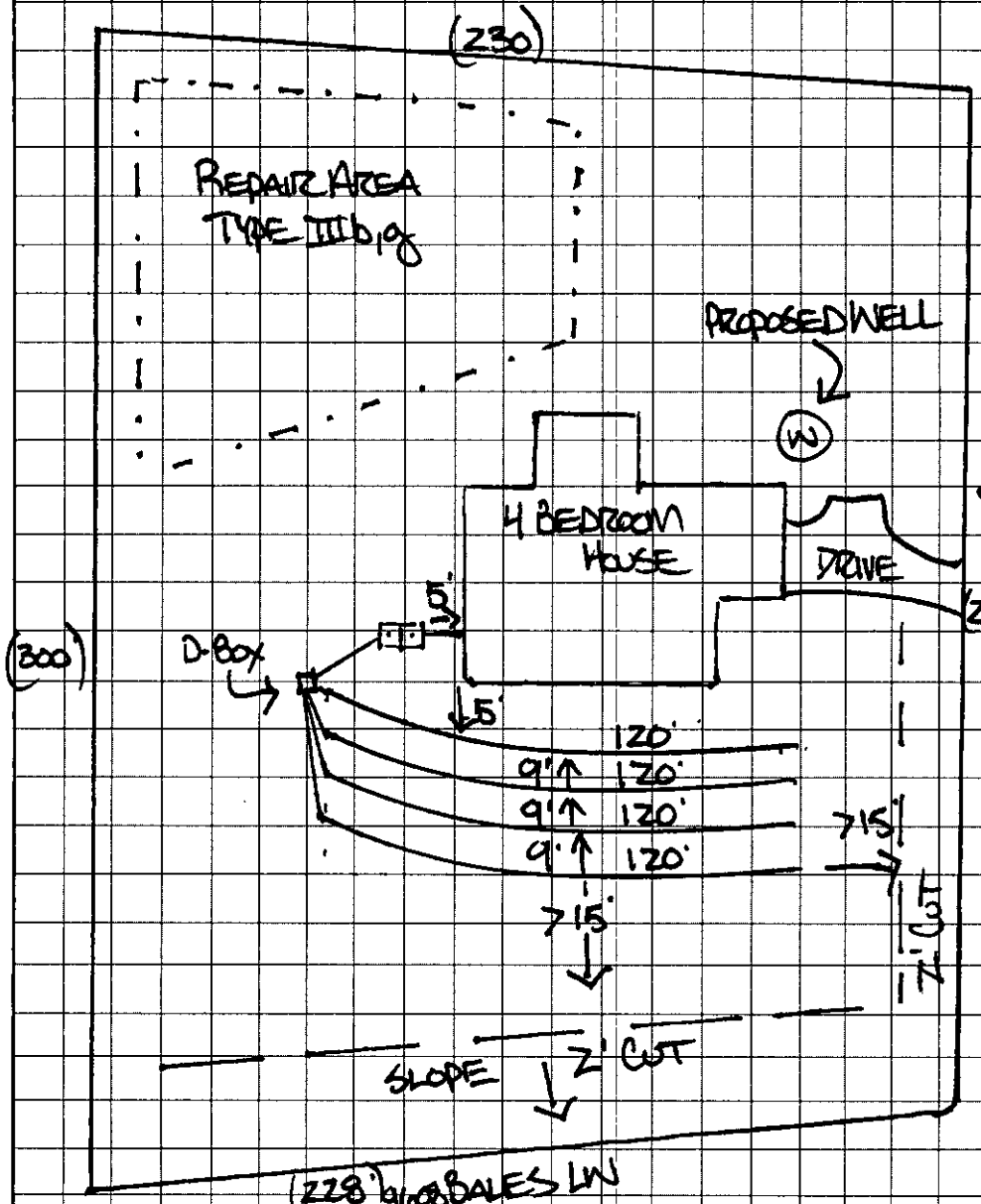
1"=50'

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

FILE: 70273

TC: 139-451-16

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



- SEPTIC DESIGN FOR A 4 BEDROOM HOUSE.
- LTAR = 0.25 g/d/Ft²
- 480 GALS/DAY MAX

INNOVATIVE, IIIg
25% REDUCTION

INSTALL 4 LINES @ 120' EACH

PLACE LINES/LEVEL, ON CONTOUR & ON 9' CENTERS.

- 1500 GAL SEPTIC TANK
- D-BOX

SETBACKS:
KEEP ALL PARTS OF SEPTIC SYSTEM:
>5' FROM HOUSE
>10' FROM PROP. LINE
>50' FROM PROPOSED WELL LOCATION
>15' FROM ANY CUT GREATER THAN 2'.

OWNER/AGENT SIGNATURE

DATE 4-3-07

APPROVAL DATE

RS

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FEE: 300.00

DATE: 4/3/2007

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7027B

PERMIT NUMBER: 30002036

PARCEL NUMBER: 13945116

JOB LOCATION INFORMATION

ADDRESS: 9608 BALES LN

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: GRACE RESIDENTIAL, LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 4/3/2007

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30002036, 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 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.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 4/3/2012

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

Sheet: 1 of 2
Property ID: 139-451-16
Lot #: 23
File #: 7027B
AppID: 2036

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Grace Residential, LLC
Applicant:
Address: 7714 Matthews-Mint Hill Road, Charlotte, N. C. 28227
Date Evaluated: 3/15/07
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.6a
Location of Site: 9608 Bales Lane
Property Recorded:
Water Supply: [ ] Public [x] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-5	GR/SCL	FR/SEXP/SS/SP	>34" TO SOIL WETNESS	34	N/A	NONE	US, IV
		5-34	SBK/ABK/SC	FI/SEXP/S/P					.25GPD/FT^2
2	"	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		6-40	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT2
		40-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-7	GR/SCL	"	>39" TO SOIL WETNESS	39	"	"	"
		7-29	SBK/ABK/C	FI/SEXP/S/P					
		29-39	SBK/CL	FR/SEXP/SS/SP					
4	LS, 6	0-5	GR/SCL	"	>40" TO SOIL WETNESS	40	"	"	PS, IV
		5-29	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT^2
		29-40	SBK/SICL	FR/SEXP/SS/SP					
5	"	0-2	GR/CL	"	>50" TO SOIL WETNESS	50	"	"	"
		2-34	SBK/ABK/C	FI/SEXP/S/P					
		34-50	SBK/SICL	FR/SEXP/SS/SP					
6	"	0-5	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	PS, IV
		5-48	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIb
Site LTAR	.25	.25

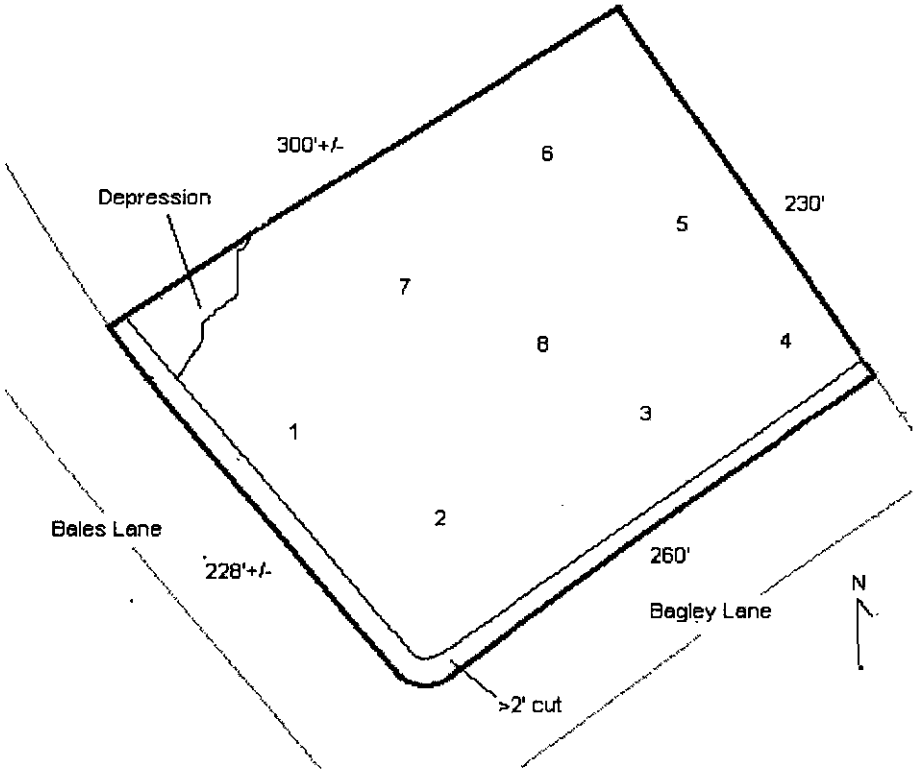
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 3/16/2007, W. R. Marlin
Others Present:
Site Classification (.1948): PS
Site Evaluation By:
Others Present:

COMMENTS:
100% repair, spot-bore DF locations

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



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

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
7	LS, 8	0-3	GR/SCL	FR/SEXP/SS/SPP	>27" TO SOIL WETNESS	27+	N/A	NONE	US
		3-9	SBK/SCL	"					
		9-24	SBK/ABK/C	FI/SEXP/S/P					
		24-27	SBK/ABK/C	VFI/SEXP/VS/VP					
8	"	0-6	GR/SCL	FR/SEXP/SS/SPP	>26" TO SOIL WETNESS	26	"	"	US, IV .2GPD/FT^2
		6-26	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .25GPD/FT				

FILE NUMBER: 7027B
SEPTIC FEE: 200.00
DATE: 3/13/07

Revised On: January 3, 2007
APPLICATION NUMBER: 2036

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: 3/13/07

Fast track on acct

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

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

Well to DC.

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 139-451-16
STREET ADDRESS: 9608 BALES LN.
CITY: CHARLOTTE, NC
STATE: NC ZIP: 28227
SUBDIVISION NAME: WATERLEAF
LOT #: 23 LOT SIZE (acres): 69,534 SF (1.60 Acres)
TOWNSHIP:
☐ 9-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: 9024
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:
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:		1	2	3	4	5

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: GRACE RESIDENTIAL, LLC
ADDRESS: 7714 Matthews Mint Hill Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704-573-2450 WORK PHONE: 704-248-5115
MOBILE PHONE: 704-361-7521 FAX: 704-545-8527

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? ~ 6/06
13. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 11/07

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.

David A. Reed 3-7-07
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.

David A. Reed 3-7-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UNSCALED SITE PLAN SUBMITTED

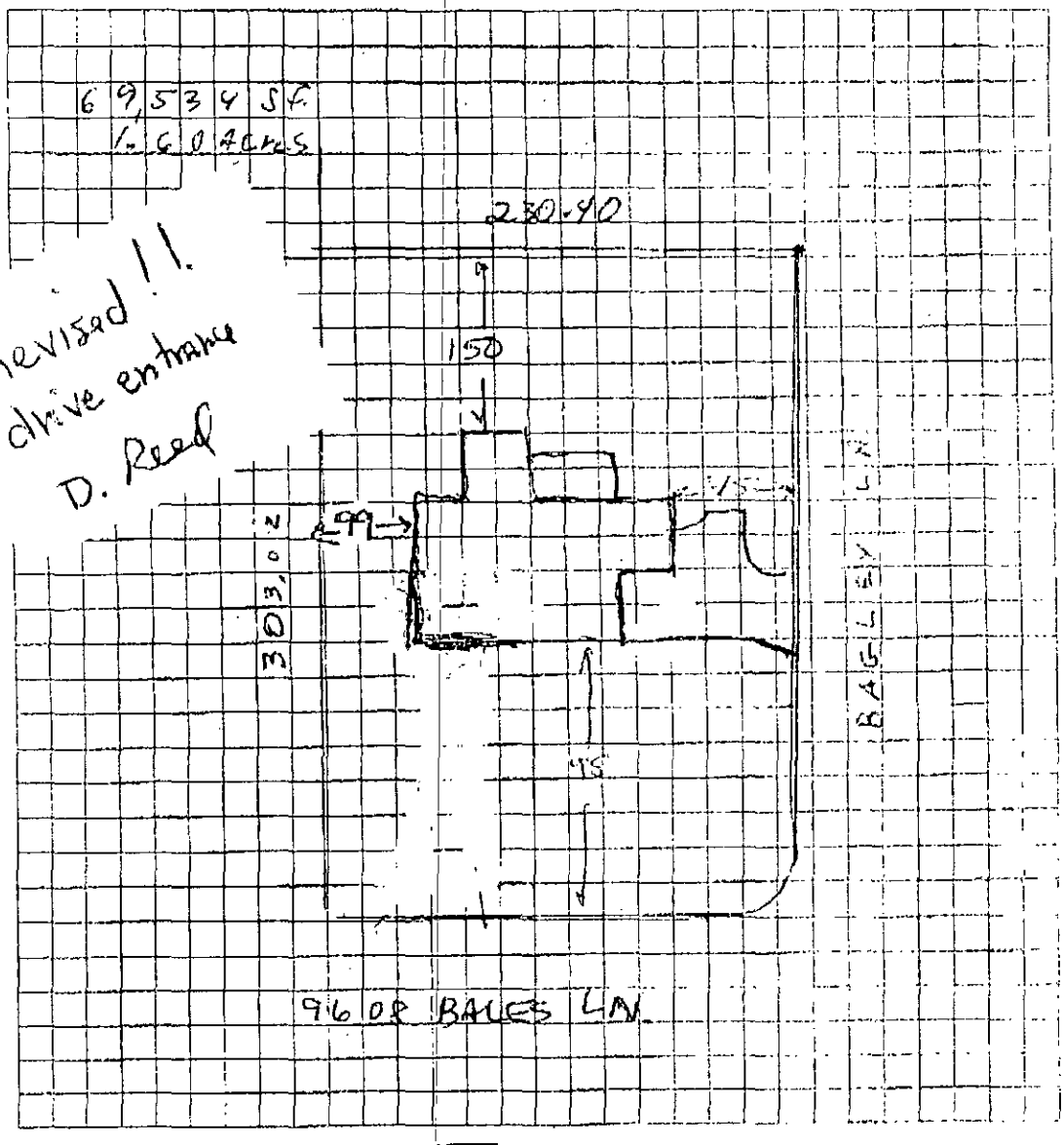
0701
0753

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

File #____
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.



Owner/Agent Signature David A Reed

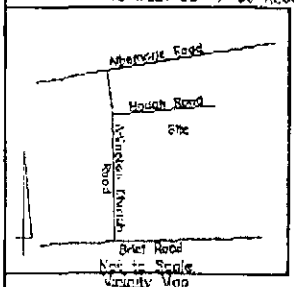
Date 3-7-07

GRACE INNOVATIONS

LBC 12/15/04

THIS IS TO CERTIFY THAT ON THE 9 DAY OF March 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED



S 32° 36' 17" E 230.40'

30' Setback

1.5963 Ac.

23

20' Setback

Proposed Fence

89.4

60' Setback

S 61° 54' 55" W 303.09'

N 32° 5' 4" W 171.12'

L=57.21

Bales Lane

60 Public R/w

Plat Plan SURVEY

OF

Lot 23, Water Leaf Subdivision Map 1

Mint Hill, Mecklenburg County, NC

SCALE 1"=40'

THE PROPERTY OF Grace Residential Llc

MAP RECORDED IN BOOK 45 AT PAGE 912 DEED RECORDED IN BOOK PAGE

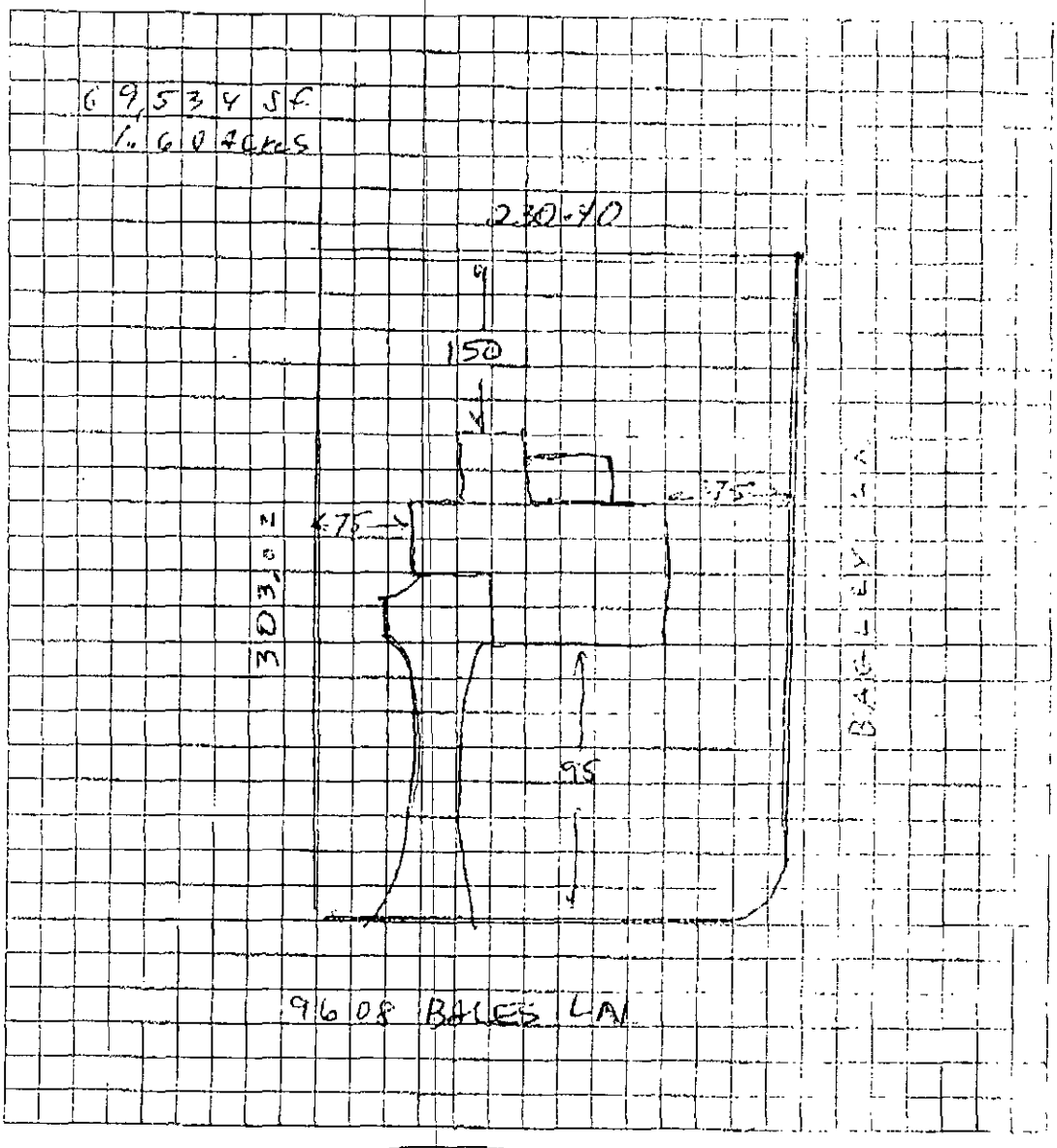
Drawn By: MARTIN Job Number: C-307

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

File #_____
Date_____

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Owner/Agent Signature David A Reed

Date 3-7-07

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/13/07
Receipt #: 49594
Check / Auth #: CHARGE
Received By: CRAIGGY

Amount: 200.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X33441
Contractor: GRACE INNOVATIONS LLC
Attn:
Address: 7714 MATTHEWS MINT HILL RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9608 Bales Road		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
52.31					

PROPOSED PLOT PLAN

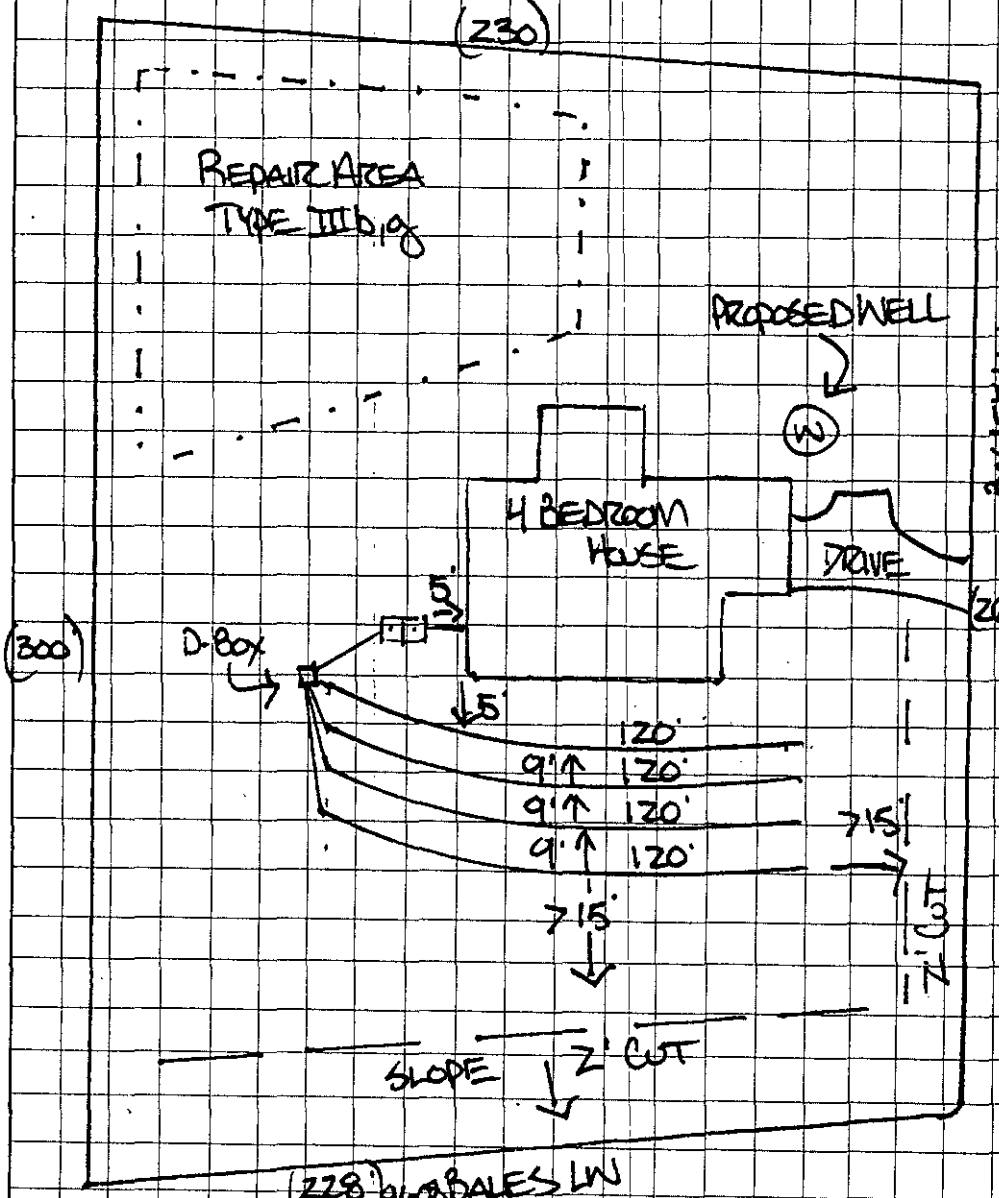
1" = 50'

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

FILE: 70273

TC: 139-451-16

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



- SEPTIC DESIGN FOR A 4 BEDROOM HOUSE.
- LTAR = 0.25 g/d/FT²
- 480 GALS/DAY MAX

INNOVATIVE, IIIg
25% REDUCTION

INSTALL 4 LINES @ 120' EACH

PLACE LINES, LEVEL, ON CONTOUR & ON 9' CENTERS.

- 1500 GAL SEPTIC TANK
- D-BOX

SETBACKS:
KEEP ALL PARTS OF SEPTIC SYSTEM:
>5' FROM HOUSE
>10' FROM PROP. LINE
>50' FROM PROPOSED WELL LOCATION
>15' FROM ANY CUT GREATER THAN 2'.

OWNER/AGENT SIGNATURE

DATE 4-3-07

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND.USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/03/07
Receipt #: 50003
Check / Auth #: CHARGE
Received By: CRAIGGY

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X33441
Contractor: GRACE INNOVATIONS LLC
Attn:
Address: 7714 MATTHEWS MINT HILL RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 9608 BALES RD/FILE 7027B		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
150.00	903.53				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/03/07	**Amount:**	150.00
Receipt #:	50005	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	X33441
Contractor:	GRACE INNOVATIONS LLC
Attn:	
Address:	7714 MATTHEWS MINT HILL RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9608 BALES RD/FILE 7027B		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	903.53				

Possible 10/22/07

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7027B WASPS App #: 2036

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Kim Garrett

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:

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: Verbal lab results per KSG 10/18/07

Please release GWS well hold on CO

Application received date: 3/13/07 ES assigned date: 3/13/07 Permit issued date: 4/3/07

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

Review performed by: M. Stell Date performed: 10/19/07

CHARLOTTE.

Laboratory Analysis Report
Report Date: 10/9/2007 10:20 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74555
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/3/2007 12:45
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 071003170230

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC38677 NITRATE	**0.13**	**mg/L**	0.05	EPA 353.2	10/4/2007	9:43	MKV
AC38677 NITRATE/NITRITE	**0.13**	**mg/L**	0.05	EPA 353.2	10/3/2007	16:23	MKV
AC38677 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	10/4/2007	9:43	MKV

Comment:

Laboratory Supervisor: Rhonda Robertson

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	9608 Bales Lane
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC# 071003170230
Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
GWO-74555 AC38677	KSG	10/3/07 12:45 PM	N/A N/A	N	18.3	5.9				X	500 ml		1			X				~2	X	
AC38677	KSG	↓	N/A N/A	N	↓					X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections

Need results by Thursday, 10/4/07

Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	10/3/07	1310
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 10/9/2007 10:19 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74555
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/3/2007 12:45
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 071003170026

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC38676 E. COLI-PA	**Absent**	**P/A**		SM 9223B	10/3/2007	13:50	SLT
AC38676 Total Coliform- P/A	**Present**	**P/A**		SM 9223B	10/3/2007	13:50	SLT

Comment:

Laboratory Supervisor: Rhonda Hutson

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	9608 Bales Lane
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 07100317 0026

Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
GWO-74555 AC 38676	KSG	10/3/07 12:45 PM	N/A N/A	N	n/a	8.3				X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	10/3/07	1350
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3402

1. WELL CONTRACTOR:

FRANKIE L. OWNER
Well Contractor (Individual) Name

CAROLINA WELL DRILLING
Well Contractor Company Name

STREET ADDRESS 10014 MEDLIN Rd.

MONROE NC 28112
City or Town State Zip Code

(704) 764-8085
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT #(if applicable)

DWQ or OTHER PERMIT #(if applicable) MECK. Co.# 10002936

WELL USE (Check Applicable Box) Residential Water Supply (☑)

DATE DRILLED 6-14-07

TIME COMPLETED 5:00 AM ☐ PM ☑

3. WELL LOCATION:

CITY: MINT HILL COUNTY MECKLENBURG

WATERSIDE LOT #23
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35° 12.285 N

LONGITUDE 80° 36.825 W

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☑ GPS ☐ Topographic map

(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME GRACE RESIDENTIAL

STREET ADDRESS 7714 MATTHEWS-MINT HILL Rd.

CHARLOTTE NC 28227
City or Town State Zip Code

(704) 361-7521
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 375'

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑

c. WATER LEVEL Below Top of Casing: 35 FT.
(Use "+" If Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 40 METHOD OF TEST AIR

f. DISINFECTION: Type 10% HTH Amount

g. WATER ZONES (depth)

From 365	To	From	To
From	To	From	To
From	To	From	To

8. CASING:

Depth	Diameter	Thickness/ Weight	Material
From 0 To 57 Ft	6¼"	SDR 21	PVC
From To Ft			
From To Ft			

7. GROUT:

Depth	Material	Method
From 0 To 21 Ft	PORTLAND	POUR
From 22 To 48 Ft	BENTONITE	POUR
From To Ft		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

Depth	Size	Material
From To Ft		
From To Ft		
From To Ft		

10. DRILLING LOG

From	To	Formation Description
0	45	BROWN DIRT
46	375	GRANITE

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 6-18-07

FRANKIE OWNER
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1b
Rev. 7/05

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 #: 10002036 **File #:** 7027B **Tax Parcel #:** 139-451-16
Property Owner: GRACE RESIDENTIAL, LLC
Job Location Address: 9608 BALES LN
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 4/3/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: New System

Area of Regulated Groundwater Usage Restrictions Apply: NO

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):

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

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

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

DAVID CORNELIUS
Authorized Agent: Print Name
Signature:

Brian Haines
Owner/Legal Agent: Print Name
Signature:

PROPOSED PLOT PLAN

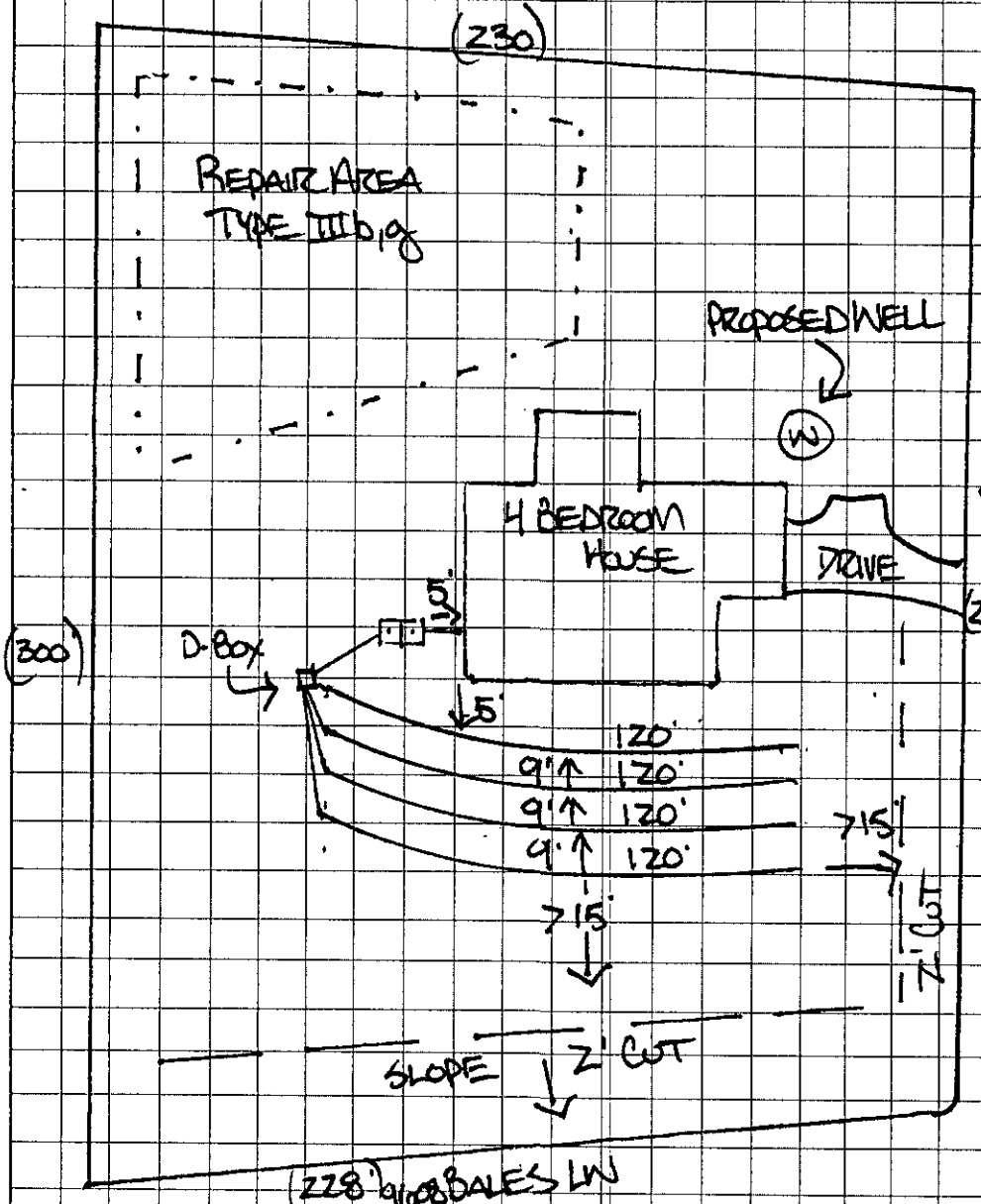
1"=50'

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

FILE: 70273

TC: 139-451-16

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



- SEPTIC DESIGN FOR A 4 BEDROOM HOUSE.
- LTAR = 0.25 g/d/FT²
- 480 GALS/DAY MAX

INNOVATIVE, IIIg
25% REDUCTION

INSTALL 4 LINES @ 120' EACH

PLACE LINES, LEVEL, ON CONTOUR & ON 9' CENTERS.

- 1500 GAL SEPTIC TANK
- D-BOX

SETBACKS:
KEEP ALL PARTS OF SEPTIC SYSTEM:
>5' FROM HOUSE
>10' FROM PROP. LINE
>50' FROM PROPOSED WELL LOCATION
>15' FROM ANY CUT GREATER THAN 2'.

OWNER/AGENT SIGNATURE

DATE 4-3-07

APPROVAL DATE

RS

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FILE NUMBER: 7027B
SEPTIC FEE: 2000
DATE: 3/13/07
Test

Revised On: January 3, 2007

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

APPLICATION NUMBER: 2036
WELL FEE: 400.00
DATE: 3/13/07
on acct

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

2. WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT
well to DC

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 139-451-16
STREET ADDRESS: 9608 BALES LN.
CITY: CHARLOTTE, NC
STATE: NC ZIP: 28227
SUBDIVISION NAME: WATERLEAF
LOT #: 23 LOT SIZE (acres): 69,534 sf (1.60 Acres)
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 HOUSE
☐ DOUBLE WIDE ☐ MULTI-FAMILY
☑ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE: 4024
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:
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: 1 2 3 4 5

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION
BURIED CABLES, LANDFILLS, STUMPHOLES ☐ YES ☑ NO
EXISTING WASTEWATER SYSTEMS ☐ YES ☑ NO
WELLS, SPRINGS OR WATER LINES ☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☑ NO
GRADING/SOIL REMOVAL PLANNED ☐ YES ☑ NO
JURISDICTIONAL WETLANDS ☐ YES ☑ NO
APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY ☐ YES ☑ NO
WASTEWATER OTHER THAN HOUSEHOLD SEWAGE ☐ YES ☑ NO

10. PROPERTY OWNER:
NAME: GRACE RESIDENTIAL, LLC
ADDRESS: 7714 Matthews Mint Hill Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704-573-2450 WORK PHONE: 704-248-5115
MOBILE PHONE: 704-361-7521 FAX: 704-545-8527

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? ~ 6/06
13. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 11/07

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.

David A Reed 3-7-07
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.

David A Reed 3-7-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UNSCALED SITE PLAN SUBMITTED

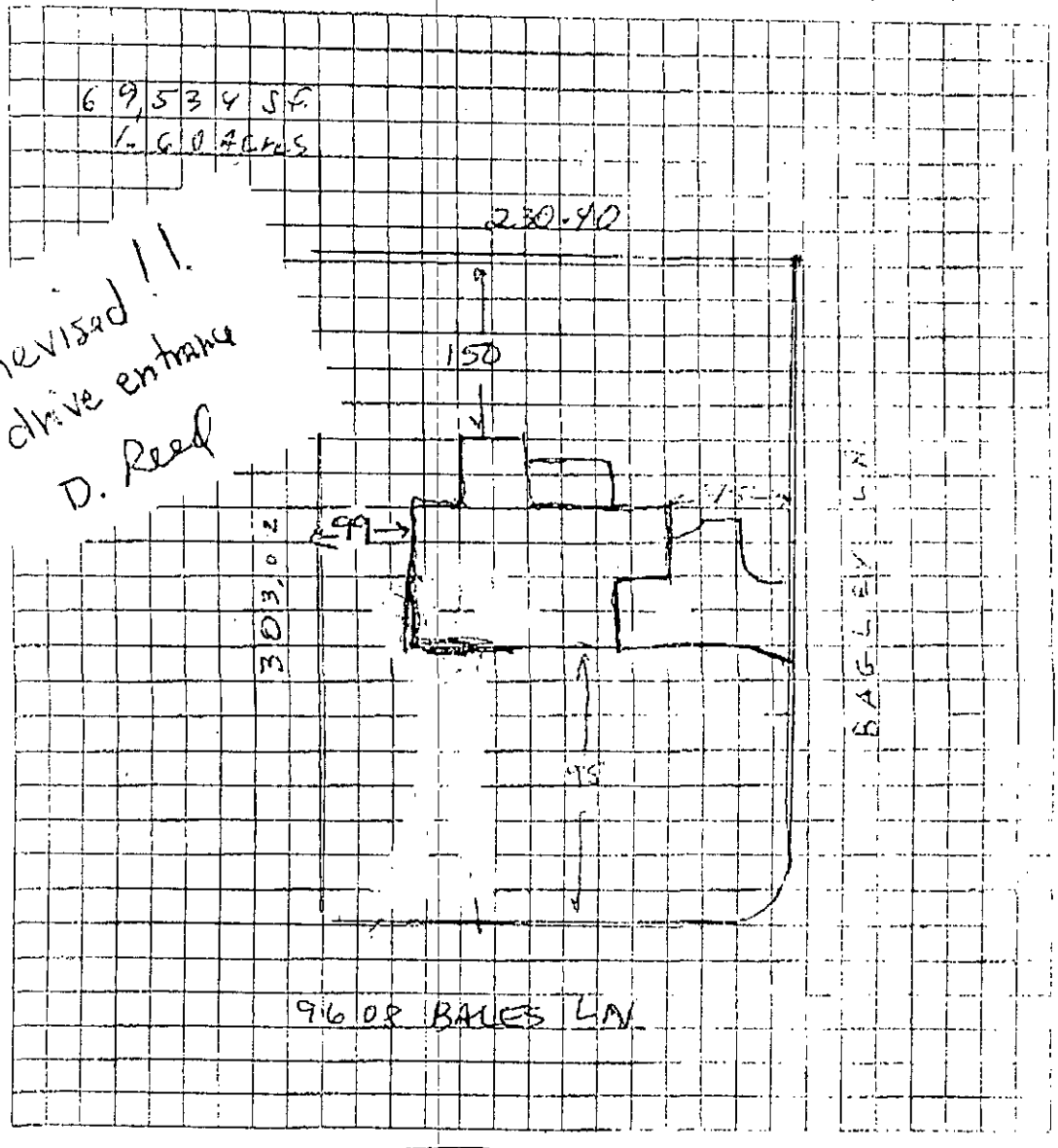
07027
0753

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

File #_____
Date_____

PROPOSED PLOT PLAN

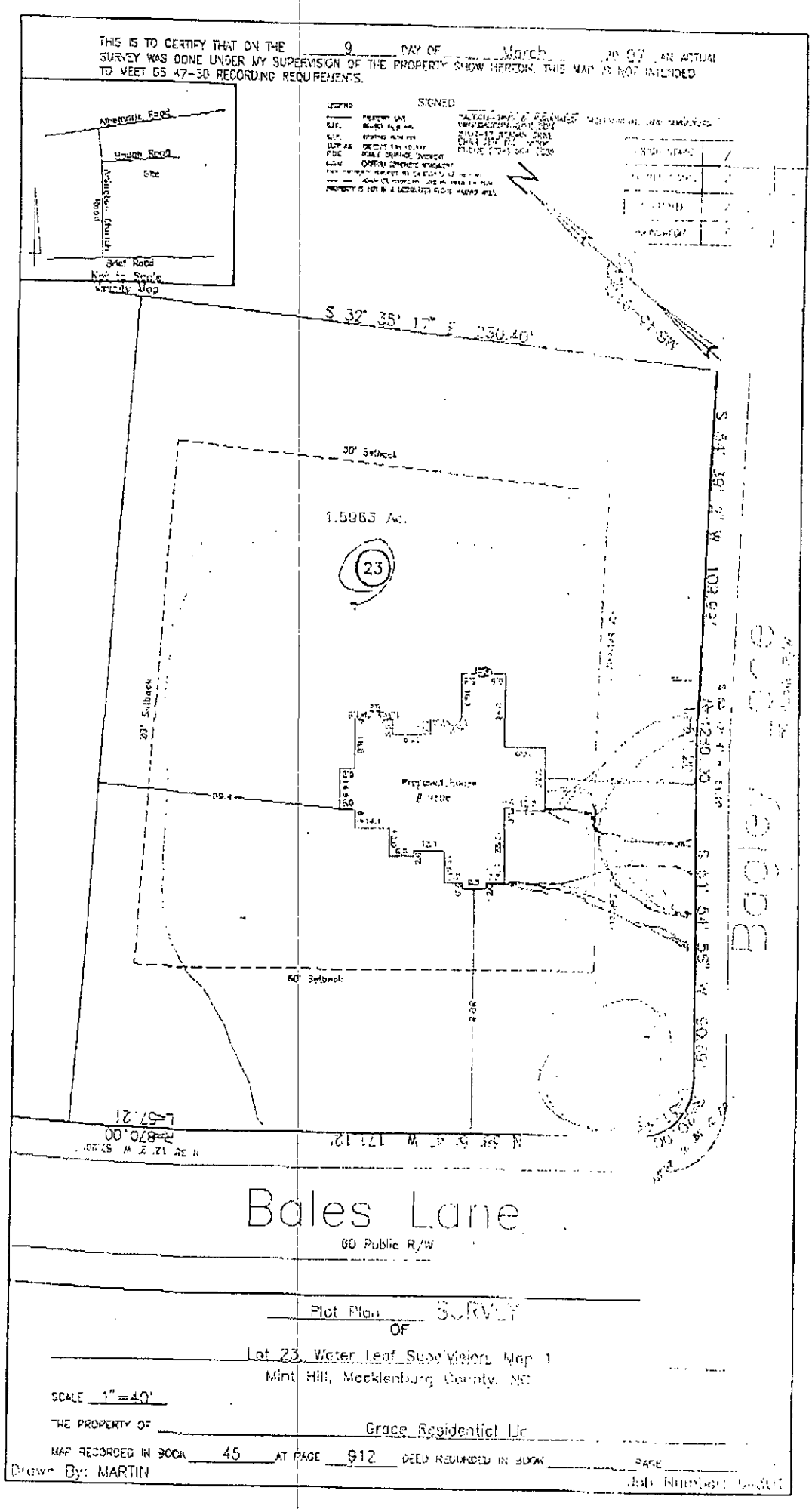
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal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



Owner/Agent Signature David A Reed

Date 3-7-07

GRACE INNOVATIONS


THIS IS TO CERTIFY THAT ON THE 9 DAY OF March 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.
SIGNED
Key to Scale Vicinity Map
Site
Bales Lane
S 32° 35' 17" E 230.40'
30' Setback
1.5963 Ac.
23
20' Setback
60' Setback
Proposed Single Family Residence
S 54° 35' 21" W 103.92'
S 61° 54' 55" W 50.05'
N 35° 5' 4" W 171.12'
R=870.00
L=67.21
Bales Lane
60 Public R/W
Plat Plan SURVEY
OF
Lot 23, Water Leaf Subdivision, Map 1
Mint Hill, Mecklenburg County, NC
SCALE 1" = 40'
THE PROPERTY OF Grace Residential Llc
MAP RECORDED IN BOOK 45 AT PAGE 912 DEED RECORDED IN BOOK PAGE
Drawn By: MARTIN
Job Number:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/13/07
Receipt #: 49596
Check / Auth #: CHARGE
Received By: CRAIGGY

Amount: 400.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X33441
Contractor: GRACE INNOVATIONS LLC
Attn:
Address: 7714 MATTHEWS MINT HILL RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 9608 Bayles Lane		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
452.31					