

18219 ROYAL OAK RD

21720171

1/10/2008

duponbj

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

EHS CS

Reviewer 102

6249 County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.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)(2)	Mineralogy Recorded?	✓									
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	*Are the S/PS Profiles in system & in repair area?*	✓									
	Number of auger borings made:	✓									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	3									
	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 components 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 #: 6624B Permit #: _____ Tax Parcel #: 217-201-71

Property Owner: SUPERIOR CUSTOM HOMES

Job Location Address: 18219 ROYAL OAK RD. (LOT #2)

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 3/26/07 Contractor Name: WT NORWOOD

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: LIBERTY-B20270694-283

Drainfield Installation ☐ N/A

Trench Depth: 480 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 12 inches

Distribution Device: PRESSURE MANIFOLD

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: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

Inspection Dates

Tank(s) Inspected: 3/26/07

Excavation Inspected: 3/26/07

Pump & Controls Inspected: 3/26/07

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED IN ACCORD.
W/ INSTALLATION APPROVAL

CMS
3-26-07

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 b PUMP 25% REDUCTION / EZ FLOW 1203

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

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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 #: 6624B Permit #: _____ Tax Parcel #: 217-201-71

Property Owner: SUPERIOR CUSTOM HOMES

Job Location Address: 18219 ROYAL OAK RD. (LOT #2) 89293

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 3/26/07

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 4/26/07, 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 Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: ~~54~~ @ ~~8000~~ feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: PRESSURE MANIFOLD

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

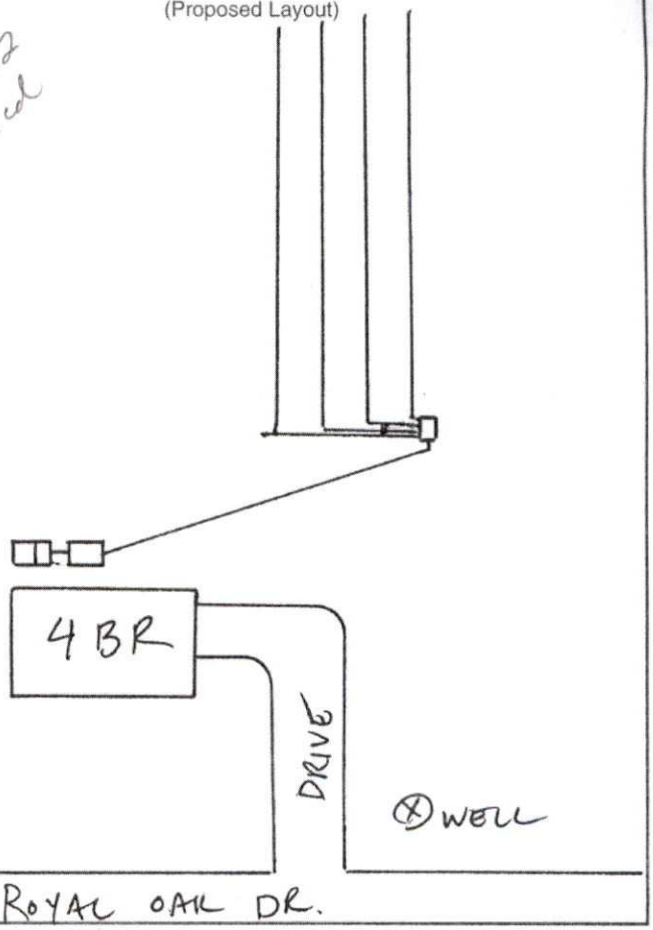
Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

3/27/12 checked



Comments: System Classification & Type: TIIb PUMP 25% REDUCTION

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

Mecklenburg County Groundwater & Wastewater Services
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 #: 6624B Permit #: _____ Tax Parcel #: 217-201-71

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Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 54 @ ~~8000~~ feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: PRESSURE MANIFOLD

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 _____

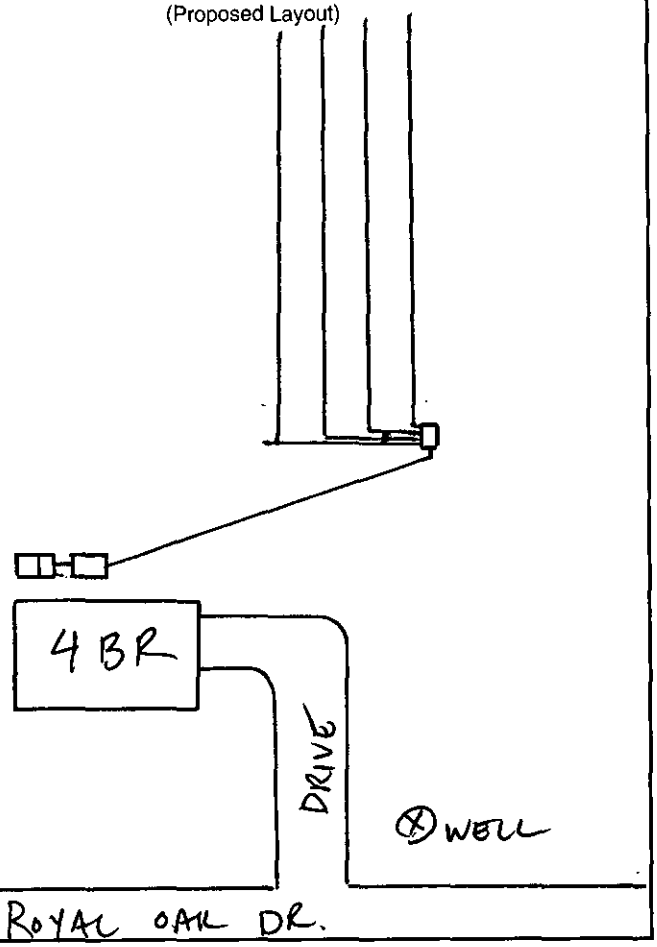
Minimum System Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIb PUMP 25% REDUCTION

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

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 #: **30001065** GWS File #: **6624B** Tax Parcel #: **217-201-71**

- 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):** 7/24/2011

Type of Installation: Residential - New System Lot Number: 2

Structure Type: MODULAR HOME Size (ft^2): 3500 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply:

II. Initial System Type: Pump to Innovative or Experimental **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: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	960	Total Trench Length (ft):	320
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	N/A		

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: Chris Sherrill Owner/Legal Agent: Krissy Mackey

Signature: Chris M Sherrill Signature: Krissy Mackey

Print Name

Date Issued: 7/24/2006

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 #: **30001065** GWS File #: **6624B**

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.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- LANDSCAPE TO DIVERT SURFACE WATER.

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: Chris Sherrill

Signature: Chris Sherrill

Date Issued: 7/24/2006

Owner/Legal Agent: Crissy Mackey
Print Name

Signature: Crissy Mackey

FEE: $240.00
DATE: 8/4/06

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

P# 198632

40

PERMIT NUMBER: 6624B
PARCEL NUMBER: 217-201-71

JOB LOCATION ADDRESS: ROYAL OAK ROAD, LOT 2
PROPERTY OWNER: TIMOTHY HINSON
BUILDING CONTRACTOR: MIKE FAULKNER, SUPERIOR CUSTOM HOMES
SUBDIVISION NAME: ROYAL OAKS, LOT 2
AUTHORIZATION ISSUED BY: CMS DATE: 07/24/06

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 6624B, 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:
   LANDSCAPE TO DIVERT SURFACE WATER

   MUST MEET PRIOR TO INSTALLATION

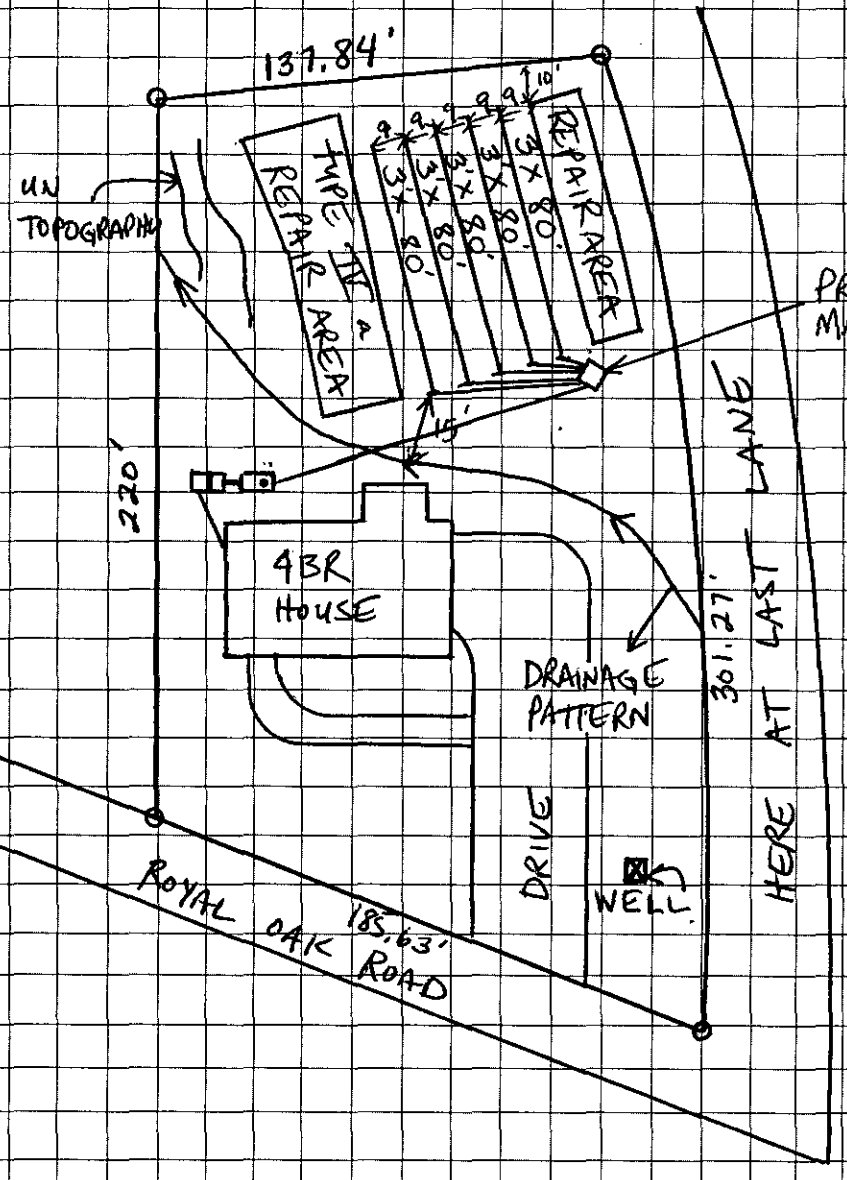
PROPOSED PLOT PLAN

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

FILE: 6624 B

TC: 217-201-71

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.



* SCALE 1" = 60'
- 4 BR RESIDENCE
- 480 gpd
- TYPE III b (PUMP 25% REDUCTION)
- PRESSURE MANIFOLD
- 1500 gal ST
- 1000 gal PT
- TYPE IV a (PRESSURIZED PBPS 50% RED.) REPAIR
- LANDSCAPE TO DIVERT SURFACE WATER
- MUST MAINTAIN MINIMUM 50 FT SETBACK FROM WELL
- MUST MAINTAIN MINIMUM 15 FT SETBACK FROM DRAINAGE PATTERN
- MAINTAIN MINIMUM 10 FT SETBACK FROM PROPERTY LINES

OWNER/AGENT SIGNATURE

DATE 8/9/06

APPROVAL DATE

Christopher M. Shenk 7/24/06

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: 08/09/06
Receipt #: 45463
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X35918
Contractor: FAULKNER MICHAEL J
Attn:
Address: 958 N ANDERSON RD
Address:
City/State/Zip: ROCK HILL, SC 29730

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr ROYAL OAK ROAD LOT 2		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	665.60				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/09/06
Receipt #: 45464
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X35918
Contractor: FAULKNER MICHAEL J
Attn:
Address: 958 N ANDERSON RD
Address:
City/State/Zip: ROCK HILL, SC 29730

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval ROYAL OAK ROAD LOT 2		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	665.60				

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

Sheet: 1 of 3
Property ID: 217-201-71
Lot #: 2
File #: 6624B
1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Timothy Hinson
Applicant: Superior Custom Homes
Address: 305 Native Wood Road, McConnells, SC 29726
Date Evaluated: 7/18/2006
Proposed Facility: Residence
Design Flow (.1949): 480 gpd
Property Size: 0.975a
Location of Site: Royal Oak Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,20	0-10	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	NA	NA	PS,IV
		10-48	SBK/C	FI/S/P/SEXP					.3 GPD/FT^2
2	"	0-2	GR/SCL	FR/SS/SP/SEXP	"	"	"	"	"
		2-20	SBK/C	FI/S/P/SEXP					
		20-48	SBK/SCL	FR/S/P/SEXP					
3	"	0-10	GR/SCL	FR/SS/SP/SEXP	"	"	"	"	"
		10-30	SBK/C	FI/S/P/SEXP					
		30-48	SBK/SCL	FR/S/P/SEXP					
4	"	0-10	GR/SCL	FR/SS/SP/SEXP	"	"	"	"	PS,IV
		10-29	ABK/SBK/C	FI/S/P/SEXP					.25 GPD/FT^2
		29-48	SBK/SCL	FR/S/P/SEXP					
5	"	0-14	GR/SCL	FR/SS/SP/SEXP	"	"	"	"	"
		14-30	ABK/SBK/C	FI/S/P/SEXP					
		30-48	SBK/SCL	FR/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3 GPD/FT^2	.25 GPD/FT^2

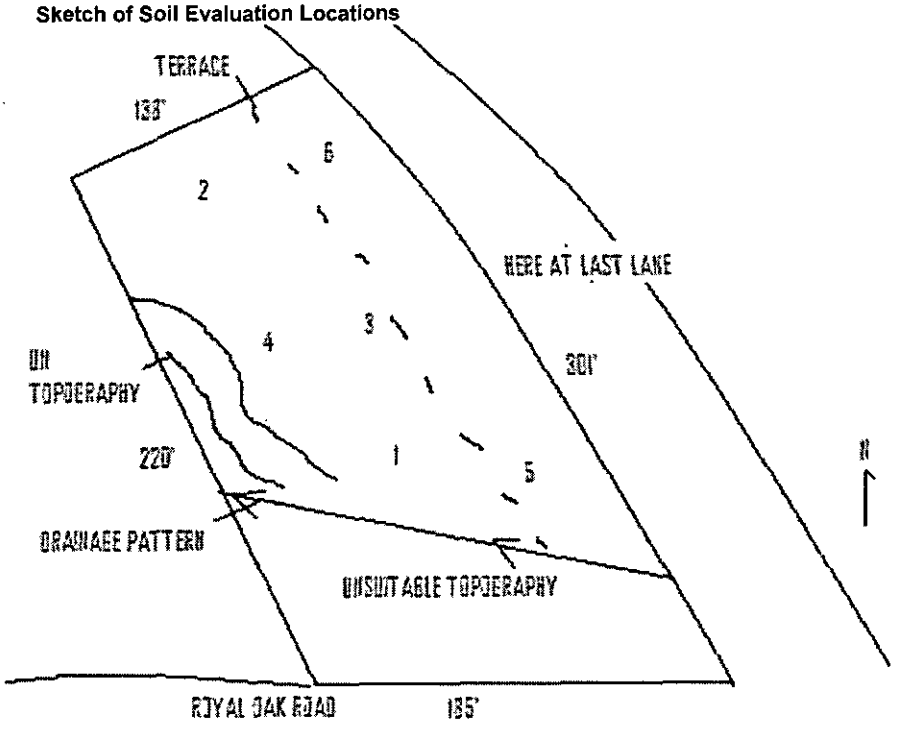
Other Factors (.1946):
Site Classification (.1948): Provisionally Suitable
Evaluated By: Chris Sherrill, RS, LSS 7/20/06
Others Present: Mike Faulkner, Superior Custom Homes

COMMENTS: 100% Repair Area

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

Sheet: 3 OF 3
File #: 6624B

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	
6	LS,20	0-3	GR/SL	VFR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	S	NA	PS,IV
		3-36	ABK/SBK/C	FI/S/P/SEXP					.25 GPD/FT^2
		36-43	SBK/SCL	FR/S/P/SEXP					
		43-48	M/SAP	SL					

r cnt X35918

#1065

GWS – RES. APP 07/05

SEPTIC FEE: 200 cx
DATE: 6/29/06
CRT [ ]
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PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 16624B

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 21720171
STREET ADDRESS: lot 2 Royal Oak Road
CITY: Charlotte NC
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 3500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Timothy Hinson
ADDRESS: 305 Native Wood Rd.
CITY: McConnells
STATE: SC ZIP: 29726
HOME PHONE: 8036283926 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Superior Custom Homes
ADDRESS: 958 N Anderson Rd.
CITY: Rock Hill
STATE: SC ZIP: 29730
HOME PHONE: 803.326.2600 WORK PHONE:
MOBILE PHONE: 803.242.2787 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature 6/29/06 Date

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

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

Owner's/Agent's Signature Date

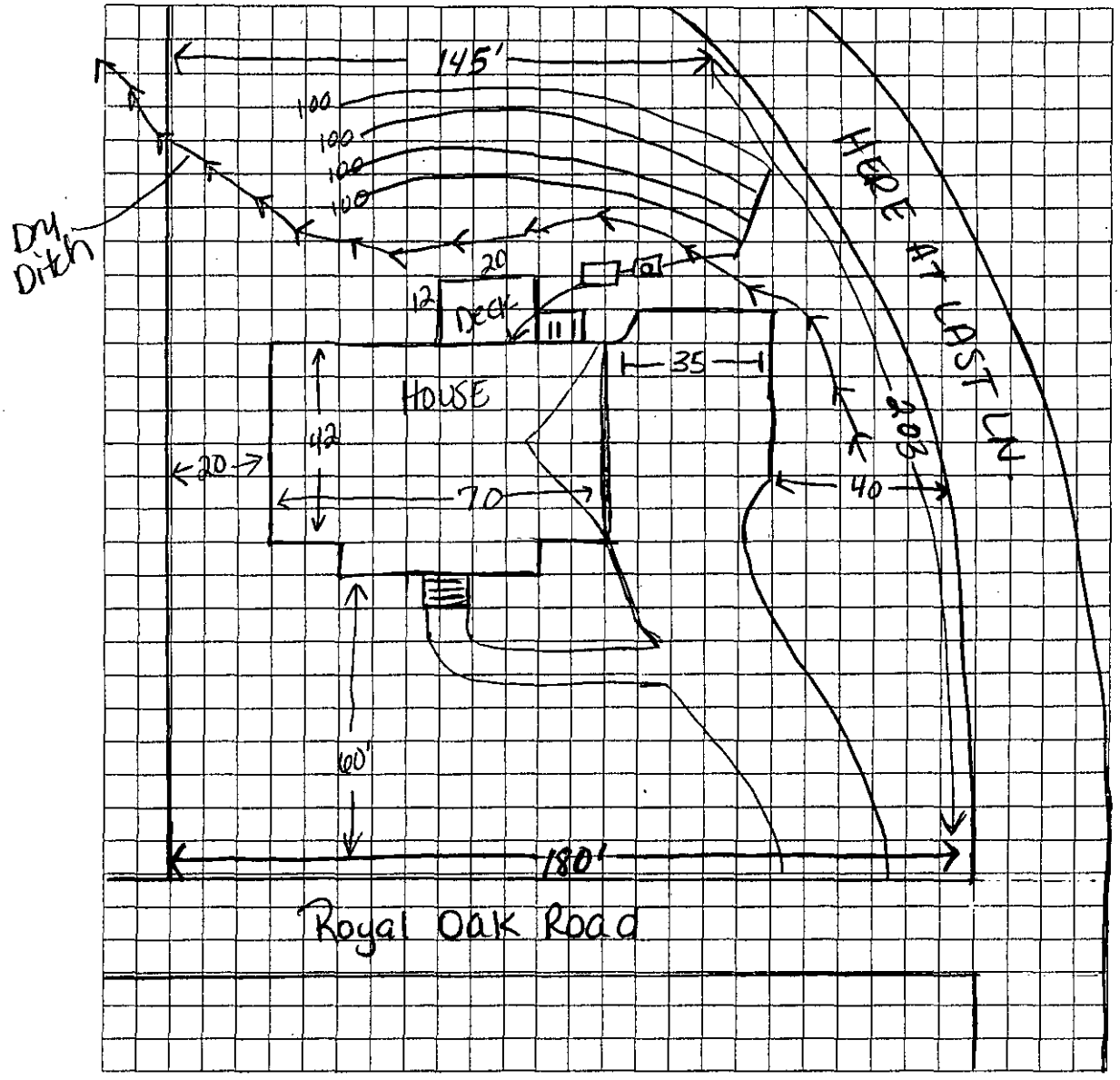
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 # 6624B
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 Michael S Faulk

Date 6/29/04

LBC 12/15/04

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6624B WASPS App #: 1502

Primary ES assigned to project: Joshua R. Sellers

Secondary ES assigned to project: Chris Sherrill

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: 0

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: 0

Comments:

Application received date: 09-27-06 ES assigned date: unk. Permit issued date: 10-03-06

Well approval date: 06-25-07 Number of days to complete project: ≈300

Review performed by: Joshua R. Sellers R.S. Date performed: 06-25-07

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 #: 10001502 **File #:** 6624B **Tax Parcel #:** 217-201-71
Property Owner: Timothy Hinson
Job Location Address: 18219 ROYAL OAK RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 10/3/2006
Use of Well:
Type of Facility Served by Well: Modular home
Sewage System Type: None

***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:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name
Signature:

MARSHALL FEIMSTER
Owner/Legal Agent: Print Name
Signature:

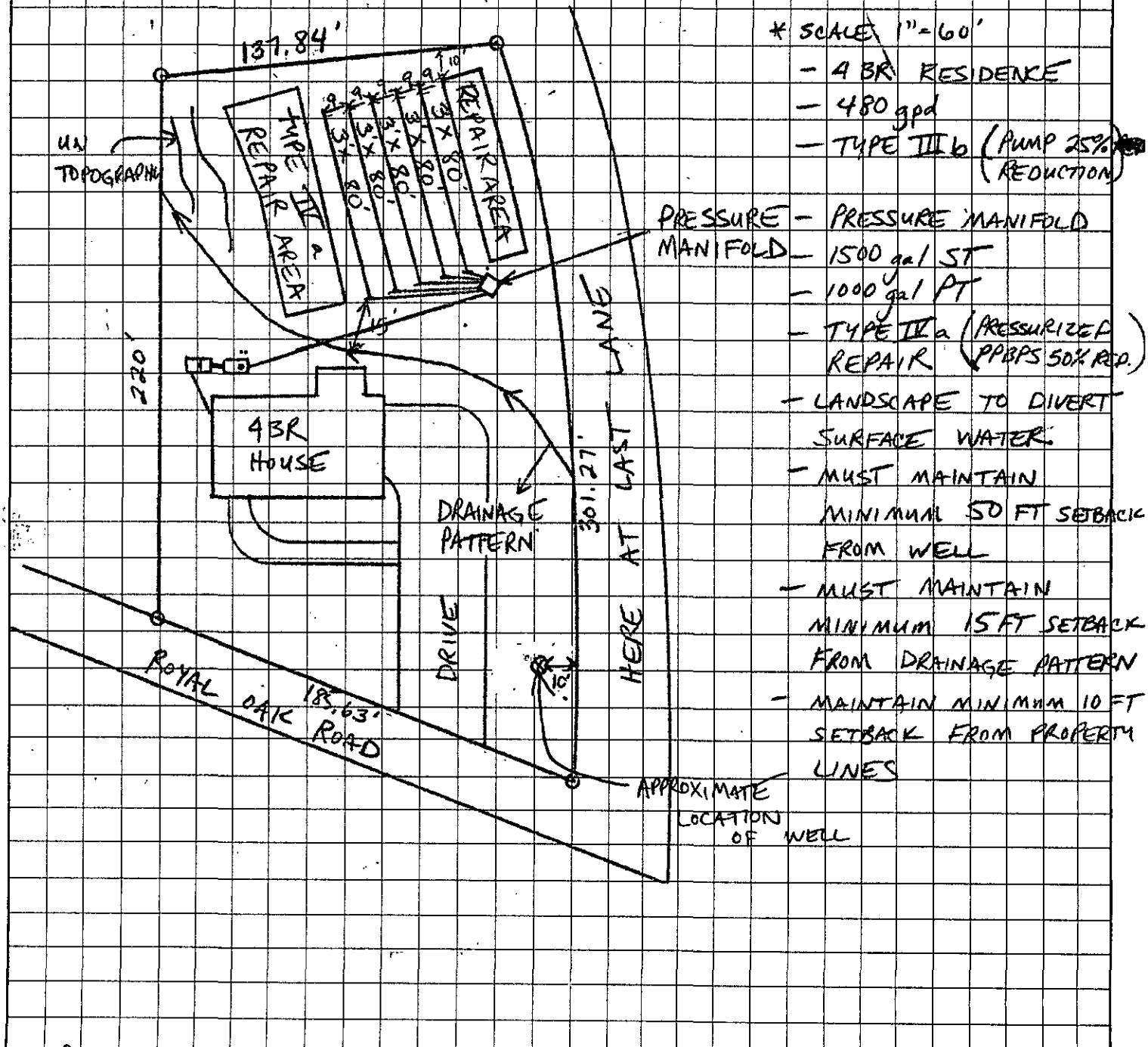
PROPOSED PLOT PLAN

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

FILE: 6624 B

TC: 217-201-71

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.



* SCALE 1" = 60'

- 4 BR RESIDENCE
- 480 gpd
- TYPE III b (PUMP 25% REDUCTION)
- PRESSURE MANIFOLD
- 1500 gal ST
- 1000 gal PT
- TYPE IV a (PRESSURIZED REPAIR PPBPS 50% RED.)
- LANDSCAPE TO DIVERT SURFACE WATER.
- MUST MAINTAIN MINIMUM 50 FT SETBACK FROM WELL
- MUST MAINTAIN MINIMUM 15 FT SETBACK FROM DRAINAGE PATTERN
- MAINTAIN MINIMUM 10 FT SETBACK FROM PROPERTY LINES

OWNER/AGENT SIGNATURE

DATE 8/9/06

APPROVAL DATE

Christopher M Sherrill 7/24/06

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

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 #: 10001502 **File #:** 6624B **Tax Parcel #:** 217-201-71
Property Owner: Timothy Hinson
Job Location Address: 18219 ROYAL OAK RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 10/3/2006
Use of Well:
Type of Facility Served by Well: Modular home
Sewage System Type: None

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:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name
Signature:

MARSHALL FEIMSTER
Owner/Legal Agent: Print Name
Signature:

TOTAL P.03

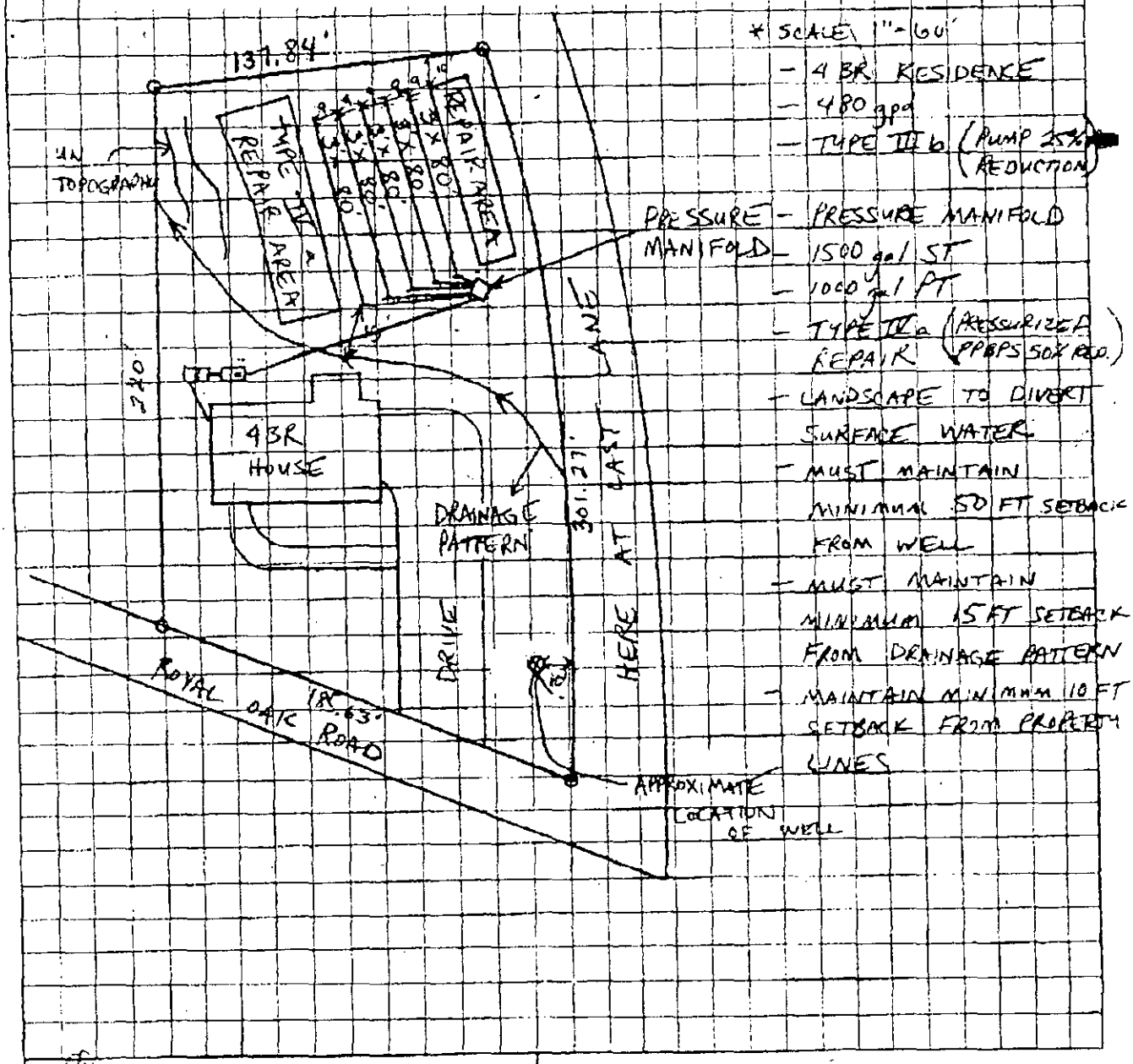
PROPOSED PLOT PLAN

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

FILE: 6624 B

TC: 217-201-71

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.

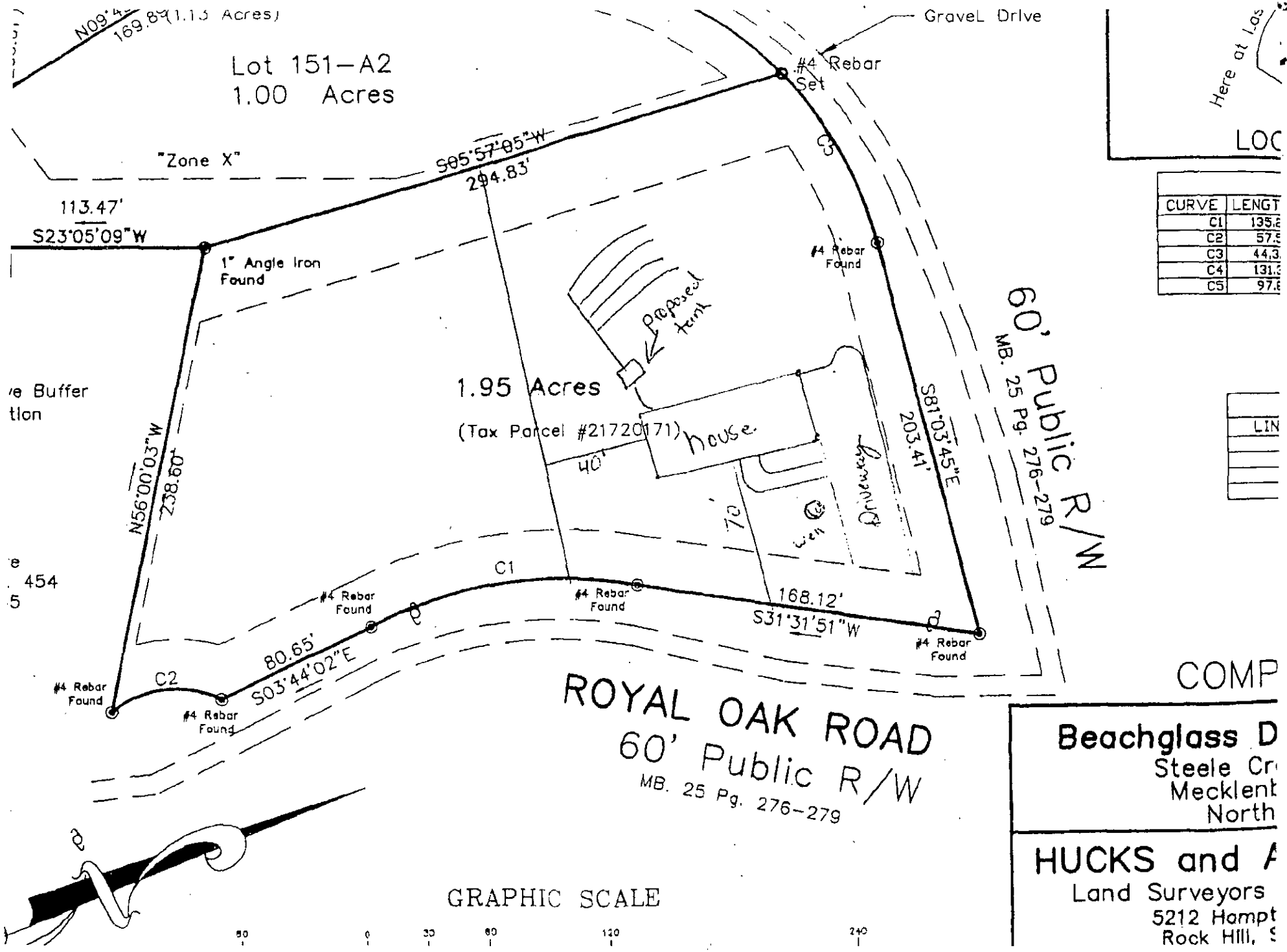


OWNER/AGENT SIGNATURE

DATE 8/9/06

APPROVAL DATE 7/24/06

704 336 6994 P.03-03
OCT 03 2006 11:19 MECKLENBURG CO EHS



CURVE	LENGT
C1	135.2
C2	57.5
C3	44.3
C4	131.3
C5	97.8

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LOC

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COMP

Beachglass D
Steele Cr
Mecklent
North

HUCKS and A
Land Surveyors
5212 Hampt
Rock Hill, S

Oct. 03 06 12:06p Superior Custom Homes 803-324-2606 P.4

1502

CK# 13798 DATE RES. APP 07/05

SEPTIC FEE:
DATE:
CRT [ ]

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

FILE # 10624B

WELL FEE: 400.00
DATE: 9/28/06
CRT [ ] SC

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 217-201-71
STREET ADDRESS: 18219 Royal Oak Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 2
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 3500
NUMBER OF BEDROOMS: 3 4
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING Future
☐ CRAWLSPACE ☒ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	DESIGNATED WETLANDS	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO

PROPERTY OWNER:

NAME: Timothy Hinson
ADDRESS: 305 NativeWood Rd
CITY: McConnells
STATE: SC ZIP: 29726
HOME PHONE: 803 628 WORK PHONE:
MOBILE PHONE: 3926 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Superior Custom Homes
ADDRESS: 958 N Anderson Road
CITY: Rock Hill
STATE: SC ZIP: 29730
HOME PHONE: 803-328-2600 WORK PHONE:
MOBILE PHONE: 803-242-2157 FAX:

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

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

Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature 9/27/06 Date

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

A753

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2236

1. WELL CONTRACTOR:
Thomas W Rodden
Well Contractor (Individual) Name
James Drilling Well Drilling, LLC.
Well Contractor Company Name
STREET ADDRESS 2512 Zinker Road
Rock Hill SC 29732
City or Town State Zip Code
803) 329-3424
Area code Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 1000 1502
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable box): Residential Water Supply ☐
DATE DRILLED 2/21/07
TIME COMPLETED 4:45 AM ☐ PM ☐

3. WELL LOCATION:
CITY Charlotte COUNTY Mecklenburg
18219 Royal Oak Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☒ Ridge ☐ Other
(check appropriate box)
LATITUDE 3
LONGITUDE
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 Timothy Hinson
STREET ADDRESS 18219 Royal Oak Rd.
Charlotte NC 28276
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 205
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
c. WATER LEVEL Below Top of Casing: 60 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated after below land surface may require a variance in accordance with 15A NCAC 2C .0118
e. YIELD (gpm) 10 METHOD OF TEST

f. DISINFECTION: Type H+H Amount
g. WATER ZONES (depth)
From 70 To 72 From 80 To 85
From 100 To 106 From To
From To From To

6. CASING:

From	To	Depth Ft	Diameter	Thickness/ Weight	Material
0	67		6	4 wall	PVC

7. GROUT:

From	To	Depth Ft	Material	Method
0	20		portland	poured

8. SCREEN:

From	To	Depth Ft	Diameter in	Slot Size in	Material

9. SAND/GRAVEL PACK:

From	To	Depth Ft	Size	Material

10. DRILLING LOG

From	To	Formation Description
0	18	dirt
18	60	sand
60	205	rock

11. REMARKS:

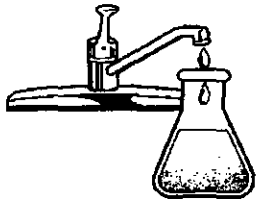
I (WE) HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Thomas W Rodden 2/21/07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Thomas W Rodden
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-1a
Rev. 7/09



K & W Laboratories

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

Date: 05/29/07

Client: Joshua R Sellers
Mecklenburg Cty Health Dept
700 N Tryon St.
Ste. 211
Charlotte, NC 28202

Project: 18219 Royal Oak Dr.

Sample Description: Drinking Water
Sample Number: E6576
Sample Date: 05/24/07
Sample Time: 14:00

Date Analysis Begun:	05/25/07	Time Analysis Begun:	16:00
Date Analysis Completed:	05/26/07	Time Analysis Completed:	17:00

Parameter	Results	Method
Total Coliform	**Present**	Colilert
Fecal Coliform	***Absent***	*Colilert*

Parameter	Results	Units	Method	Date Analyzed
Nitrate	**<1**	mg/l	SM4500-NO3-D	05/25/07
Nitrite	**<0.05**	mg/l	SM4500-NO2-B	05/25/07

EPA Maximum Contaminant Level
Nitrate 10 *mg/l*
Nitrite 1.0 mg/l

Certified By: *G. Krajska*

NC Certification: 37767
SC Certification: 99051

704-201-8083

K & W Laboratories

9331-B Albemarle Rd. Charlotte, NC 28227
Tel. (704) 569-1800
Fax (704) 569-0055

CHAIN OF CUSTODY RECORD

Client / Inspector: Joshua R. Sellers
Address: 700 N. Tryon St
Charlotte NC 28202
Phone: (704) 336-5569
Fax: (704) 336-6854

Project Name: 18219 Royal Oak Dr.
(Location Site)

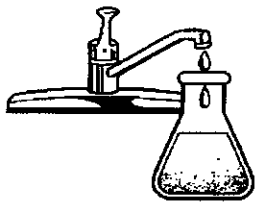
Report To: Joshua R. Sellers
Copy To:
Fax To: (704) 336-6854

Sampled By: Joshua R. Sellers R.S.

Item No.	Sample Description/ Location	Collected Date	Collected Time	Number of Containers	Preservatives: Unpreserved	Na2S2O3	H2SO4	HNO3		Analysis Requested: Total Coliform	Nitrate	Nitrite	Lead				Lab Log #
1	18219 Royal Oak Dr.	05-24-07	2:00	1	✓						✓	✓					E46576
2	" " "	05-24-07	2:00	1		✓				✓							P/A
																16:00	/17:00

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Joshua R. Sellers R.S.	05-25-07	12:00?	[illegible] Kraska	05/25/07	12:00 PM
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

Temp:
On Ice: Y / N



K & W Laboratories

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

Date: 06/12/07

Client: Mecklenburg Cty Health Dept.
Joshua R. Sellers
700 N. Tryon St.
Charlotte, NC 28202

Project: 18219 Royal Oak Dr

Sample Description:	Drinking Water		
Date Collected:	06/08/07	at	10:00
Date/Time analysis begun:	06/08/07	at	16:30
Date/Time analysis completed:	06/09/07	at	17:00

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

Lab Log #: E6795

Certified By: G. Kraska

NC Certification: 37767
SC Certification: 99051

K & W Laboratories

9331-B Albemarle Rd. Charlotte, NC 28227

Tel. (704) 569-1800
Fax (704) 569-0055

CHAIN OF CUSTODY RECORD

Client / Inspector: Joshua R. Sellers
Address: 700 N. Tryon St.
Charlotte NC 28202
Phone: (704) 336-5569
Fax: (704) 336-6844

Project Name: 18219 Royal Oak Dr.
(Location Site)

Report To: Joshua R. Sellers

Copy To:
Fax To: (704) 336-6844

Sampled By: Joshua R. Sellers

Item No.	Sample Description/ Location	Collected Date	Collected Time	Number of Containers	Preservatives: Unpreserved	Na2S2O3	H2SO4	HNO3		Analysis Requested: Total Coliform	Nitrate	Nitrite	Lead				Lab Log #
1	18219 Royal Oak Dr.	06-08-07	10:00A.	1		✓				✓							E6795
																	A 1630/1700

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Joshua R. Sellers R.S.	06-08-07	12:00 P.M.		06/08/07	12:00
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

Temp:

On Ice: Y / N

1502

CK 19798 RES. APP 07/05

SEPTIC FEE:
DATE:
CRT [ ]

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

FILE # 16624B

WELL FEE: 400.00
DATE: 9/28/06
CRT [ ] SC

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 217-201-71
STREET ADDRESS: 18219 Royal Oak Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 2
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 3500
NUMBER OF BEDROOMS: 3 4
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING Future
☐ CRAWLSPACE ☒ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Timothy Hinson
ADDRESS: 305 Nativewood Rd
CITY: McConnells
STATE: SC ZIP: 29726
HOME PHONE: 803 628 WORK PHONE:
MOBILE PHONE: 3926 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Superior Custom Homes
ADDRESS: 958 N Anderson Road
CITY: Rock Hill
STATE: SC ZIP: 29730
HOME PHONE: 803-328-2600 WORK PHONE:
MOBILE PHONE: 803-242-2787 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature 9/27/06 Date

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

0753

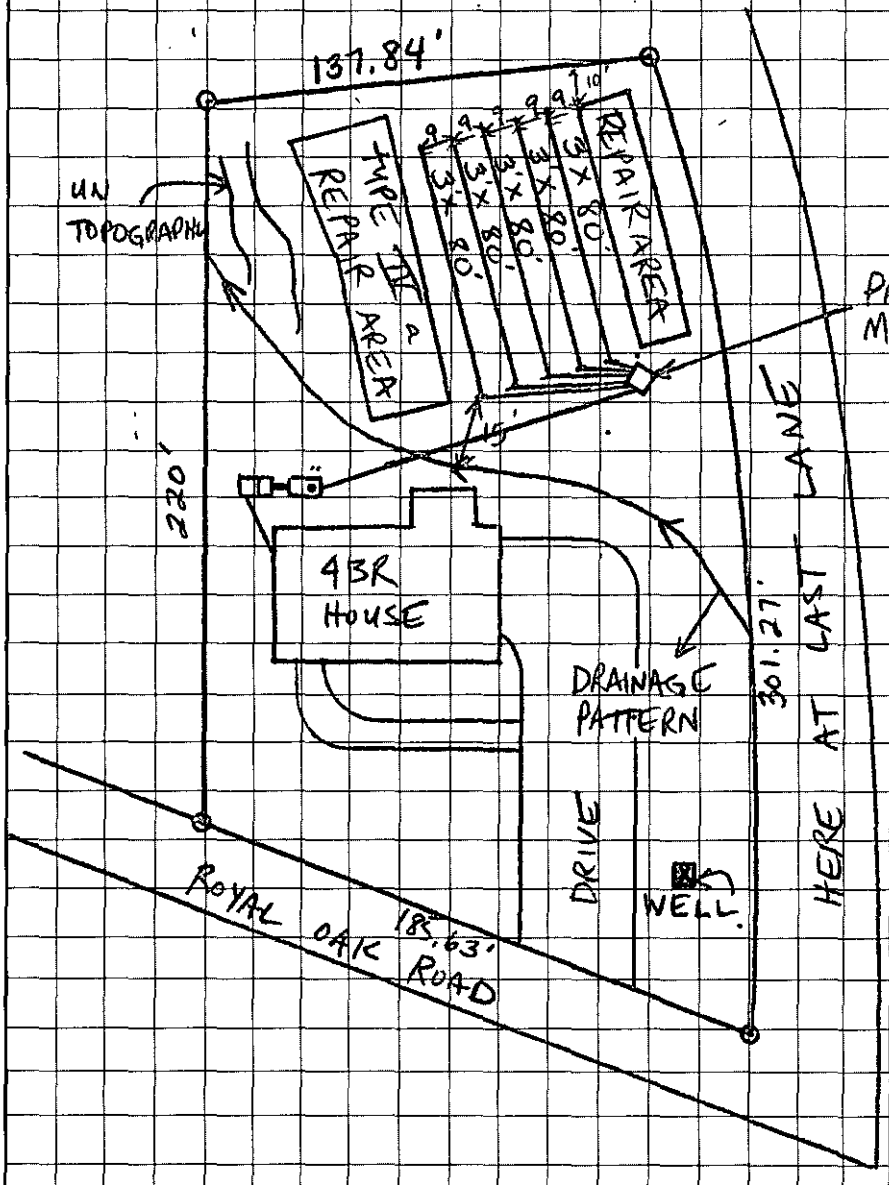
PROPOSED PLOT PLAN

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

FILE: 6624 B

TC: 217-201-71

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.



* SCALE 1" = 60'
- 4 BR RESIDENCE
- 480 gpd
- TYPE III b (PUMP 25% REDUCTION)

PRESSURE MANIFOLD
- PRESSURE MANIFOLD
- 1500 gal ST
- 1000 gal PT
- TYPE III a (PRESSURIZED REPAIR PPBPS 50% RED.)
- LANDSCAPE TO DIVERT SURFACE WATER.
- MUST MAINTAIN MINIMUM 50 FT SETBACK FROM WELL
- MUST MAINTAIN MINIMUM 15 FT SETBACK FROM DRAINAGE PATTERN
- MAINTAIN MINIMUM 10 FT SETBACK FROM PROPERTY LINES

OWNER/AGENT SIGNATURE

DATE 8/9/06

APPROVAL DATE

Christopher M Shemwell 7/24/06

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

TOTAL P.03

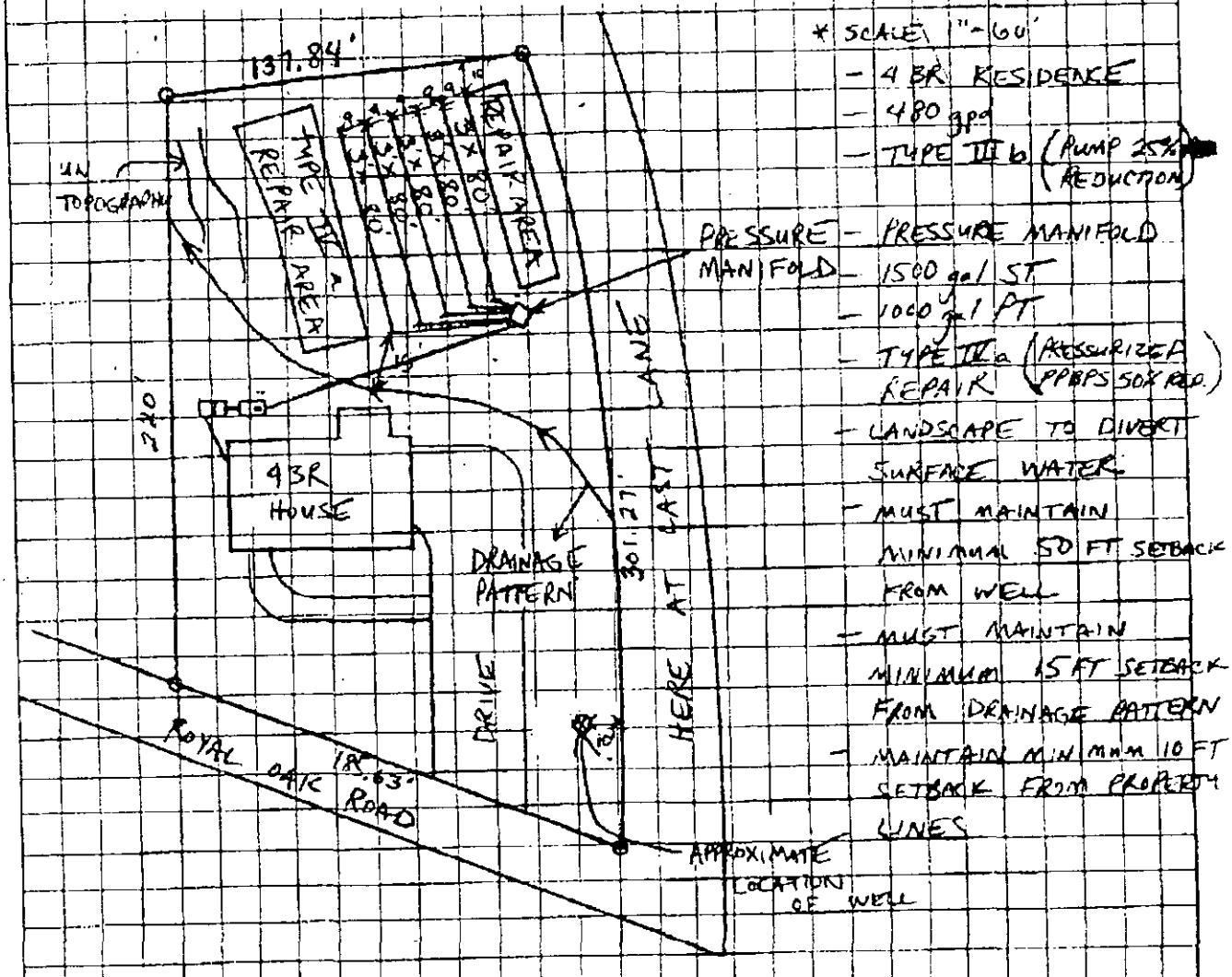
PROPOSED PLOT PLAN

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

FILE: 6624 B

TC: 217-201-71

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.



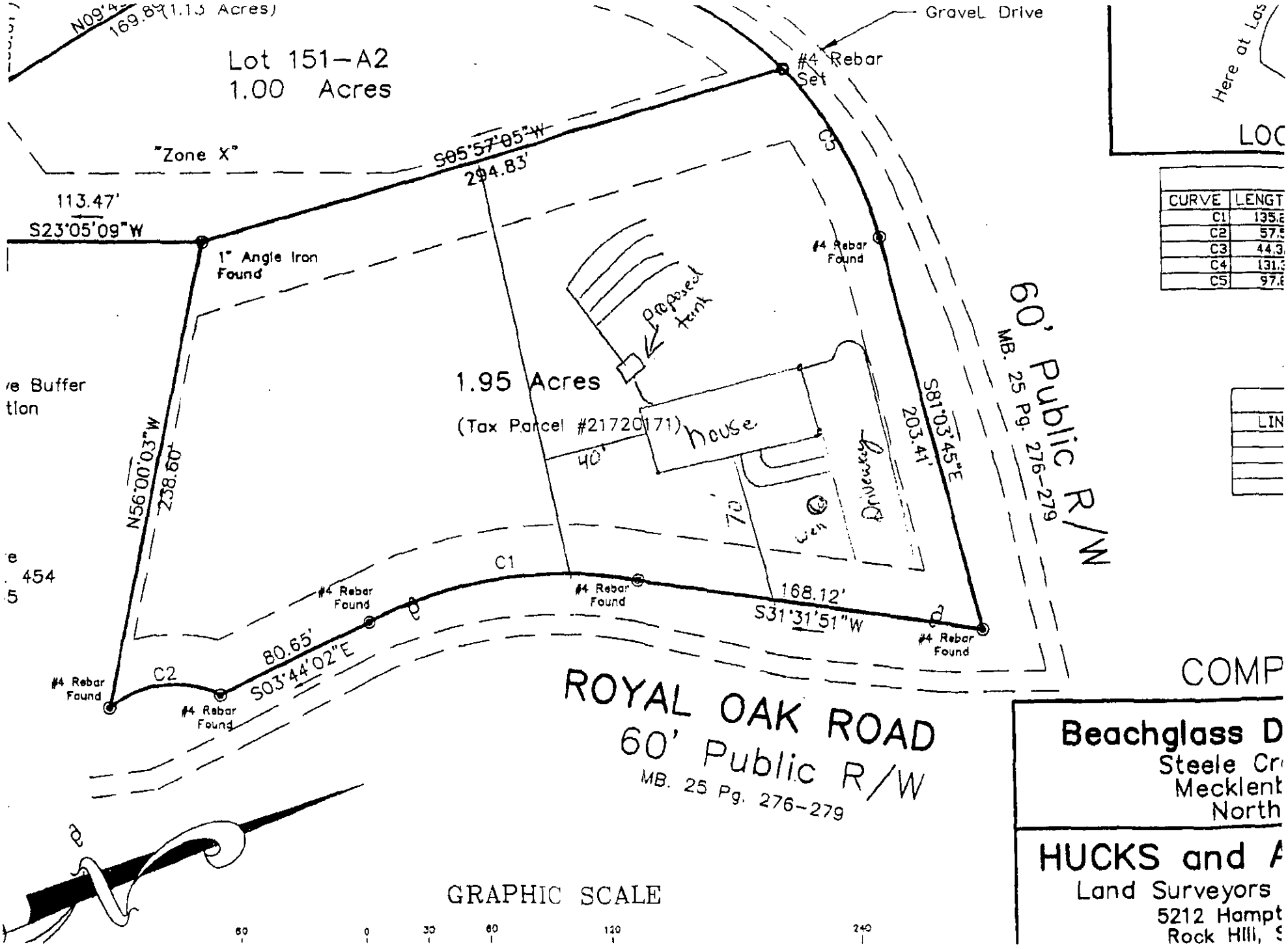
* SCALE 1"=60'
- 4 BR RESIDENCE
- 480 gpd
- TYPE III b (PUMP 25% REDUCTION)
- PRESSURE MANIFOLD
- 1500 gal ST
- 1000 gal PT
- TYPE IV a (PRESSURIZED PRBPS 50% RED.)
- LANDSCAPE TO DIVERT SURFACE WATER
- MUST MAINTAIN MINIMAL 50 FT SETBACK FROM WELL
- MUST MAINTAIN MINIMUM 15 FT SETBACK FROM DRAINAGE PATTERN
- MAINTAIN MINIMUM 10 FT SETBACK FROM PROPERTY LINES

OWNER/AGENT SIGNATURE

DATE 8/9/06

APPROVAL DATE 7/24/06

704 336 6994 P.03/03
MECKLENBURG CO GIS OCT-03 2006 11:19



CURVE	LENGT
C1	135.2
C2	57.2
C3	44.3
C4	131.3
C5	97.2

Here at Las

LOC

LIN

Oct 03 06 12:06p Superior Custom Homes 803-324-2606 P.4

COMP

Beachglass D
Steele Cr
Mecklent
North

HUCKS and A
Land Surveyors
5212 Hampt
Rock Hill, S

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

February 1, 2017

Mark Boehler
18219 Royal Oak Rd.
Charlotte, NC 28278

Dear Mr. Boehler,

Re: Septic System Inspection

Please find the enclosed report for the septic system inspection conducted at 18219 Royal Oak Rd. on January 30, 2017. If you have any questions regarding the report please contact me at 704-201-7983.

Sincerely,

Bradley W Hallman, REHS
Environmental Health Specialist

Enclosures (2):

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Boehler	6624B
Health Department	**Name of Establishment**	**Permit/Project No.**
18219 Royal Oak Dr	SFR	480 gpd
Location	**Type of Establishment**	**Design Flow**
Mark Boehler	18219 Royal Oak Rd	UNK
Owner/Agent	**Address**	**Phone**
NA	Charlotte, NC 28278	UNK
Operator	**Address**	**Phone**
IIIb	1/30/2017	2022
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	Test switch not functioning
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

System functioning properly at time of inspection. Noted: Test switch for audible alarm and light not working. Alarm/light did function when float lifted.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

No maintenance required

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 2/1/2017

SIGNED: _____ AGENT

Division of Environmental Health

Printed Name: Bradley W Hallman

Phone #: 704-201-7983

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	BOEHLER PROPERTY **Name of Establishment**	6624B **Permit/Project No.**
18219 ROYAL OAK RD **Location**	RESIDENCE **Type of Establishment**	480 **Design Flow**
MARK AND LISA BOEHLER **Owner/Agent**	18219 ROYAL OAK RD **Address**	**Phone**
	CHARLOTTE NC 28278	
Operator	**Address**	**Phone**
IIIb **System Type**	3/27/12 **Date of Inspection**	3/27/17 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☐	☐	INACCESSIBLE
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☐	☒	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☐	INACCESSIBLE
b. High-water alarm present and operating properly?	☐	☐	☐	"
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☐	"
d. Control panel enclosure/components in good condition?	☐	☐	☐	"
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 3/27/12

SIGNED: Philo Walker REHS AGENT

Division of Environmental Health

Printed Name: PHILO WALKER REHS

Phone #: 704-336-5570



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
21720187	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
BOEHLER MARK	18219 ROYAL OAK RD	CHARLOTTE NC 28278
BOEHLER LISA C	18219 ROYAL OAK RD	CHARLOTTE NC 28278

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
TR-2 M46-219	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	0.98

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
248800	88000	2200	339000				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
May 21 2008	320000	640.00000	GOV'T/ BANK	IMP	23774 - 235	SPEC WARRNTY	23774-235	COUNTRYWIDE HOME LOA
Apr 11 2008	410000	820.00000	FORECLOSURE	IMP	23621 - 122	TRUSTEE DEED	23621-122	HINSON,TIMOTHY M
Jul 20 2006	60000	120.00000		IMP	20771 - 118	WARRANTY D	20771-118	SMITH,RUSSELL F
Jul 20 2006			LESS $3000	IMP	20771 - 113	WARRANTY D	20771-113	FRANKLIN/JAMES DEVEL
May 23 2006		750.00000		IMP	20472 - 54	MULT LISTING	20472-54	BEACHGLASS DEVELOPME

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	1.00	AC	V705	88000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	2006	ROYAL OAK RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	6034	3696	CRAWL SPACE	ALUM,VINYL -	AVERAGE 03	248800

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP2	AC-CENTRAL		5	3		

Sub Areas

Bldg	Description	Size
1	UPPER STORY - FINISHED	1513
1	BASE (FIRST FLOOR)	2183
1	PORCH - OPEN - FINISHED	155
1	GARAGE - UNFINISHED	851
1	BASEMENT - UNFINISHED	1332

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 5.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2006	DECK	1	12x16	2200

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	339000	0
Jun 1 2009	2009	New Improvement	298800	0
Apr 27 2007	2007	Bldg/Addn/Remod/Partially Completed	69500	0
Apr 27 2007	2007	Building Partially Complete	69500	0