add'l site visit $100 off site
C C app 04599C 10/1/09

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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

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

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

3. JOB LOCATION INFORMATION: Septic lot Test
TAX PARCEL NUMBER: 00717112 007-171-47
STREET ADDRESS: 14707 June Washam 315 Saddle Creek CT
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: 1 septic lot LOT SIZE (acres): .36
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☑ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE: 5800
NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASEMENT WITHOUT PLUMBING

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

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

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED)
☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER
8A. RANK: 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 (SEPTIC) SYSTEMS	☐ YES ☑ NO	JURISDICTIONAL WETLANDS	☐ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☑ NO
WASTE STORAGE	☐ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☑ NO

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

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

12. PROPERTY OWNER:
NAME: David & Tracie Hoagland
ADDRESS: 11850 Hidden Forest LN
CITY: DAVIDSON
STATE: NC ZIP: 28036
HOME PHONE: 704-408-6794
WORK PHONE: 704-374-4809
MOBILE PHONE:
FAX:

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

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

_____ 10/1/09

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 100 add'l site rc DATE FEE RECEIVED: 10/1/09

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

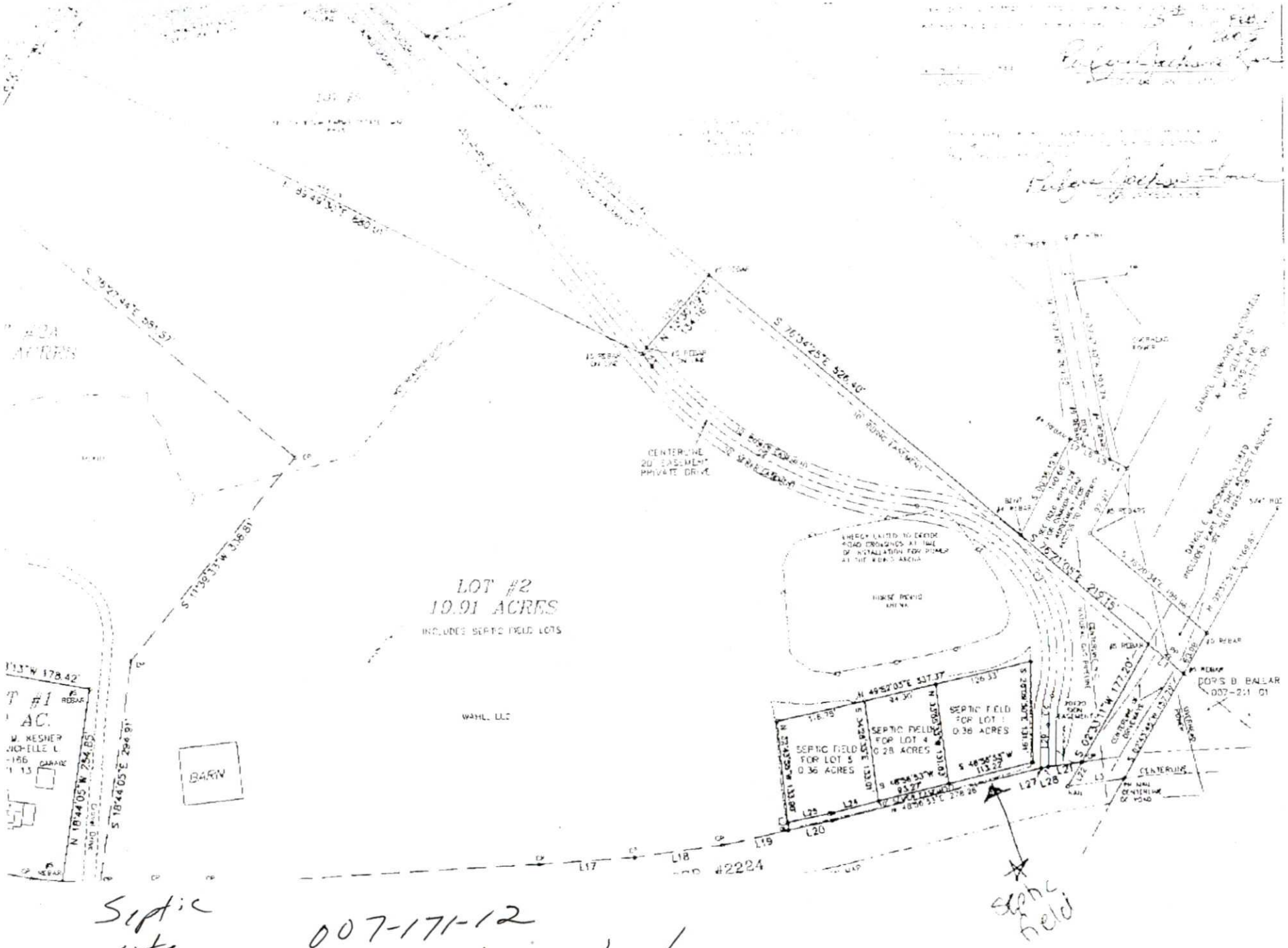
APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS: Applicant wants to meet on site with their builder when site visit is made

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202 OFFICE: 704-336-5100 FAX: 704-336-5684

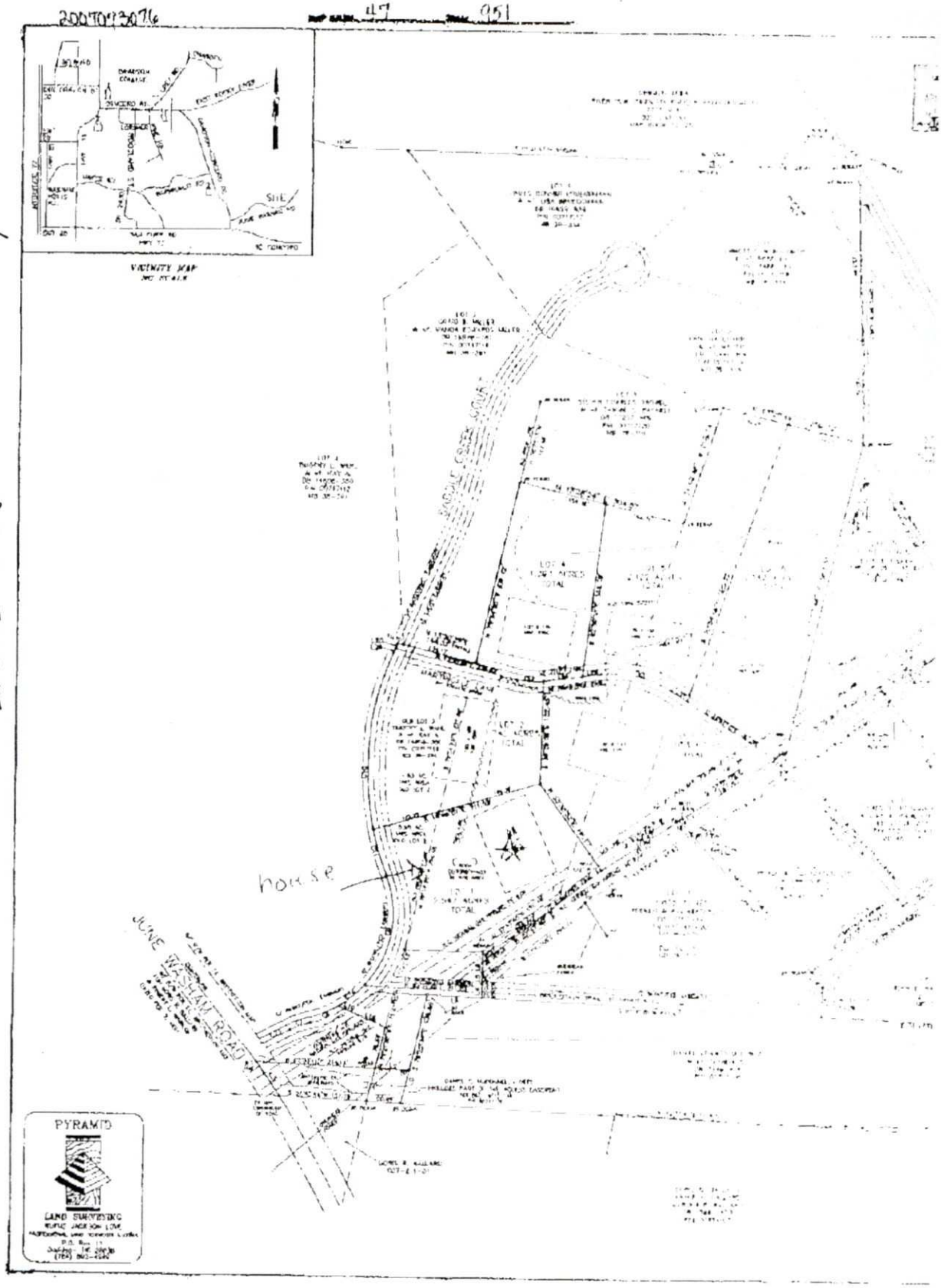


Septic site

007-171-12
14707 Jane Wash Lane

Oct.01.2009 01:50 PM

200709230716



House Site
315 Sadlle Creek Ct
007-171-47

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

Sheet: 1 of 2
Property ID: 717112
Lot #: 1
File #: 7338B
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: David and Tracey Hoagland
Applicant: Tracey Hoagland
Address: 11850 Hidden Forest Ln Davidson NC 28036
Date Evaluated: 10/06/2009
Proposed Facility: residence
Design Flow (.1949): 720gpd
Property Size: 0
Location of Site: 14707 June Washam Rd Davidson NC
Property Recorded:
Water Supply: [x] Public [ ] 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	L.S	0-11	GR/L	FR,SS,SP,SXP	>51" to soil wetness	>51	N/A	NONE	P.S IV
	5	11-24	GR/CL	FR-FI,SS,SP,SXP					.3GPD/FT2
		24-36	SBK/C	FI,S,P,SXP					
		36-51	SBK/CL	FI-FR,SS,P,SXP					
2	"	0-2	GR/L	FR,SS,SP,SXP	>48" TO SOIL WETNESS	48	"	"	"
		2-25	SBK/C	FI,S,P,SXP					
		25-48	SBK/CL	FI-FR,SS,P,SXP					
3	"	0-3	GR/L	FR,SS,SP,SXP	>48" TO SOIL WETNESS	"	"	"	"
		3-21	SBK/C	FI,S,P,SXP					
		21-48	SBK/CL	FI-FR,SS,P,SXP					
4	"	0-31	GR/CL	FR,SS,SP,SXP	>49" TO SOIL WETNESS	49	"	"	"
		31-49	SBK/C	FI,S,P,SXP					
5	"	0-3	GR/L	FR,SS,SP,SXP	>48" TO SOIL WETNESS	48	"	"	"
		3-12	SBK/CL	FR-FI,SS,SP,SXP					
		12-34	SBK/C	FI,S,P,SXP					
		34-48	SBK/CL	FI-FR,SS,P,SXP					
					Site LTAR .3GPD/Ft2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR	.3GPD	.3GPD

Other Factors (.1946):
Soil Evaluation By: Jason Jackson
Others Present: Bill Marlin, Jeremy Michelone, Philo Walker
Site Classification (.1948): PROVISIONALLY SUITABLE
Site Evaluation By:
Others Present:

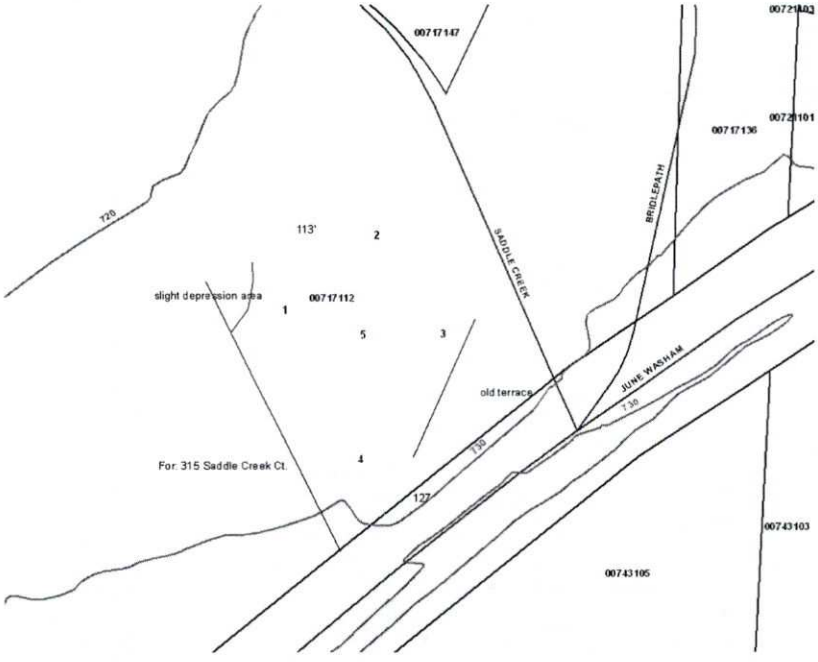
COMMENTS: FILE #:

100% Repair Area Required
For 315 Saddle Creek Ct lot

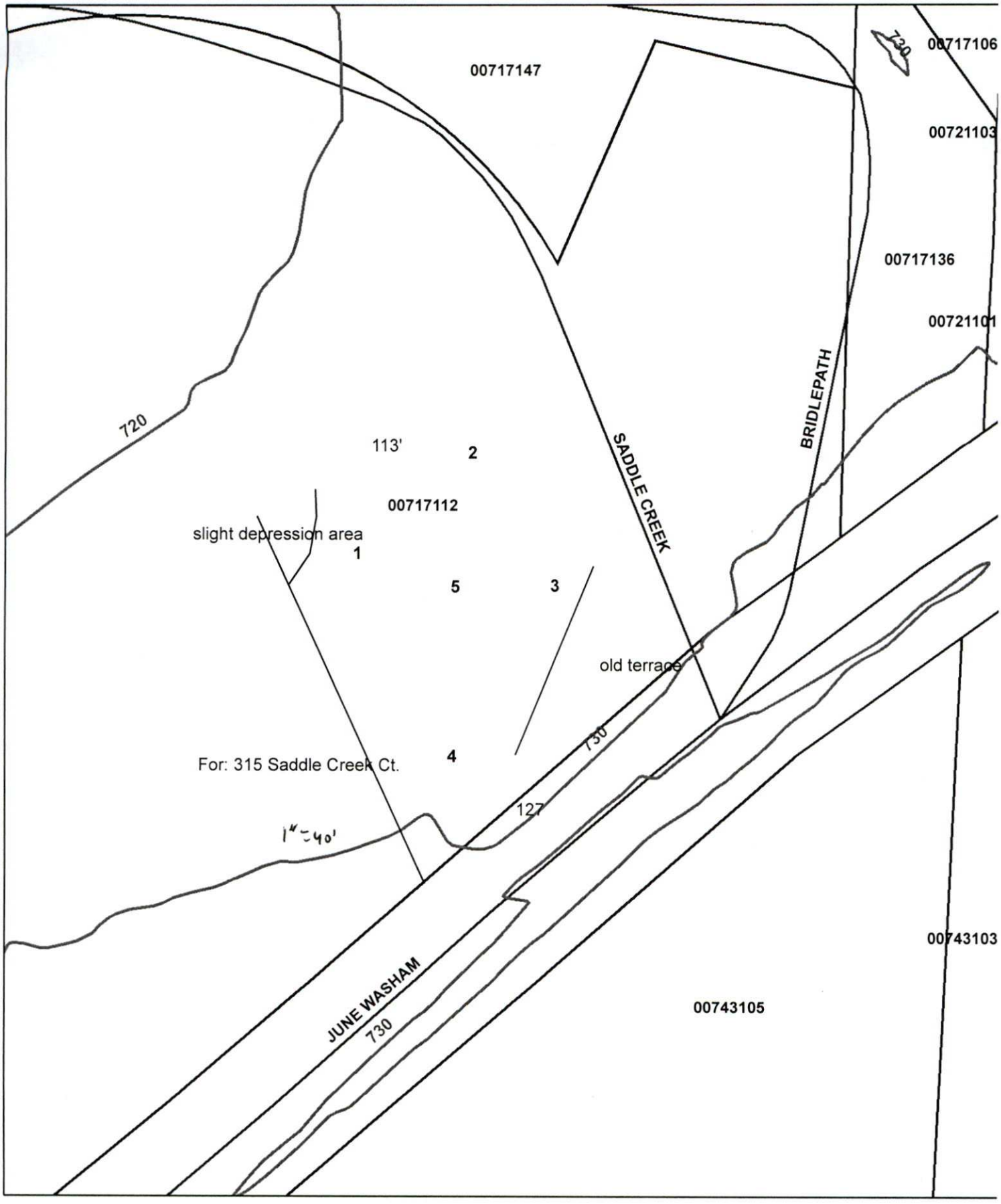
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
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



SOIL EVALUATION LOCATIONS FOR
14707 June Washam Rd
APPLICATION



Map Created By: J. Jackson
Map Created On: 10/6/09

0 25 50 100 Feet

ATTN: JASON JACKSON
704 336-6894

add'l info 9/10 pd 9/10/09

RETEST

73380

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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

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

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 007-171-47
STREET ADDRESS: 315 SADDLE CREEK CT.
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION NAME: DAVIDSON FARM
LOT #: 1 LOT SIZE (acres): 1.3 AC.
TOWNSHIP: DAVIDSON ETJ

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

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 5800
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

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

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

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

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

8A. RANK: 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 (SEPTIC) SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES ☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☒ NO
WASTE STORAGE	☐ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☒ NO

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

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

12. PROPERTY OWNER:

NAME: DAVID & TRACIE HOAGLAND
ADDRESS 11850 HIDDEN FOREST LN
CITY: DAVIDSON,
STATE: NC ZIP: 28036
HOME PHONE: 704 787-8400
WORK PHONE: 704 374-4809
MOBILE PHONE: 704 408-6793
FAX: 704 383-6205

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

0702

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

DJH (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

Property Owner's or Owner's Legal Representative Signature

9/9/09
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 100 app 00580C DATE FEE RECEIVED: 9/10/09

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 73388

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

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

Sheet: 1 of 2
Property ID: 007-17-147
Lot #: 1
File #: 7338B
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: David and Tracie Hoagland
Applicant: Tracie Hoagland
Address: 11850 Hidden Forest Ln Davidson NC
Date Evaluated: 09/10/2009
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 3a
Location of Site: 315 Saddle Creek Ct. Davidson NC
Property Recorded:
Water Supply: [x] Public [ ] 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	L.S	0-10	ABK/C	VFI,VP,S,EXP	>24" TO SOIL WETNESS	10	N/A	NONE	U.S IV
	5	10-24+	M/C	SAPROLITE					
2	L.S	0-4	SBK/SCL	FI,SS,SP,SXP	"	30	"	"	U.S IV
	4	4-30	ABK/C	VFI,VP,S,EXP					
		30-40	M/C	SAPROLITE					
3	"	0-18	DISTURBED		"	48	"	"	P.S IV
		18-38	SBK/C	FI,SS,SP,SXP					.225GPD/FT2
		38-48	ABK-SBK/C	FI,SS,SP,SXP					
4	"	0-20	DISTURBED						
		20-38	SBK/C	FI,SS,SP,SXP					
		38-48	ABK/C	"					
			SAPROLITE	INCLUSIONS 30" DOWN	"	48	"	"	"
					SITE LTAR .225GPD/FT2				

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

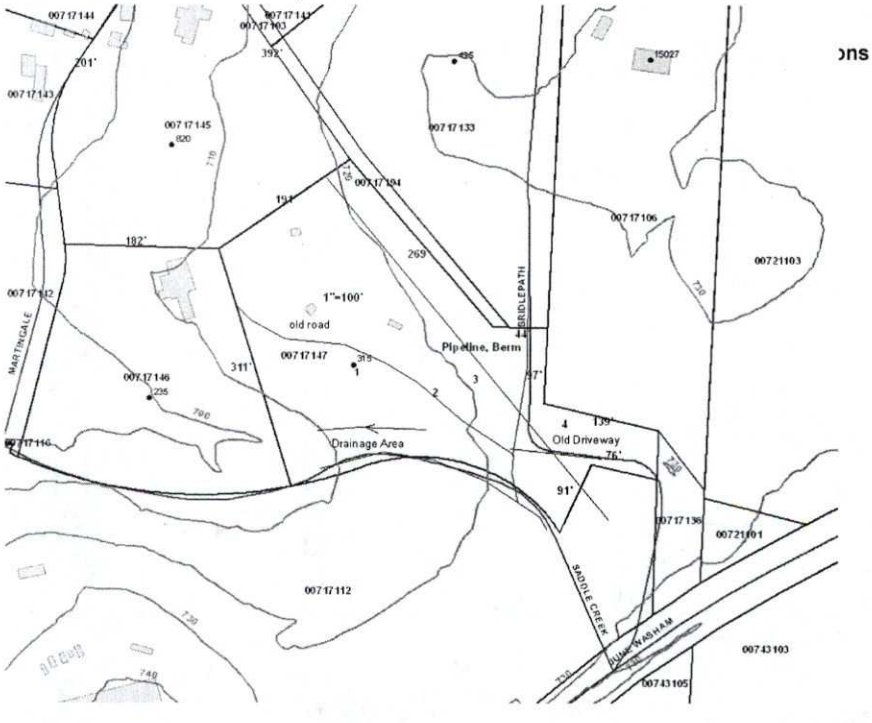
Other Factors (.1946):
Soil Evaluation By: Jason Jackson
Others Present: Tracie Hoagland
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS: FILE #:

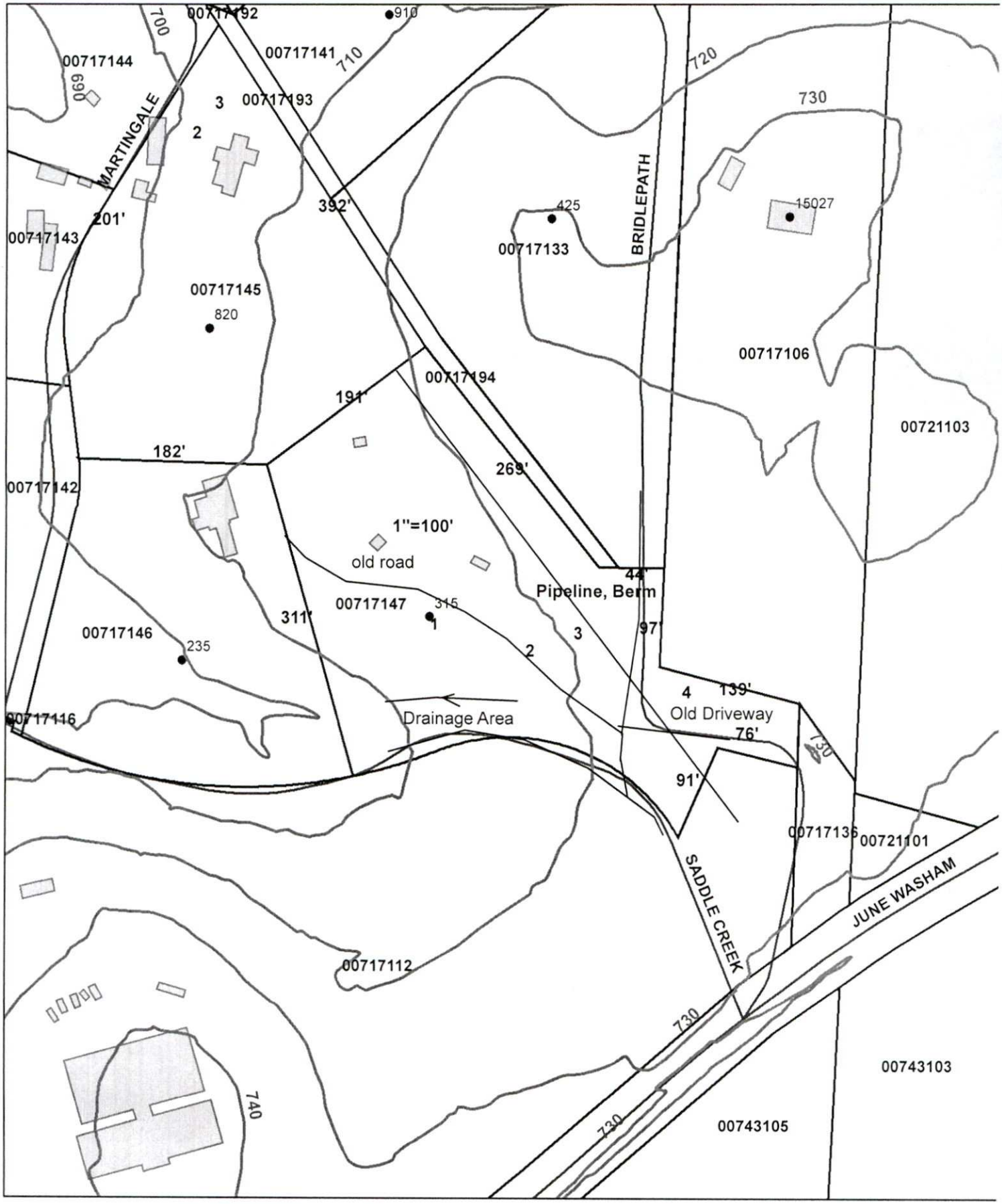
100% Repair Area Required

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	



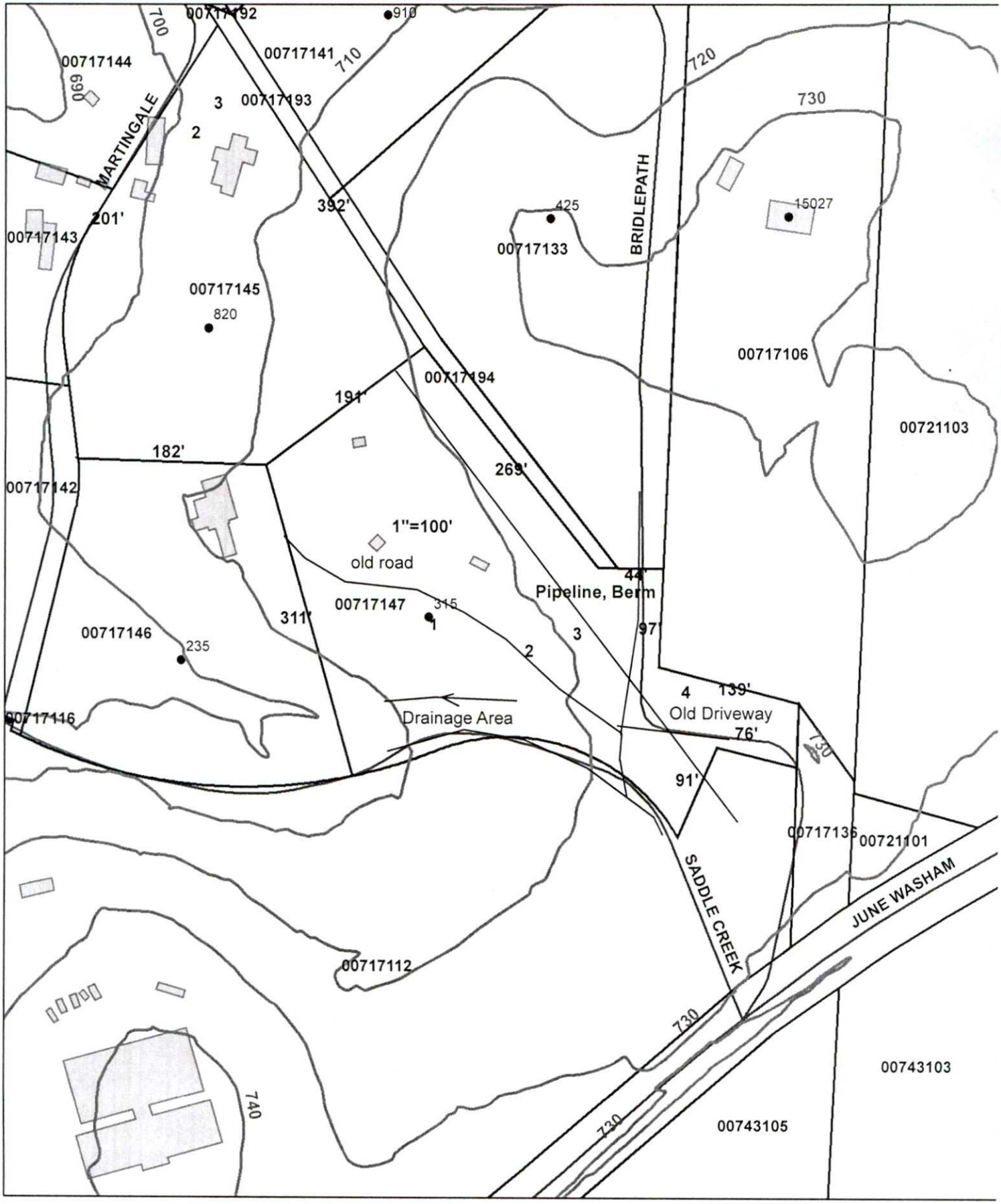
SOIL EVALUATION LOCATIONS FOR
315 Saddle Creek Ct
APPLICATION



Map Created By: J. Jackson
Map Created On: 9/10/09

0 62.5 125 250 Feet

SOIL EVALUATION LOCATIONS FOR
315 Saddle Creek Ct
APPLICATION



Map Created By: J. Jackson
Map Created On: 9/10/09

0 62.5 125 250 Feet

FILE NUMBER: 73388 Revised On: August 31, 2007 APPLICATION NUMBER: 2742

SEPTIC FEE: 200.00 DATE: 9/21/07 CHK 1225

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

WELL FEE: _____ DATE: _____

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

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 007-171-47
STREET ADDRESS: 315 SADDLE CREEK CT.
CITY: DAVIDSON
STATE: NC **ZIP:** 28036
SUBDIVISION NAME: DAVIDSON FARM
LOT #: 1 **LOT SIZE (acres):** 2.547
TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: MAIN HOUSE 5167 TOTAL 5875
POOL HOUSE 708
NUMBER OF BEDROOMS: 6 (1 BEDROOM + BATH IN POOL HOUSE)
NUMBER OF OCCUPANTS: 6
FOUNDATION TYPE:

☑ CONCRETE SLAB POOL HOUSE ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE MAIN HOUSE ☐ BASMENT WITH NO PLUMBING

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

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

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

7. PROPOSED USE OF WELL: ☐ N/A ☑ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER (EXISTING WELL)

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 (SEPTIC) SYSTEMS	☑ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES (UNKNOWN LOCATION)	☑ 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: TIMOTHY L. & KAY A. WAHL
ADDRESS: 14707 JUNE WASHAM Rd.
CITY: DAVIDSON ~~NC~~
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 763-4000 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: DAVID HOAGLAND (PURCHASER/APPLICANT)
ADDRESS: 21321 CROWN LAKE DR
CITY: CORNELIUS
STATE: NC ZIP: 28031
HOME PHONE: 704 892-7919 WORK PHONE: 704 374-4809
MOBILE PHONE: 704 408-6793 FAX: 704 383-6205

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 10/15/07

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.

_____ 9/21/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

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

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

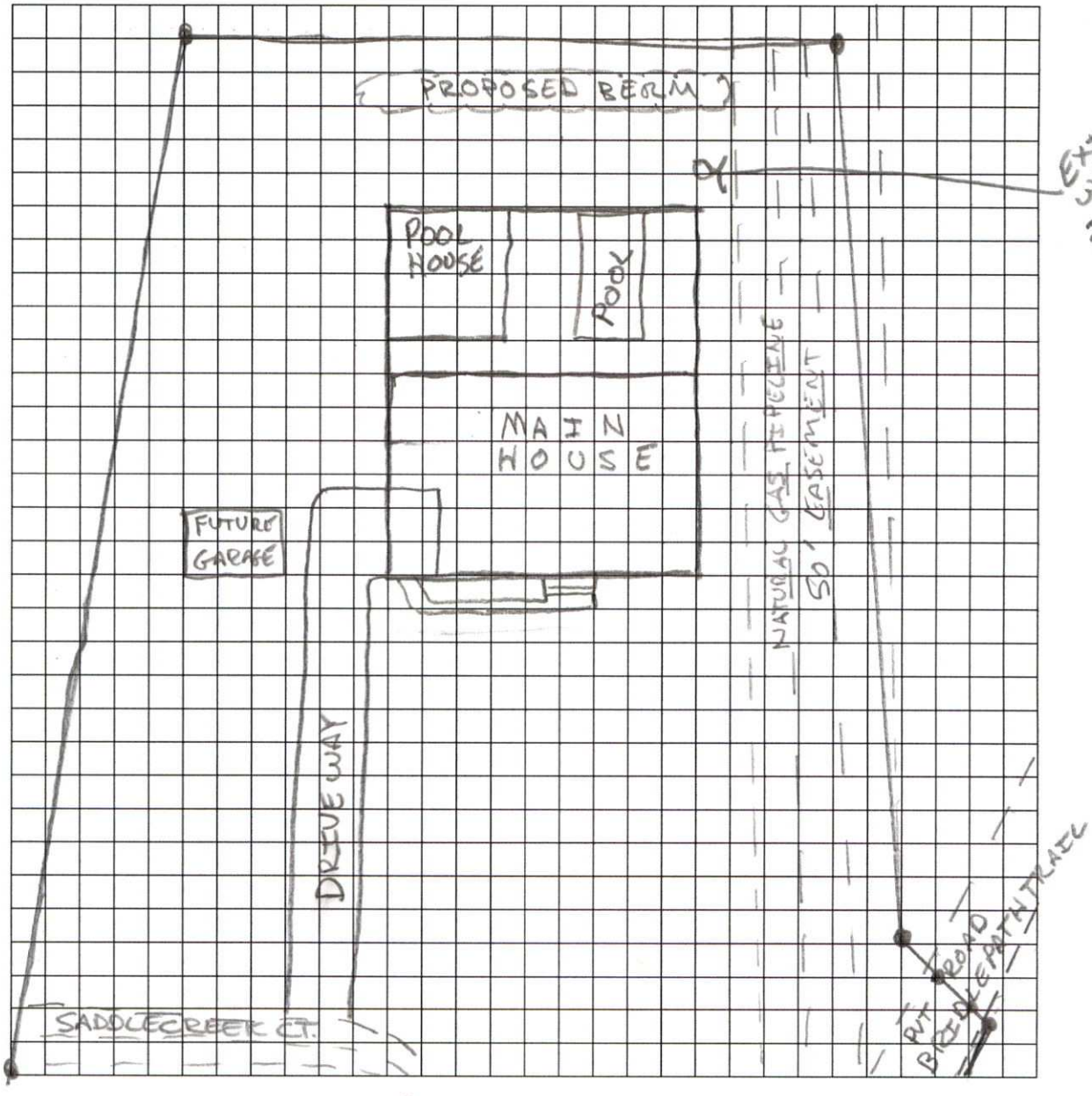
☑ SURVEY PLAT TO SCALE SUBMITTED ☑ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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_____

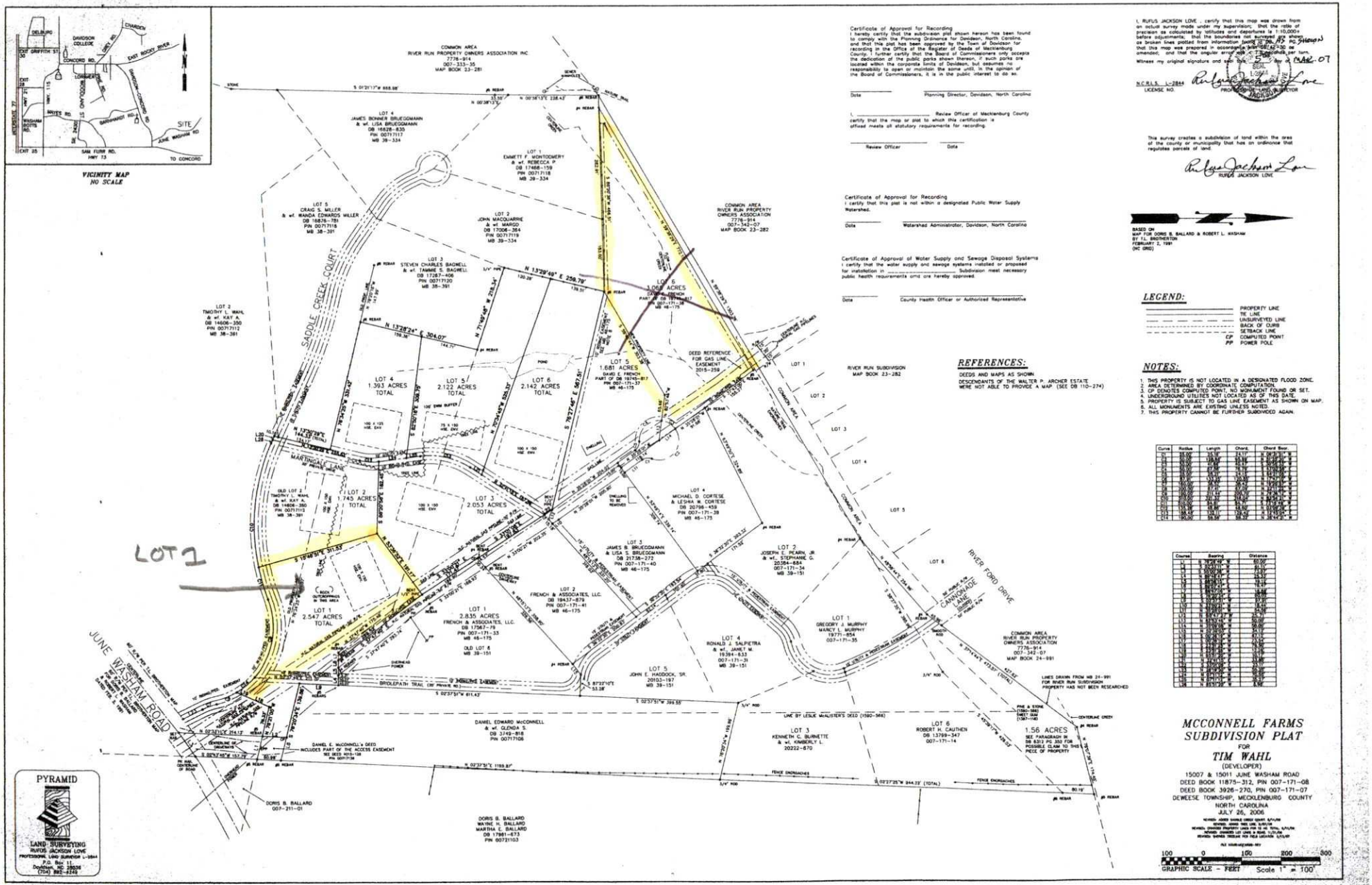
PROPOSED PLOT PLAN

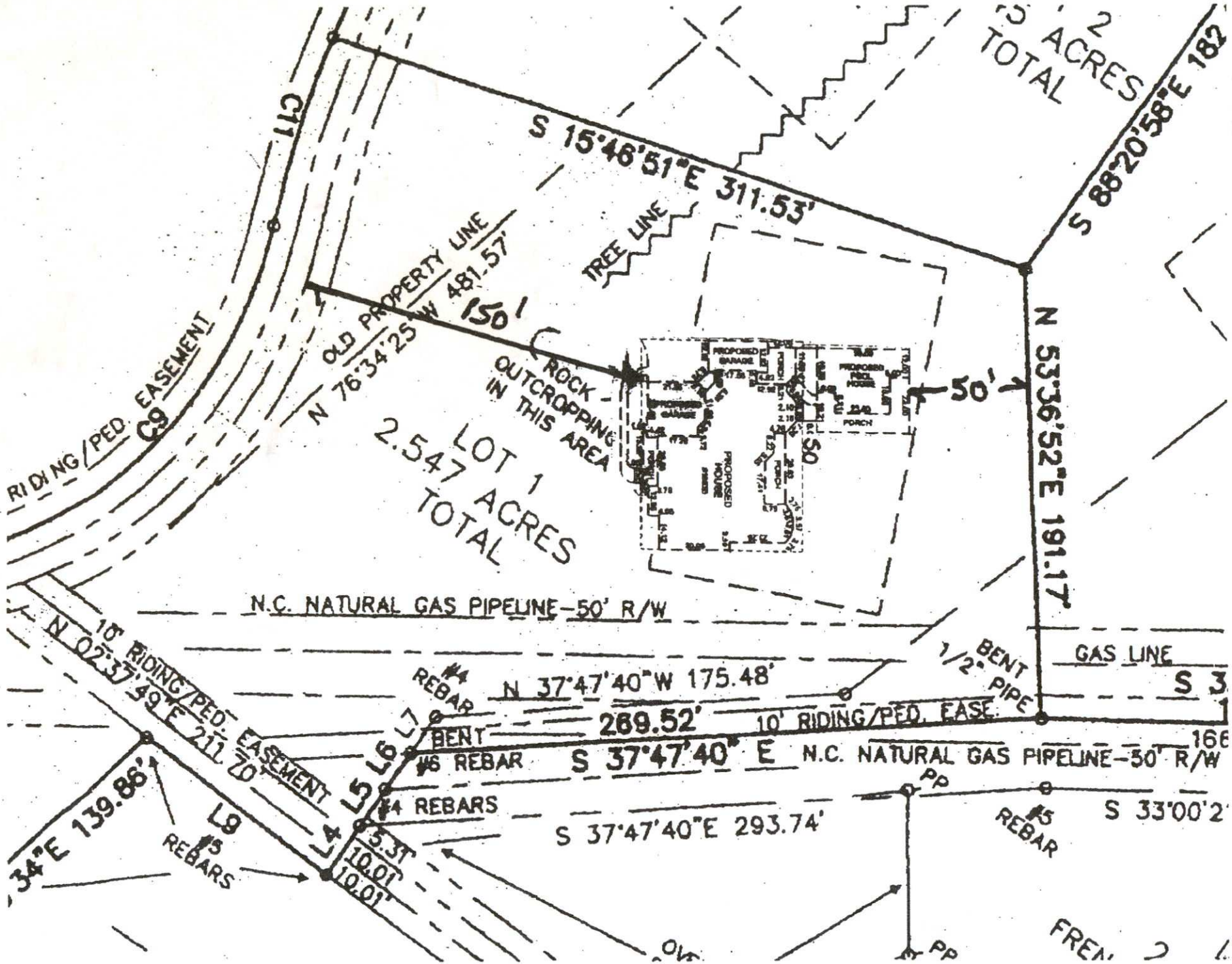
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal 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	
Date	9/21/07

LBC 12/15/04


VICINITY MAP
NO SCALE
SITE
JUNE WASHAM ROAD
SADDLE CREEK COURT
MARTINGALE LANE
RIVER FORD DRIVE
CANNONADE LANE
BRIDLEPATH TRAIL
LOT 1
LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
LOT 7
LOT 1
2.547 ACRES TOTAL
LOT 2
1.745 ACRES TOTAL
LOT 3
2.053 ACRES TOTAL
LOT 4
1.393 ACRES TOTAL
LOT 5
2.122 ACRES TOTAL
LOT 6
2.142 ACRES TOTAL
LOT 5
1.681 ACRES
LOT 6
1.063 ACRES
1.56 ACRES
COMMON AREA
RIVER RUN PROPERTY OWNERS ASSOCIATION INC
7776-914
007-333-35
MAP BOOK 23-281
COMMON AREA
RIVER RUN PROPERTY OWNERS ASSOCIATION
7776-914
007-342-07
MAP BOOK 23-282
COMMON AREA
RIVER RUN PROPERTY OWNERS ASSOCIATION
7776-914
007-342-07
MAP BOOK 24-991
RIVER RUN SUBDIVISION
MAP BOOK 23-282
DANIEL EDWARD McCONNELL
& wf. GLENDA S.
DB 3749-816
PIN 00717106
DORIS B. BALLARD
007-211-01
DORIS B. BALLARD
WAYNE H. BALLARD
MARTHA E. BALLARD
DB 17981-673
PIN 00721103
LOT 1
EMMETT F. MONTGOMERY
& wf. REBECCA P.
DB 17466-159
PIN 00717118
MB 39-334
LOT 4
JAMES BONNER BRUEGGMANN
& wf. LISA BRUEGGMANN
DB 16628-835
PIN 00717117
MB 39-334
LOT 5
CRAIG S. MILLER
& wf. WANDA EDWARDS MILLER
DB 16876-781
PIN 00717118
MB 38-391
LOT 2
JOHN MACQUARRIE
& wf. MARGO
DB 17006-364
PIN 00717119
MB 39-334
LOT 3
STEVEN CHARLES BAGWELL
& wf. TAMMIE S. BAGWELL
DB 17267-406
PIN 00717120
MB 38-391
LOT 2
TIMOTHY L. WAHL
& wf. KAY A.
DB 14606-350
PIN 00717112
MB 38-391
OLD LOT 2
TIMOTHY L. WAHL
& wf. KAY A.
DB 14606-350
PIN 00717112
MB 38-391
LOT 1
2.835 ACRES
FRENCH & ASSOCIATES, LLC.
DB 17567-79
PIN 007-171-33
MB 46-175
OLD LOT 6
MB 39-151
LOT 2
FRENCH & ASSOCIATES, LLC.
DB 19437-879
PIN 007-171-41
MB 46-175
LOT 3
JAMES B. BRUEGGMANN
& LISA S. BRUEGGMANN
DB 21758-272
PIN 007-171-40
MB 46-175
LOT 4
MICHAEL D. CORTESE
& LESHA M. CORTESE
DB 20798-459
PIN 007-171-38
MB 46-175
LOT 2
JOSEPH E. PEARN, JR
& wf. STEPHANIE G.
20384-684
007-171-34
MB 39-151
LOT 1
GREGORY J. MURPHY
NANCY L. MURPHY
19771-854
007-171-35
LOT 4
RONALD J. SALPIETRA
& wf. JANET M.
19384-633
007-171-31
MB 39-151
LOT 5
JOHN E. HADDOCK, SR.
20103-197
MB 39-151
LOT 3
KENNETH C. BURNETTE
& wf. KIMBERLY L.
20222-870
LOT 6
ROBERT H. CAUTHEN
DB 13789-347
007-171-14
DEED REFERENCE FOR GAS LINE EASEMENT
2015-259
DANIEL E. McCONNELL's DEED
INCLUDES PART OF THE ACCESS EASEMENT
SEE DEED NOTE-128
PIN 00717138
LOT 2
TIMOTHY L. WAHL
& wf. KAY A.
DB 14606-350
PIN 00717112
MB 38-391
LOT 1
LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
COMMON AREA
LOT 7
LOT 1
LOT 2
LOT 3
LOT 4
LOT 5
LOT 6



FROM MARQUEE BUILDERS (WED) SEP 12 2007 16:22/ST. 16:21/No. 6800058559 P 1

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

Sheet: 1 of 2
Property ID: 007-171-47
Lot #: 1
File #: 7338B
AppID: 2742

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Timothy & Kay Wahl
Applicant: David Hoagland
Address: 14707 June Washam Road, Davidson, N. C. 28036
Date Evaluated: 10/8/07
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: 2.1a
Location of Site: 315 Saddle Creek Ct.
Property Recorded:
Water Supply: [x] Public [ ] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-3	GR/SL	FR/SEXP/NS/NP	>61" TO SOIL WETNESS	8	US	NONE	US
		3-8	SBK/SC	VFI/EXP/VS/VP					
		8-61	M/SCL	FR/SEXP/SS/SP					
2	"	0-3	GR/SL	FR/SEXP/NS/NP	>49" TO SOIL WETNESS	22	"	"	"
		3-22	SBK/SC	VF/EXP/VS/VP					
		22-49	M/SCL	FR/SEXP/SS/SP					
3	LS, 8	0-4	GR/SL	FR/SEXP/NS/NP	>60" TO SOIL WETNESS	21	"	"	"
		4-21	SBK/SC	VFI/EXP/VS/VP					
		21-60	M/SCL	FR/SEXP/SS/SP					
4	"	0-4	GR/SL	FR/SEXP/NS/NP	>65" TO SOIL WETNESS	14	PS	"	PS, SAP II .3GPD/FT^2
		4-14	SBK/SC	VFI/EXP/VS/VP					
		14-29	MSCL	FR/SEXP/SS/SP					
		29-65	MSL	FR/SEXP/NS/NP					
5	"	0-14	GR/SL	"	>59" TO SOIL WETNESS	14	US	"	us
		14-59	M/SL	VFI/EXP/NS/NPVS/VP					
					SITE LTAR .3GPD/FT^2				

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

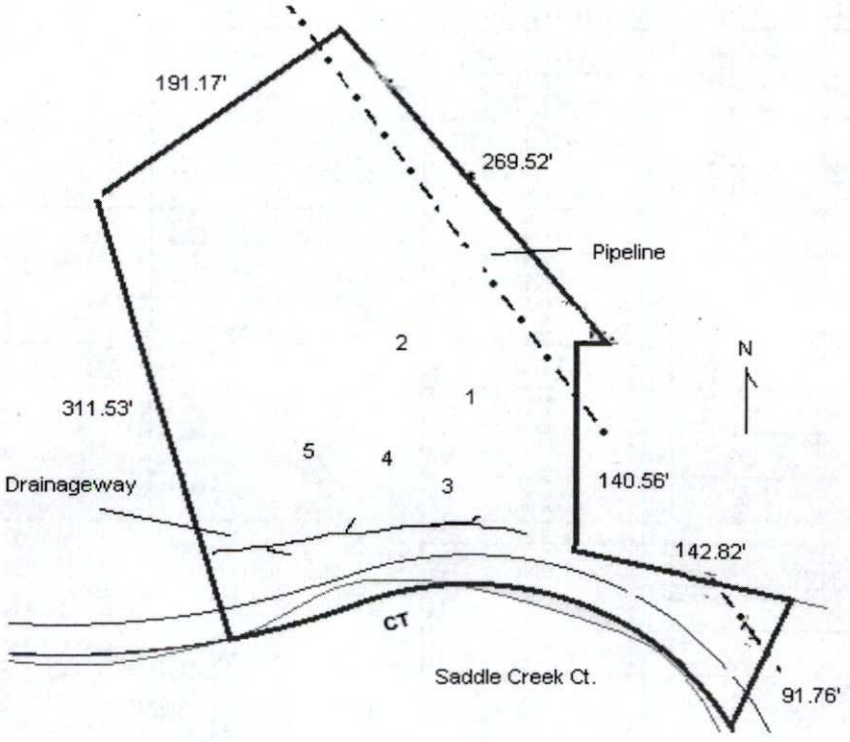
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 10/9/2007. W. R. Marlin
Others Present: B. Mayhew
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
Health Department

October 23, 2007

TIMOTHY AND KAY WAHL
14707 JUNE WASHAM RD
DAVIDSON NC 28036

Re: Application for improvement permit for:
Property Site: 315 SADDLECREEK COURT
Health Department file number: **7338B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on October 23, 2007 evaluated the above-referenced property at the site designated on the site plan that accompanied your improvement permit application. According to your application the site is to serve a 6, with a daily design flow of 720 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☒ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is October 26, 2007. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Philo Walker RS

PHILO WALKER RS
Authorized Agent - DENR

Encl: (2)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/01/09
Receipt #: 64383
Check / Auth #: VISA 04599C
Received By: CRAIGGY

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HOAGLAND TRACIE
Attn:
Address: 11850
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 315 SADDLECREEK//SEPTIC ON 14707 JUNE WASHAM		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	30.00		40.00		