

20029 CALLAWAY HILLS LN

00308313

1/2/2008

duponbj

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

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 #: 29693 Permit #: _____ Tax Parcel #: 003-083-13

Property Owner: Donna Wildrick

Job Location Address: 20029 Callaway Hills Ln

City: Davidson State: NC Zip Code: _____

Operation Permit Issuance Date: 10/26/06 Contractor Name: Larry Tucker

PO 35 11/16/06

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ _____ feet 2-45' 3-70'

Depth of Media: N/A inches (Type) Chamber

Depth of Cover: 12" inches

Distribution Device: Drop box

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: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50 feet

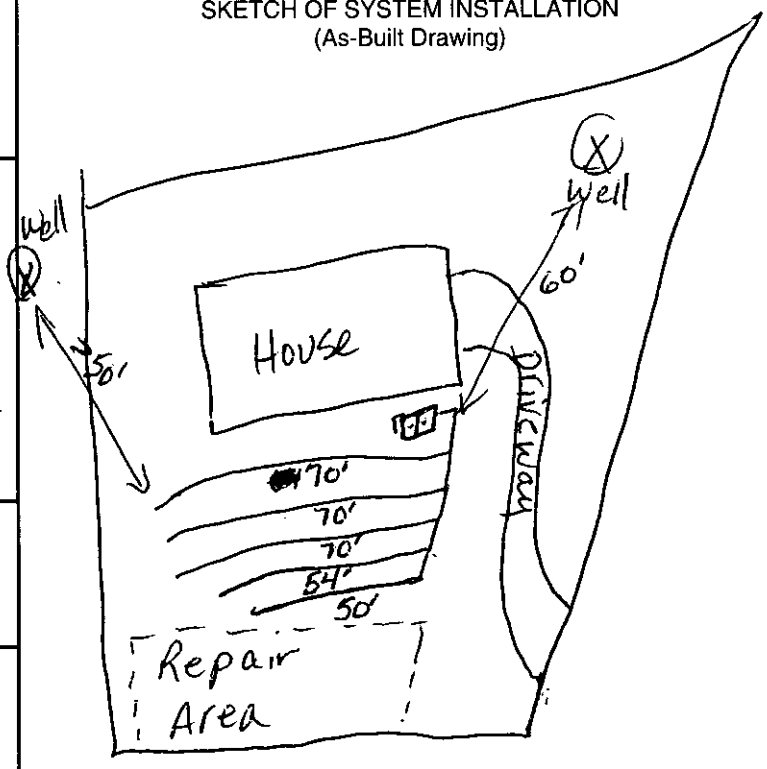
Inspection Dates

Tank(s) Inspected: 10/25/06

Excavation Inspected: 10/26/06

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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: Type III-g innovative chamber septic system designed for a 3 bedroom residence, 1500g ST.

DENR Authorized Agent: Cina Buchanan, RS Signature: Cina Buchanan, RS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 2969 B Permit #: _____ Tax Parcel #: 003-083-13

Property Owner: Donna Wildrick

Job Location Address: 20029 Callaway Hills Ln

City: Davidson State: NC Zip Code: _____

Installation Approval Issuance Date: 10/25/06

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 11/23/06, 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: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

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

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ _____ feet 3-70', 2-45'

Depth of Media: N/A inches (Type) Innovative

Distribution Device: Drop Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

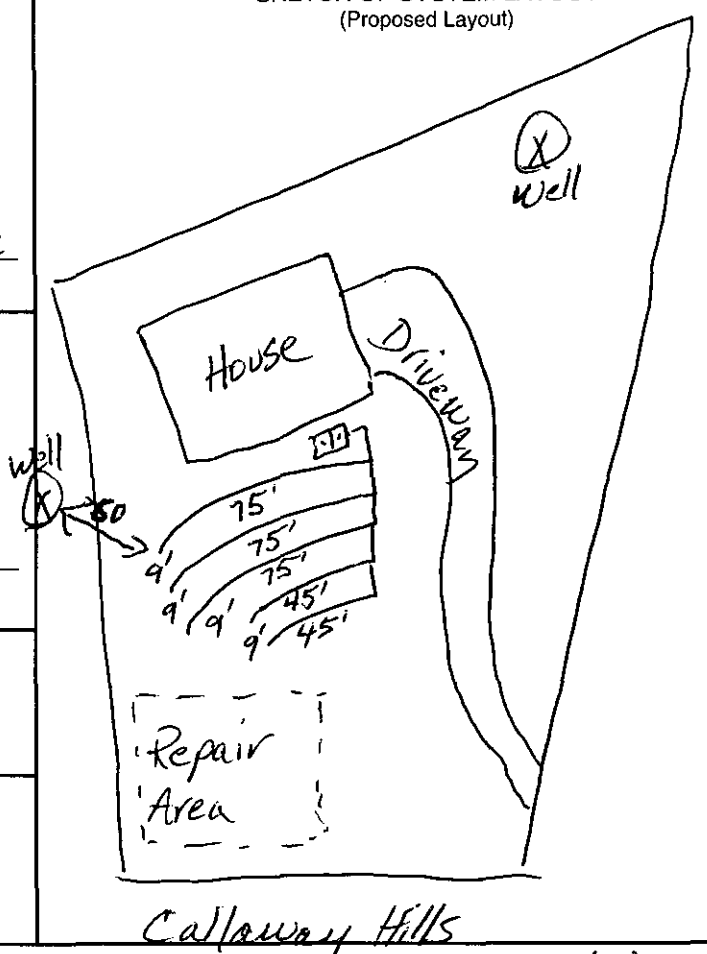
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type III g innovative system designed for 3 bdrm residence. 1500 gallon septic tank 8/19/06 Dellinger.

DENR Authorized Agent: Cina Buchanan, RS Signature: Cina Buchanan, RS

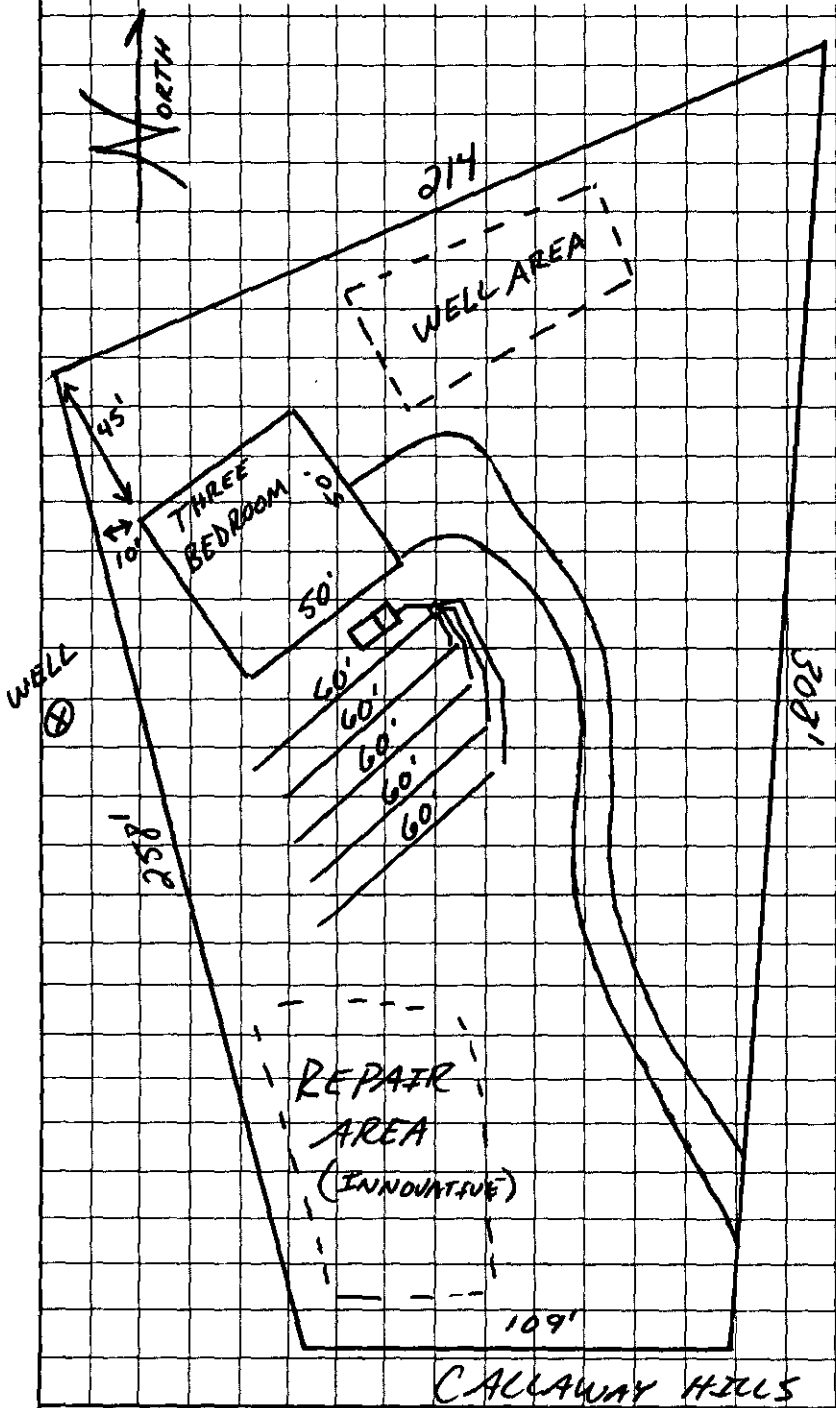
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2969B

TC: 003-083-13

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.



COMMENTS

→ SCALE = 1" = 50'
→ THREE BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 5 lines x 60' x 3'
→ 300 TLF
→ Type IIIg INNOVATIVE SYSTEM + REPAIR
→ Keep > 50 FROM ALL WELLS
→ KEEP WELL:
> 50' FROM SEPTIC SYSTEM
> 25' FROM FOUNDATION
> 10' FROM PROPERTY LINE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Tommy Mills 4/7/16

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

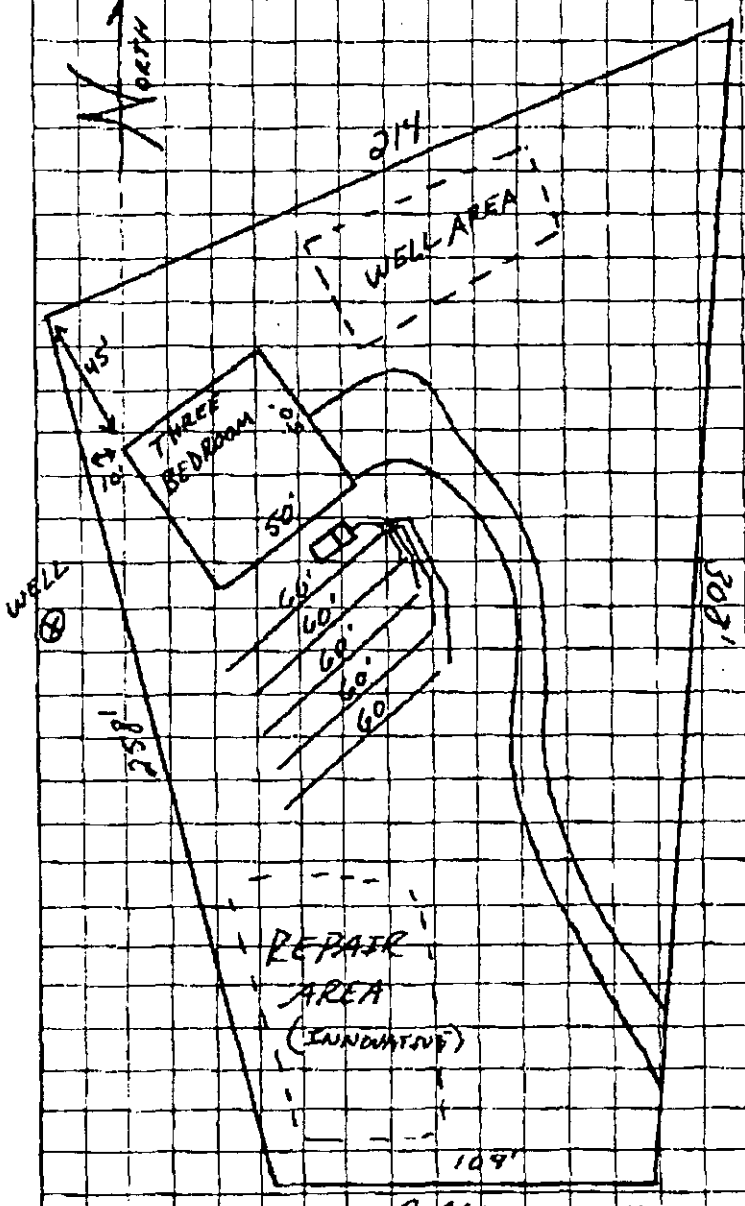
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 29698

TC: 003-083-13

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.



COMMENTS

→ SCALE = 1" = 50'
→ THREE BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 5 LINES x 60' x 3'
→ 300 T&F
→ TYPE III-G INNOVATIVE SYSTEM + REPAIR
→ KEEP > 50 FROM ALL WELLS
→ KEEP WELL:
> 50' FROM SEPTIC SYSTEM
> 25' FROM FOUNDATION
> 10' FROM PROPERTY LINE

OWNER/AGENT SIGNATURE

DATE 5/30/06

APPROVAL DATE 6/7/06

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

FEE: 300.00
DATE: 5/31/2006

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 2969B

PERMIT NUMBER: 30000886

PARCEL NUMBER: 00308313

JOB LOCATION INFORMATION

ADDRESS: 20029 CALLAWAY HILLS LN

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: CUSTOM HOMES OF THE CAROLINAS

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/14/2003

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000886, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 3/14/2008

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 MAR 10 02:52 PM
BK:20127 PG:824-827 FEE:$20.00

INSTRUMENT # 2006046193

2006046193

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 2969 B
PARCEL # 003-083-13

The undersigned, Donna Wildrick, owner of property located at 20029 Calloway Hills Lane, (the "site") and described in an instrument recorded in Book 18113 at Page 321, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Donna Wildrick
Mail after recording to: 2423 Boyington Court
CONCORD NC 28025

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 20___.

_____ Dawn M. Liddick (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Rowan

I, Deborah J Knoblock, a Notary Public for said County and State, do hereby certify that Donna M Wildrick personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 6th day of March, 2006

Notary Public

My Commission Expires:

Sept 14, 2010

DEBORAH J. KNOBLOCK NOTARY PUBLIC NC

DEBORAH J. KNOBLOCK NOTARY PUBLIC My Comm. Expires Sept. 14, 2010 ROWAN COUNTY, NC

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary.

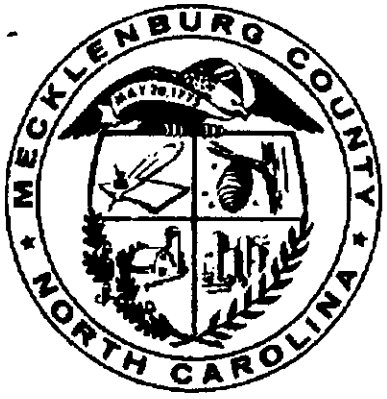
WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02



JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration: 03/10/2006 02:52 PM

Book: RE 20127 Page: 824-827

Document No.: 2006046193

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS



2006046193

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

DATE: _____ PERMIT NO: 29698
PARCEL NO: 003-083-13

JOB LOCATION ADDRESS: 20029 Calloway Hills Lane
PROPERTY OWNER: Donna Wildrick
BUILDING CONTRACTOR: Wildrick Homes
SUBDIVISION NAME: Rumeymede
AUTHORIZATION ISSUED BY: Tommy Mecklin R.S. DATE: 3/14/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 29698, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Lou Ann Blair 3-19-03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 29698

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003-083-13

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement forms on file before C.A. Release ~~4 lines x 75' x 3'~~ - Innovative System 5 lines x 60' x 3'				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Tommy Nichols R.S. 3/14/03
DEHNR Authorized Agent Date

Tom Ann Black 3-19-03
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

IWWS-100195

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/31/06	**Amount:**	150.00
Receipt #:	44237	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: X37744
Contractor: WILDRICK DONNA MARIE
Attn:
Address: 2423 BOYINGTON COURT
Address:
City/State/Zip: CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 20029 CALLAWAY HILLS LANE		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
700.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/31/06	**Amount:**	150.00
Receipt #:	44236	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: X37744
Contractor: WILDRICK DONNA MARIE
Attn:
Address: 2423 BOYINGTON COURT
Address:
City/State/Zip: CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 20029 CALLAWAY HILLS LANE		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
550.00					

New Owner #886

X 37744

GWS - RES. APP. #

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

WELL FEE: 400.00
DATE: 5/4/06
CRT [ ]

FILE # 29698

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 #: 003-083-13
STREET ADDRESS: 20029 Chantry Hills Lane
CITY: DAVIDSON
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: Runnymede
LOT #: 29
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 (A)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 3650
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

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: Custom Homes of the Carolinas
ADDRESS: 2423 Byington Ct
CITY: Concord
STATE: NC ZIP: 28025
HOME PHONE: 704-784-2134 WORK PHONE:
MOBILE PHONE: 704-791-4129 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Donna Wildrick
ADDRESS:
CITY: Same
STATE: ZIP:
HOME PHONE: 704 WORK PHONE:
MOBILE PHONE: 791-4129 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.

Donna Wildrick 5/10/06
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: 704-336-5594

Mecklenburg County
Health Department

October 6, 1999

Martha Munn
8035 Providence Road, Suite 320
Charlotte, NC 28277

Re: 20029 Callaway Hills Lane
File: 2969B
Parcel: 003-083-13

Dear Ms. Munn:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil and site evaluation has been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1940 **TOPOGRAPHY AND LANDSCAPE POSITION**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH**, and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

You may also wish to obtain the services of a private consultant to collect the site-specific data and submit such a system design to the Health Department for technical review. A site may be reclassified to Provisionally Suitable provided written documentation, including engineering, hydrogeologic, geological, or soil studies indicates to the local Health Department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County

If you have any questions regarding this matter, please call me at 336-8993.

Sincerely,

Jeff A. Knight, R.S.
Individual Water and Wastewater Systems

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

Sheet: _____
Property ID: 003-063-13
Lot #: 29A
File #: 2969B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investment Co. APPLICANT: LouAnn Blankenship
ADDRESS: 1523 Little Ave, Suite 214, Charlotte DATE EVALUATED: 4-10-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) ~~400gpd~~ PROPERTY SIZE: .92
LOCATION OF SITE: 20029 Calloway Hills Terr PROPERTY RECORDED: _____
WATER SUPPLY: ☒~~Private~~ ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐~~Pit~~ ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-8"	gr/scl	Fr/SE/SP/ss/sp	34" TO soil wetness	34"	~~US~~ US	None	US .39/P2 IV
		8-24"	SBK/C	Fi/SE/SP/S/P					
		24-34"	SBK/scl	Fr/SE/SP/ss/sp					
		34"+	M/scl	Fr/SE/SP/ss/sp					
2	LS	0-10"	gr/sl	Fr/SE/SP/ns/np	46" TO soil wetness	46"	N/A	None	PS .39/P2 IV
		10-46"	SBK/sc	Fi/SE/SP/S/P					
3	LS	0-5"	gr/scl	Fr/SE/SP/ss/sp	52" TO soil wetness	52"	~~US~~ PS	None	PS .39/P2 IV
		5-24"	SBK/C	Fi/SE/SP/S/P					
		24-52"	M/scl	Fr/SE/SP/ns/np					
4	LS	0-5"	gr/scl	Fr/SE/SP/ss/sp	37" TO soil wetness	37"	US	None	US III .39/P3
		5-29"	SBK/scl	Fr/SE/SP/ss/sp					
		29-37"	M/scl	Fr/SE/SP/ss/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.39/P2	.39/P2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Marlin LSS 4-11-00
OTHER(S) PRESENT: _____

FILE # 2969B

COMMENTS 1106 Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

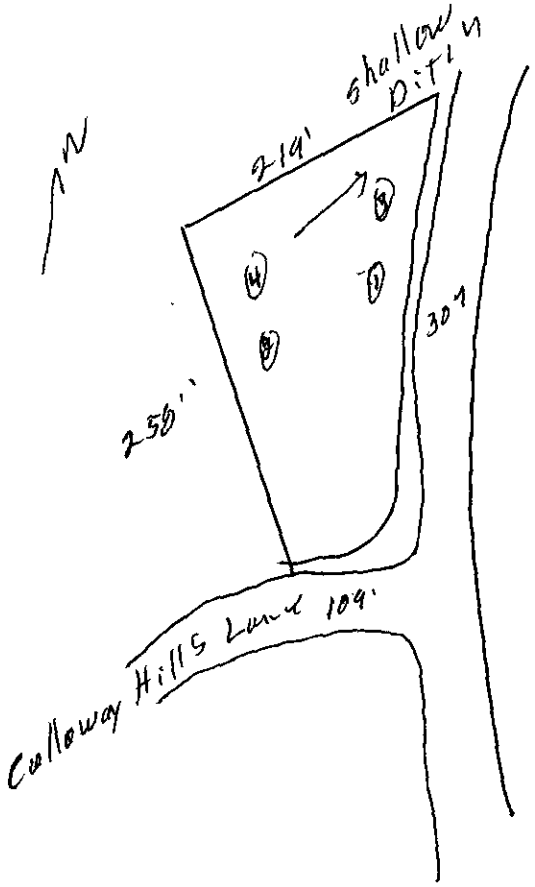
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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

"100 % addition" 4/10/00

#2 (AS)

Sheet: _____
Property ID: 003 - 063-17
Lot #: 298
File #: 29691

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investment Co. APPLICANT: Jon Aron Blankenship
ADDRESS: 7523 Little Ave, Suite 210, Charlotte DATE EVALUATED: 8-24-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480 gpd PROPERTY SIZE: .92
LOCATION OF SITE: 20029 Callaway Hills Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/sc/	Fr/SEXP/SS/SP	>26" TO soil wetness	26"	N/A	None	US IV .13gpf F2 CLPP
		3-22"	SBK/SC	F:/SEXP/SP					
		22-26"	SBK/SCL	Fr/SEXP/SS/SP					
2	R	0-3"	gr/sc/	Fr/SEXP/SS/SP	>26" TO soil wetness	26"	N/A	None	US .13gpf F2 IV (CLPP)
		3-21"	SBK/SC	F:/SEXP/SP					
		21-26"	SBK/SCL	Fr/SEXP/SS/SP					
3	LS	0-3"	gr/sc/	Fr/SEXP/SS/SP	>29" TO soil wetness	29"	N/A	None	US .13gpf F2 IV (CLPP)
		3-26"	SBK/SC	F:/SEXP/SP					
		26-29"	SBK/SCL	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Marlin LSS - 8-24-99
OTHER(S) PRESENT: _____

7

FILE # 39698

COMMENTS Will be Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

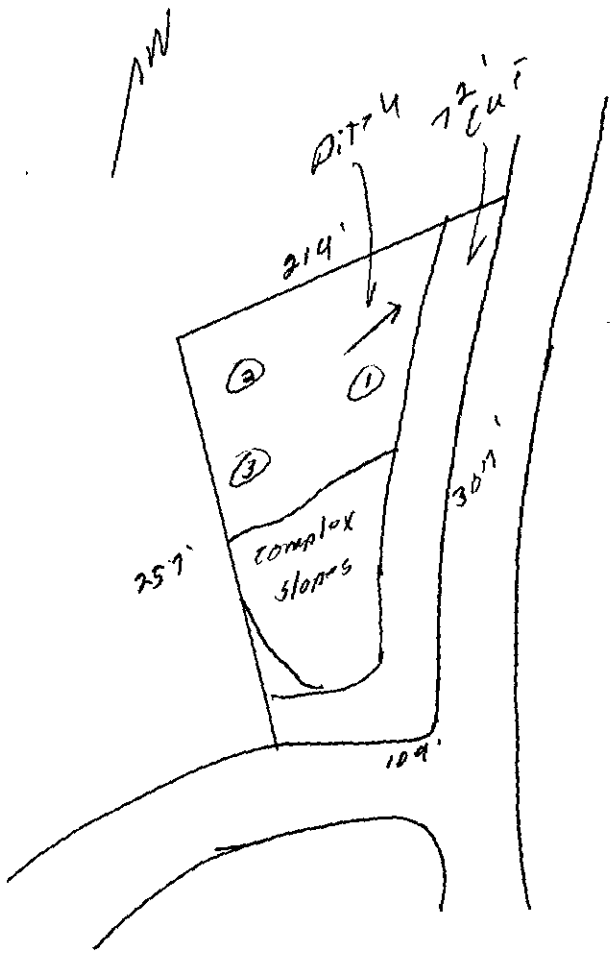
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Calloway Hills Lane

1504

No Soil Test

FEE: 100.00 Chk # 1504

DATE: 5/10/99

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM _ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 29698

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 083-13

TAX/PARCEL NUMBER: 003-081-37

STREET ADDRESS: 20029 Calloway Hills Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede

LOT NUMBER: 29A

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3000

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:

NAME: Monica Investment Co
(LAST) (FIRST) (MI)

ADDRESS: 7523 Little Ave Suite 210

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: ( ) 544-5520

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Blankenship, Lou Ann
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 892-3324

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Lou Ann Blankenship DATE: 4-23-99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Lot 29A
Runnymede

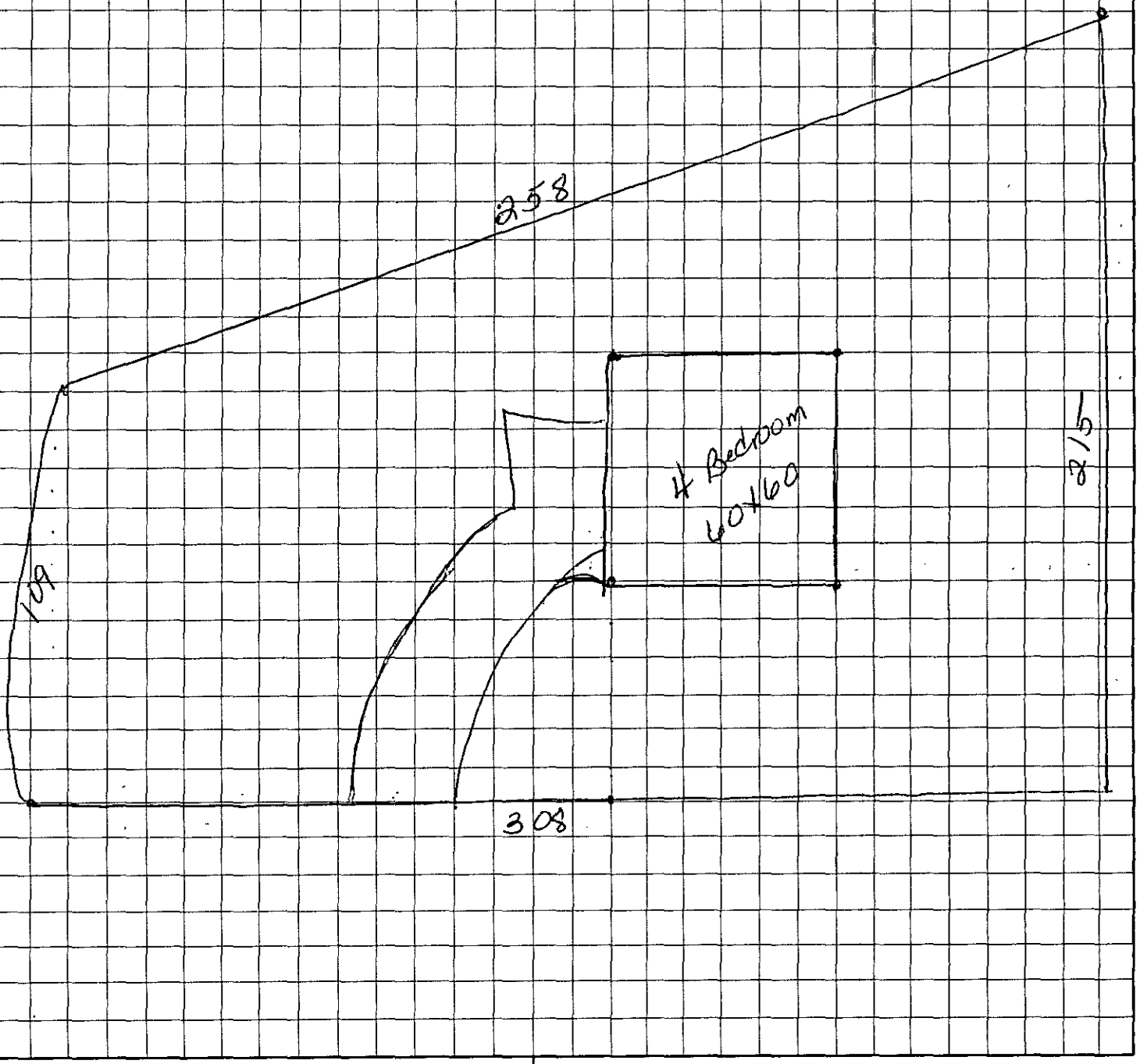
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2969B

TC: 003-081-34

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.



DeAnn Blankenship
OWNER/AGENT SIGNATURE

DATE 4-30-99

APPROVAL DATE _____

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 29693 WASPS App #: 757

Primary ES assigned to project: Gina Buchanan

Secondary ES assigned to project: Kim Garrett

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

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

I. File Review:

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

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

Application received date: 5/11/06 ES assigned date: 5/11/06 Permit issued date: 5/15/06

Well approval date: 1/26/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 7/6/07

FACSIMILE COVERSHEET

Date: 1/23/07

Number of pages including coversheet 05

To: ~~Donna~~ KIM GARRETT

Phone:

Fax: 704 723-9431

From:
Andy Stevens
Project Coordinator
Pace Analytical - Charlotte
andy.stevens@pacelabs.com

Phone: (704) 875-9092 Ext: 235

Fax: (704) 875-9091

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

CUSTOM HOMES PRIVATE WELL / PACE 92136074

Pace Analytical
www.pacelabs.com

Pace Analytical Services, Inc.
9800 Kincey Avenue, Suite 100
Huntersville, NC 28078
Phone: 704 875 9092
Fax: 704 875 9091

Lab Project Number: 92136074
Client Project ID: Custom Homes-Private Well

Lab Sample No: 92769864I
Client Sample ID: CALLAWAY HILLS

Project Sample Number: 92136074-001
Matrix: Water

Date Collected: 01/15/07 03:00
Date Received: 01/16/07 09:30

Parameters	Results	Units	Report Limit	Analyzed	By	CAS No	Qual	Region
Microbiology								
Total Coliform - Water	Prep/Method: / SM 9223							
Coliform, Total	absent			01/17/07 11:10	TMM			
Date Prepared	01/16/07 09:35			01/16/07 09:35				

Date: 01/17/07

Accreditation IDs
NC Wastewater 40
NC Drinking Water 37712
SC Environmental 99030
FL NELAP E87648

REPORT OF LABORATORY ANALYSIS
This report shall not be reproduced except in full, without the written consent of Pace Analytical Services, Inc.

Charlotte Accreditation IDs
NC Wastewater 12
NC Drinking Water 37706
SC 82006
FL NELAP E87627



Pace Analytical Services, Inc.
9800 Kincey Avenue, Suite 100
Huntersville, NC 28078
Phone 704.875.9092
Fax 704.875.9091

Lab Project Number: 92136074
Client Project ID: Custom Homes-Private Well

PARAMETER FOOTNOTES

Method 8071B modified to use ASE.

All pH, Free Chlorine, Total Chlorine and Ferrous Iron analyses conducted outside of EPA recommended immediate hold time.

Depending on the moisture content the PRLs can be elevated for all soil samples reported on a dry weight basis.

2-Chloroethyl vinyl ether has been shown to degrade in the presence of acid.

ND	Not detected at or above adjusted reporting limit
NC	Not Calculable
J	Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit
MDL	Adjusted Method Detection Limit

Date: 01/17/07

Accreditation Certificate IDs
NC Wastewater 40
NC Drinking Water 37712
SC Environmental 84030
FL NELAP E87648

REPORT OF LABORATORY ANALYSIS
This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

Customer Certificate IDs
NC Wastewater 12
NC Drinking Water 37708
SC 99006
FL NELAP E87627



Pace Analytical Services, Inc.
9800 Kincey Avenue, Suite 100
Huntersville, NC 28078
Phone 704 875 9092
Fax 704 875 9091

January 17, 2007

Custom Homes of the Carolinas
Donna Wildrick
20029 Calloway Hills Lane
Davidson, NC 28036

RE: Lab Project Number: 92136074
Client Project ID: Custom Homes-Private Mail

Dear Ms. Wildrick:

Enclosed are the analytical results for sample(s) received by the laboratory on January 16, 2007. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

Inorganic Wet Chemistry and Metals Analyses were performed at our Pace Asheville laboratory and Organic testing was performed at our Pace Charlotte laboratory unless otherwise footnoted.

If you have any questions concerning this report please feel free to contact me.

Sincerely,

for

Annette Scott
annette.scott@pacelabs.com
(704) 875-9092 ext. 231
Project Manager

Enclosures

Asheville Certification IDs
NC Wastewater 40
NC Drinking Water 37712
SC Environmental 99030
FL NELAP E87648

REPORT OF LABORATORY ANALYSIS
This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

Charlotte Certification IDs
NC Wastewater 12
NC Drinking Water 37706
SC 99006
FL NELAP E87627

Pace Analytical

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Page: of. 1049287

Section A Required Client Information

Company: CUSTOM HOMES OF THE CAROLINAS
Address: 9409 Shumacher Ave.
CONCORD NC 28027
Email To:
Phone: 704-791-4129 Fax: 704-788-9431
Requested Due Date/TAT:

Section B Required Project Information

Report To: 20029 CALLAWAY HILLS
Copy To: DAVIDSON, NC. Case
Private Well
Purchase Order No.:
Project Name:
Project Number:

Section C Invoice Information:

Attention:
Company Name:
Address:
Pace Quote Reference:
Pace Project Manager: 92136074
Pace Profile #: 92136074 1

REGULATORY AGENCY: ☐ NPDES ☐ UST ☐ GROUND WATER ☐ RCRA ☐ DRINKING WATER ☐ Other

SITE LOCATION: ☐GA ☐IL ☐IN ☐MI ☐MN ☐NC ☐OH ☐SC ☐WI ☐OTHER

Section D Required Client Information

SAMPLE ID — One Character per box. (A-Z, 0-9 / , -) Samples IDs MUST BE UNIQUE

Valid Matrix Codes: DRINKING WATER DW; WATER WT; WASTE WATER WW; PRODUCT P; SOIL/SOLID SL; OIL OL; WIPE WP; AIR AR; OTHER OT; TISSUE TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED: COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Analyses Test: Coliform	Residual Chlorine (Y/N)
1	CALLAWAY HILLS			1-15-07	500PM				1	1								✓	
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			

Filtered (Y/N):
Requested Analysis:
Pace Project No. / Lab: 92136074 / 92898841

Additional Comments:

Private Well - new
TEST FOR Coliform ONLY
NITRATES HAVE BEEN Done

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
	1/16/07	9:30		1/16/07	930

SAMPLE CONDITION: Received on Ice (Y/N) | Custody Sealed Cooler (Y/N) | Samples Intact (Y/N)

SAMPLER NAME AND SIGNATURE
PRINT Name of SAMPLER: DONNA WILDRICK
SIGNATURE of SAMPLER:
DATE Signed (MM/DD/YY):

SEE REVERSE SIDE FOR INSTRUCTIONS

ORIGINAL

CHARLOTTE.

Laboratory Analysis Report
Report Date: 12/22/2006 01:30 PM

LABORATORY SERVICES DIVISION

LOCATION: gws-1219
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/19/2006 11:20 CHAIN OF CUSTODY #: 061219132843
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB98133	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	12/19/2006	15:18	KEK
AB98133	**Total Coliform- P/A**	***Present***	**P/A**		SM 9223B	12/19/2006	15:18	KEK

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 20029 Callaway Hills Ln

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 0612191328 43

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
GWS-1219 AB98133	ksg	12/19/06 11:20 AM		N	17.9	5.4				X	100 ml		2						X		X

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		12/19/06	1325
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Custom Homes **County:** Mecklenburg

Address: 20029 Callaway Hill Ln Davidson, NC **ZIP:**

Source: Well **Type of Sampling Point:** Well head

Collected By: KG **Date:** 9/27/2006 **Time:** 1:30 PM

Signed By: Garrett, Kim **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Present
Fecal/E. coli	Absent

Sample No: AA97229 **Date Received:** 9/28/2006 **Time Received:** 8:10:00 AM

Date Reported: 9/29/2006 **Today's Date:** 9/29/2006

Comments:

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/22/2006 04:32 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-313
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/18/2006 12:40 CHAIN OF CUSTODY #: 06091815
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB86506	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	9/19/2006 9:15	NVR
AB86506	**Total Coliform**	**Present**	**P/A**		SM 9223B	9/19/2006 9:15	NVR

Comment: Total Coliform/E.Coli: The Blank and negative control QC measures analyzed for the analytical batch that included this sample failed to meet laboratory acceptance criteria. NVR

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 20029 Callaway Hills Lane

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 0609181508 47

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform/E. Coli
GWS-313 AB86506	ksg	9/18/06 12:40 PM		N	17.9	0.8				X	100 ml		2						X		X

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		091806	1505
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Custom Homes **County:** Mecklenburg

Address: 20029 Callaway Hills Ln. Davidson, NC **ZIP:**

Source: Well **Type of Sampling Point:** Well head

Collected By: KG **Date:** 9/13/2006 **Time:** 12:30 PM

Signed By: Garrett, Kim **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Present
Fecal/E. coli	Present

Sample No: AA96926 **Date Received:** 9/14/2006 **Time Received:** 8:20:00 AM

Date Reported: 9/15/2006 **Today's Date:** 9/15/2006

S Bradley

Comments:

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Custom Homes
Address: 20029 Callaway Hills Ln
Davidson, NC **Zip:**
County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** Kim Garrett
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Collected By: KIM GARRETT **Date:** 9/13/2006 **Time:** 12:30:00 PM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	9/14/2006
Nitrate as N	<1.0	mg/l	9/14/2006

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 6.5 °C
Date Received: 9/14/2006 **Report Date:** 9/26/2006 **Reported By:** M Kay
Today's Date: 9/26/2006 **Reference:** 12128 **Login Batch** 06090024 **Sample Number:** AB47096

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

July 5, 2007

Donna Wildrick
Custom Homes of the Carolinas
2423 Boyington Court
Concord, NC 28025

Re: Well Water Sampling Results
20029 Callaway Hills Lane
Tax Parcel # 003-083-13

Dear Donna:

On September 13, 2006, staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The samples were analyzed for the following parameters: total coliform, nitrate and nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, total coliform bacteria were present, E. coli was present, the nitrate level was <1.0 mg/l (Nitrate-N levels are acceptable if ≤ 10 mg/l), and the nitrite level was <0.10 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

The well was rechlorinated and resampled several times resulting in total coliform still being present.

On January 15, 2007 a sample was submitted to a private lab. The analysis is attached and indicates that at the time of sampling total coliform bacteria were absent.

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett
Environmental Specialist
Mecklenburg County Groundwater & Wastewater Services
kim.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis

File # ~~56~~ 2969 B

Wright & Son Well Drilling
Lee 704-933-9569
Danny 704-933-9040
5985 Wright Rd
Kannapolis, NC 28081
Pump Sales & Repairs

CONSTRUCTION RECORD

and Natural Resources - Division of Water Quality - Groundwater Section

WELL CONTRACTOR (Individual) DANNY WRIGHT CERTIFICATION # 2021

Wright & Son PHONE # (704) 933-9040

STATE WELL CONSTRUCTION PERMIT# 829 (if applicable) ASSOCIATED WQ PERMIT# (if applicable)

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use

2. WELL LOCATION: Nearest Town: Davidson County Mecklenburg
20029 Callaway Hills Ln
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting: ☐Ridge ☑Slope ☐Valley ☐Flat (check appropriate box)

Latitude/longitude of well location (degrees-minutes-seconds)

Latitude/longitude source: ☐GPS ☐Topographic map (check box)

3. OWNER: Custom Homes of Carolinas
Address 20029 Callaway Hills Ln (Street or Route No.)
Davidson N.C 28036 (City or Town, State, Zip Code)
(704) 791-4129 (Area code- Phone number)

4. DATE DRILLED 5-29-06

5. TOTAL DEPTH: 140 ft

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

7. STATIC WATER LEVEL Below Top of Casing: 60 FT. (Use "+" if Above Top of Casing)

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

9. YIELD (gpm): 25 METHOD OF TEST air

10. WATER ZONES (depth): 125 ft

11. DISINFECTION: Type Hypochlorite Amount (2) 3" tabs

12. CASING:

	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 83	Ft. 6"	22.6	PVC
From	To	Ft.		
From	To	Ft.		

13. GROUT:

	Depth	Material	Method
From 0	To 21	Ft. Cement mix	poured
From	To	Ft.	

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth	Size	Material
From	To	Ft.	
From	To	Ft.	

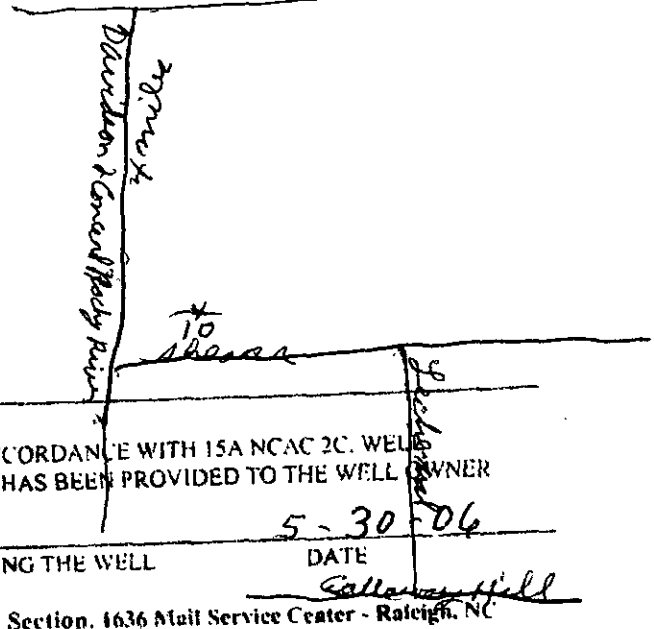
16. REMARKS:

DRILLING LOG

DEPTH From	To	Formation Description
0	18	Red dirt
18	45	Brown dirt
45	81	Brown Rock
81	120	Red + Brown Rock
120	140	Red + Blue Rock

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



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

Danny Wright — SIGNATURE OF PERSON CONSTRUCTING THE WELL

5-30-06 — DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636. Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5100
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000767 **File #:** 2969B **Tax Parcel #:** 003-083-13
Property Owner: Custom Homes of The Carolinas
Job Location Address: 20029 CALLAWAY HILLS LN
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 5/15/2006
Use of Well: Potable
Type of Facility Served by Well: House
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:

Well to be located as specified in proposed plot plan for File # 2969B.

Authorized Agent: Cina Buchanan, RS Print Name
Signature: Cina Buchanan, RS

Owner/Legal Agent: Print Name
Signature:

TOTAL P.01

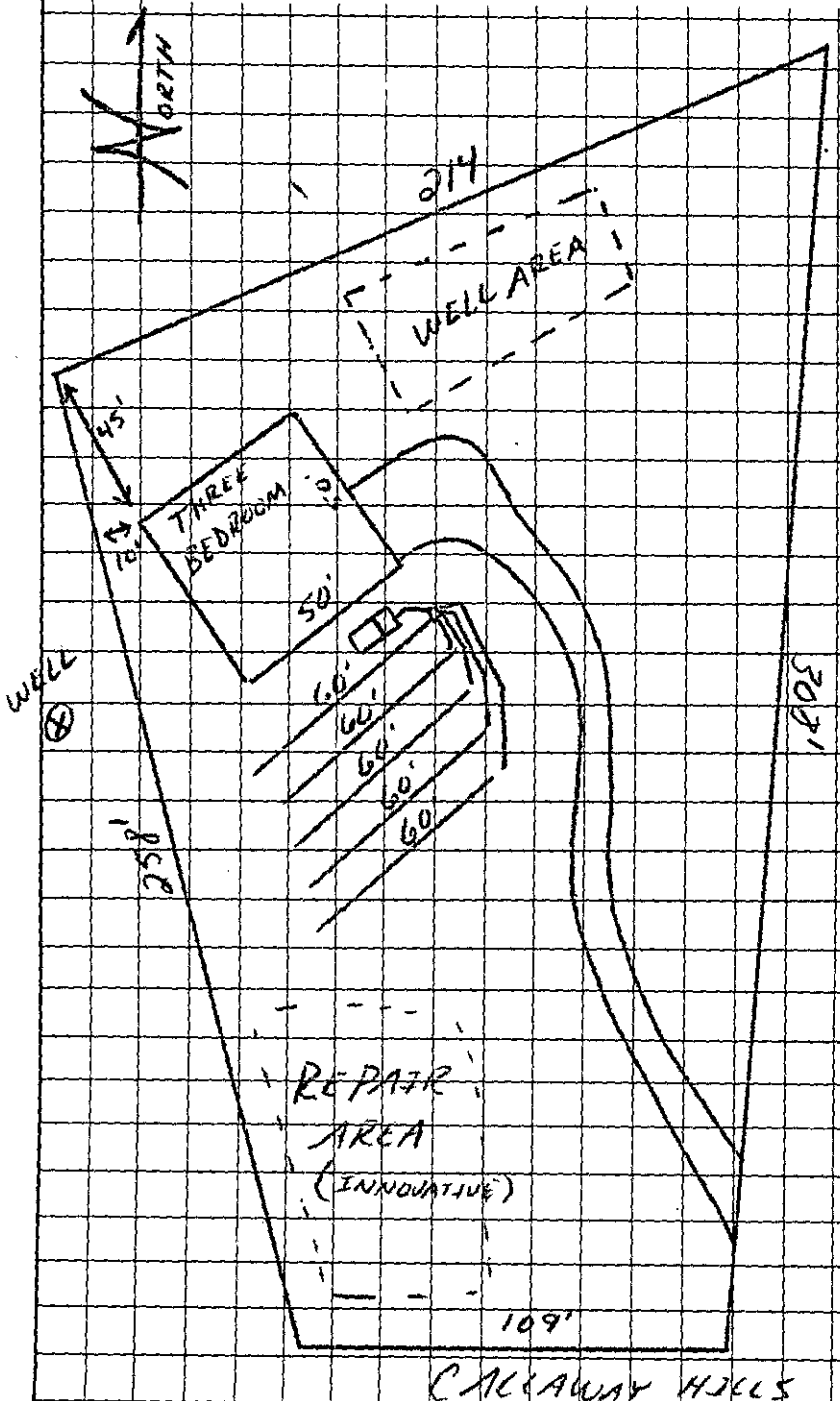
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2969B

TC: 003-083-13

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.



COMMENTS

→ SCALE = 1" = 50'
→ THREE BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 5 lines x 60' x 3'
→ 300 TLF
→ Type III Innovative System + Repair
→ Keep > 50 FROM ALL WELLS
→ KEEP WELL:
> 50' FROM SEPTIC SYSTEM
> 25' FROM FOUNDATION
> 10' FROM PROPERTY LINE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 4/7/6

White - Health Department's Copy

Canary - E.H.S. Copy

#767

X37744

GWS - RES. APP #'s

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

WELL FEE: 400.00
DATE: 5/4/06
CRT [ ]

FILE # 29695

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 #: 003-083-13
STREET ADDRESS: 20029 Chimney Hills Lane
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Runneymede
LOT #: 29
TOWNSHIP:

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

BUILDING INFORMATION: Cina

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 3050
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

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: Custom Homes of the Carolinas
ADDRESS: 2423 Covington Ct
CITY: Concord
STATE: NC ZIP: 28025
HOME PHONE: 704-784-2134 WORK PHONE:
MOBILE PHONE: 704-791-4129 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Donna Wildrick
ADDRESS:
CITY: Same
STATE: ZIP:
HOME PHONE: 704 WORK PHONE:
MOBILE PHONE: 791-4129 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.

Donna Wildrick 5/4/06
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: 704-336-5594

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/11/06	**Amount:**	400.00
Receipt #:	43833	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	X37744
Contractor:	WILDRICK DONNA MARIE
Attn:	
Address:	2423 BOYINGTON COURT
Address:	
City/State/Zip:	CONCORD, NC 28025

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 20029 Callaway Hills Ln		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					