Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6637B WASPS App #: 3310

Primary ES assigned to project: Philo Walker

Secondary ES assigned to project: Kim Garnett

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 ☐

Comments: 3/14/08- Faxed for signature # Items requiring correction/modification: _____

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 ☐	

Comments: # Items requiring correction/modification: _____

Application received date: 3/4/08 ES assigned date: _____ Permit issued date: 3/14/08

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

Review performed by: _____ Date performed: _____

********** -COMM. JOURNAL- ********** DATE MAR-14-2008 ***** TIME 12:45 *******

MODE = MEMORY TRANSMISSION START=MAR-14 12:44 END=MAR-14 12:45

FILE NO.=556

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
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-MECKLENBURG CO GMS -

********** - ***** - 704 336 5494 *******



MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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

To: Angie Hudson
Augusta Homes

Fax #: 704-892-7244

Phone #: 704-892-7795

From: Jack Stutts

Date: 3/14/08

Number of pages transmitted: 3 (including coversheet)

Comments: Please sign both pages and fax back

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

☑ Original will not follow

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

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

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5105
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10003310 **File #:** 6637B **Tax Parcel #:** 019-243 20
Property Owner: AUGUSTA HOMES, INC
Job Location Address: 15336 PAVILION HILL CIR
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 3/14/2008
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: New System

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- *Water Supply Well construction must meet all requirements set forth in the Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

***Specific Conditions of This Permit* (Check all that apply):**

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

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

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

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Kim Garrett, RSI
Authorized Agent: Print Name

Kim Garrett RSI
Signature:

Kenneth J. Wrench
Owner/Legal Agent: Print Name

Kenneth J. Wrench
Signature:

Well Permit # 10003310

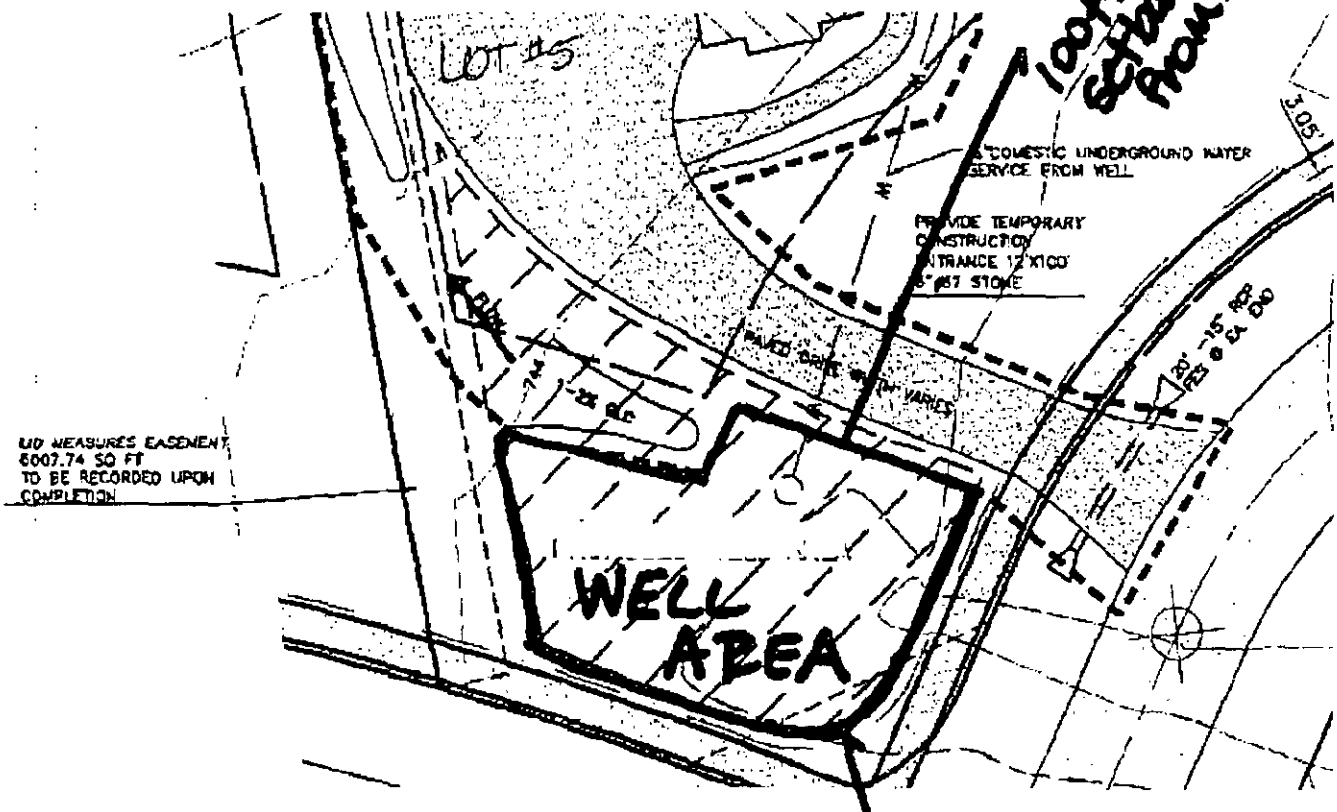
Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

10' from property boundary
25' from building foundations
100' from public sewer line/septic tank, drainfield and repair areas
50' from surface water bodies,

and shall not be located in any SWIM Buffer, easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kim Chesto Date: March 14, 2008

Owner/Legal Agent: [signature] Date: March 14, 2008



15336 Pavilion Hill Circle
PID #019-243-20
File: # 6637B

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

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Kim Garrett, RSI
Authorized Agent: Print Name

Kim Garrett, RSI
Signature:

Owner/Legal Agent: Print Name

Signature:

Well Permit # 10003310

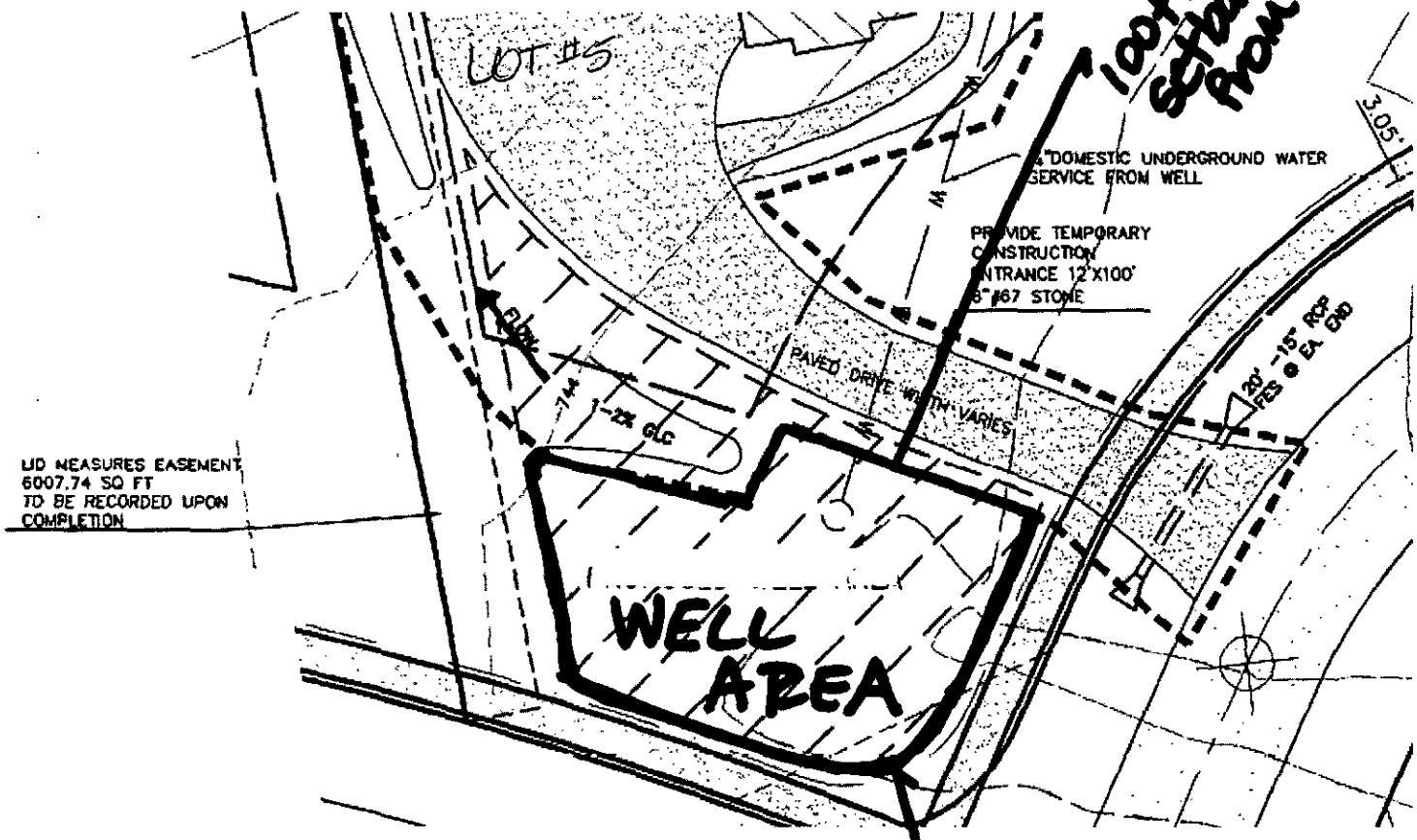
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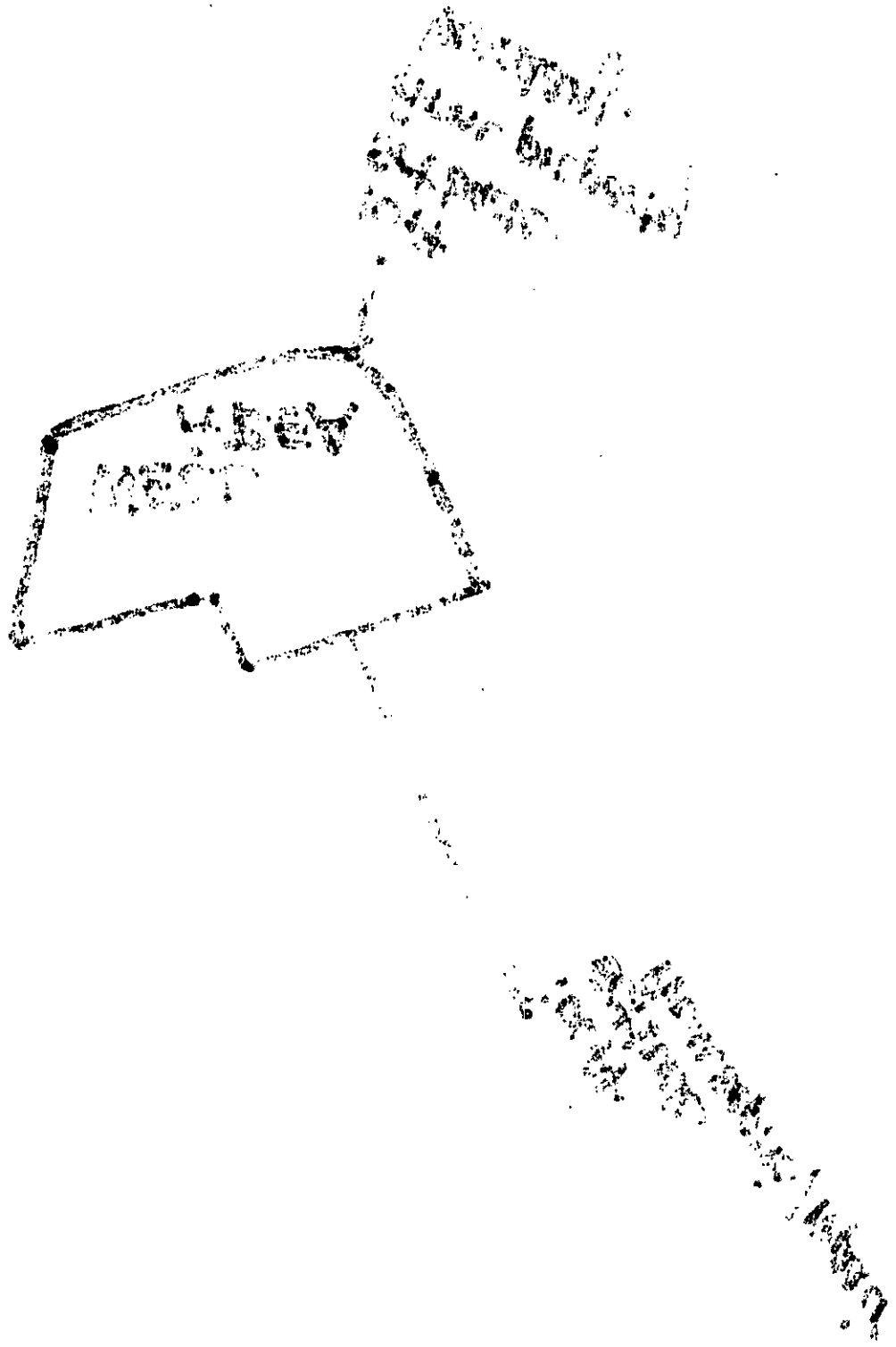
and shall not be located in any SWIM Buffer, easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kim Canetto Date: March 14, 2008

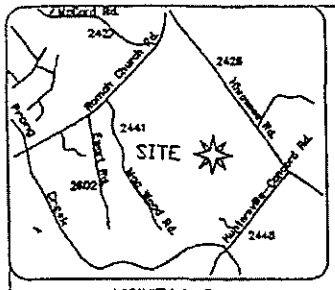
Owner/Legal Agent: _____ Date: _____



15336 Pavilion Hill Circle
PID #019-243-20
File: # 6637B



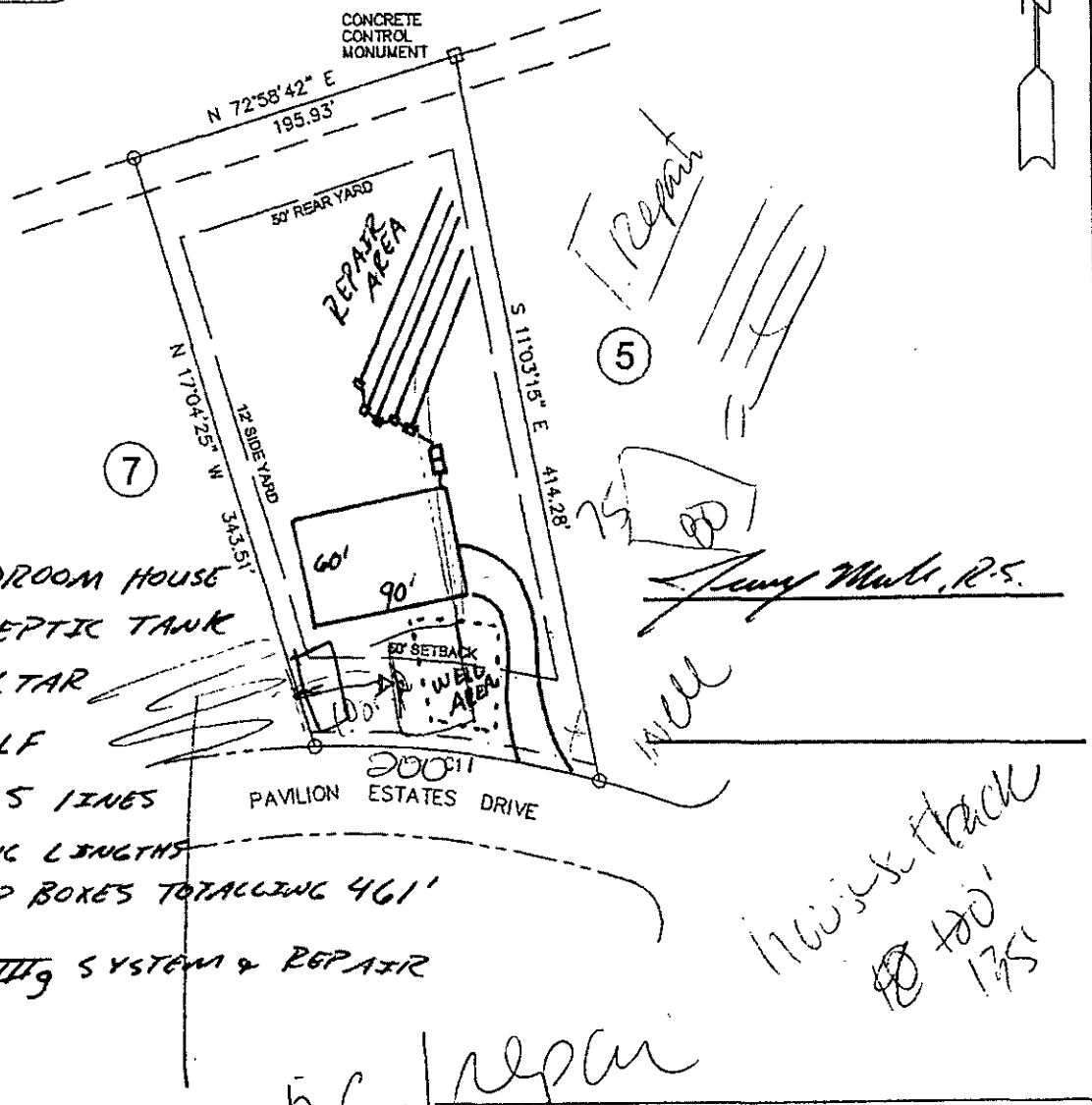
Lot 6



VICINITY MAP

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C1	167.83'	575.00'	N 82°50'01" W	167.23'

6638B



→ 5 BEDROOM HOUSE
→ 1500 SEPTIC TANK
→ 0.325 LTAR
→ 461 TLF
→ INSTALL 5 LINES @ VARYING LENGTHS W/ DROP BOXES TOTALING 461'
→ TYPE IIIg SYSTEM & REPAIR

I repair

Jerry Mark, P.S.

Newsletter

Septic Repair

LEGEND

- ○ SET IRON PIN (#5 REBAR)
- ● EXISTING IRON PIN (AS DESCRIBED)
- TIE LINE
- BOUNDARY AS SURVEYED
- BOUNDARY BY DEED OR PLAT
- RIGHT OF WAY
- EASEMENT

PLOT PLAN — SURVEY

PROPERTY OF: LOT 6 THE PAVILION

HUNTERSVILLE TWP., MECKLENBURG CO., NC

ADDRESS: 13332 PAVILION ESTATES DRIVE, HUNTERSVILLE, NC

LOT 6, BLOCK ____, THE PAVILION

SCALE: 1 IN. = 100 FT. DATE: JUNE 21, 20 06

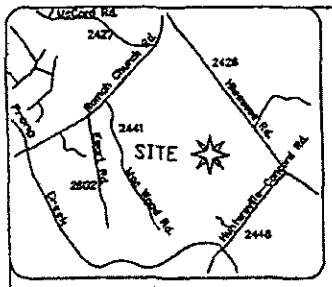
0 100 200 300

CONCORD ENGINEERING & SURVEYING, INC.
ENGINEERS - SURVEYORS - PLANNERS
45 SPRING STREET SW CONCORD (704) 786-5404
CONCORD, NC 28025 FAX (704) 786-7454
ACAD FILE: LOT 6.DWG

© CESI 2006

JOB NO.: 050306.001

PID# 01924321 lot 4



VICINITY MAP

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C1	117.55'	115.00'	N 88°03'16" W	112.50'

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S 28°21'35" E	3.05'

6636B

TERRY C. PHILLIPS
01942112
9515-402
LOT 1
MB 27 PG 754

REMAINS OF 30" HICKORY WITNESS BY 1 1/2" ROD

47.96'
1.31'
275.00'
S 84°11'21" E 625.75' TOTAL
50' REAR YARD
REPAIR AREA 100'
S 08°49'31" E 363.17'
12' SIDE YARD
N 17°07'23" E 353.19'
5
3
60'
90'
WELL
50' SETBACK AREA
C1
50' PUBLIC R/W
PAVILION HILL CIRCLE

→ 5 BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 5 LINES X 100' X 3'
→ 500 TLF
→ TYPE III, 25% REDUCTION SYSTEM & REPAIR

Jerry Wade, R.S.

LEGEND

- ⊙ SET IRON PIN (#5 REBAR)
- ● EXISTING IRON PIN (AS DESCRIBED)
- TIE LINE
- BOUNDARY AS SURVEYED
- BOUNDARY BY DEED OR PLAT
- RIGHT OF WAY
- EASEMENT

PLOT PLAN SURVEY

PROPERTY OF: LOT 4 THE PAVILION

HUNTERSVILLE TWP., MECKLENBURG CO., NC

ADDRESS: 15328 PAVILION HILL CIRCLE, HUNTERSVILLE, NC

LOT 4, BLOCK ____, THE PAVILION

SCALE: 1 IN. = 100 FT. DATE: JUNE 21, 20 06

0 100 200 300

CONCORD ENGINEERING & SURVEYING, INC.
ENGINEERS - SURVEYORS - PLANNERS
45 SPRING STREET SW CONCORD (704) 786-5404
CONCORD, NC 28025 FAX (704) 786-7454
ACAD FILE: LOT 4.DWG

© CESI 2006

JOB NO.: 050306.001

BM P Walker

FILE NUMBER: 6637B

Revised On: August 31, 2007

APPLICATION NUMBER: 3310

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 400.00
DATE: 3-4-08
charged acct X30400

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: 01924320
STREET ADDRESS: 15336 Pavilion Hill Circle
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: The Pavilion
LOT #: 5 LOT SIZE (acres): 1.454 Acres
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☑ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

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

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

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

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

	☐ ANY TYPE	☐ CONVENTIONAL	☑ ACCEPTED	☐ INNOVATIVE	☐ ALTERNATIVE	☐ OTHER _____
8A. RANK:	____	____	____	____	____	____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO
EXISTING WASTEWATER (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

10. **PROPERTY OWNER:**
NAME: Augusta Homes, Inc.
ADDRESS: 10602 Bailey Rd, Suite B
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE: 704 892 7795
MOBILE PHONE: FAX: 704 892 7244

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

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 11/9/07

13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

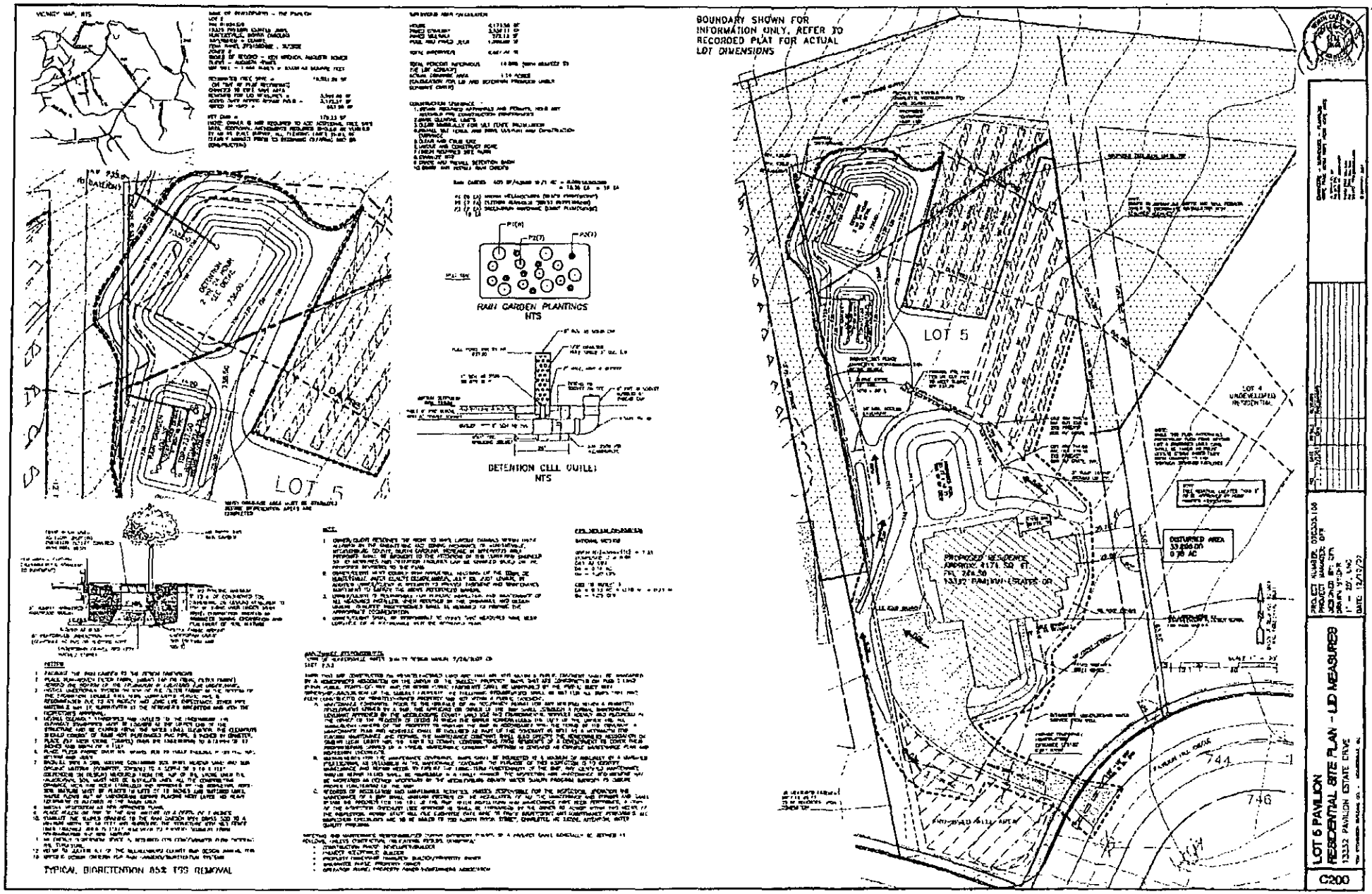
14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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.

_____
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.

Angie Hudson 3/3/08
Property Owner's or Owner's Legal Representative Signature Date

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


BOUNDARY SHOWN FOR INFORMATION ONLY. REFER TO RECORDED PLAT FOR ACTUAL LOT DIMENSIONS
LOT 5
LOT 4
UNDEVELOPED RESIDENTIAL
PROPOSED RESIDENCE
DISTURBED AREA
0.78 AC
RAIN GARDEN PLANTINGS
NTS
DETENTION CELL OUTLET
NTS
TYPICAL BIORETENTION 85% TSS REMOVAL
LOT 6 PAVILION
RESIDENTIAL SITE PLAN - LID MEASURES
13332 PAVILION ESTATE DRIVE
C200

AUGUSTA HOMES

Fax Transmittal Cover Sheet

TO: Meck County Groundwater & Wastewater Services

FROM: Angie Hudson

DATE: March 3, 2008

PAGES (including cover sheet): 6

FAX # (704) 336-6894

RE: We have an outstanding balance of $300.00 for the septic permit. We will also need to pay $400.00 for the well application/permit. Can you please charge our account (x30400)?

Please call with any questions or issues.

Thank you!

10602-B Bailey Road, Cornelius, NC 28031
Phone: 704.892.7795 Fax: 704-892-7244
www.augustahomesnc.com