

7921 HICKORY DR

10802210

1/9/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5807B DATE: 2/22/06

TC: 108-022-10 ☐ L ☒ CRT

SERIAL 19911

Name of Owner SALOMON & ASSOCIATES Juris.: _____

Address of Property 7921 HICKORY DR.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 225

Number of Lines 3 @ 75'

Cover Depth 28"

Water Supply Source WELL

Distance to Water Source 750'

Excavation Inspected 2/22/06

Tank(s) Inspected 2/22/06

Wash Line Inspected N/A

High Water Alarm Inspected N/A

INSTALLED ACCORDING TO PLANS ON FILE SUBMITTED BY S&EC 3/2/05

PLOT

Design 2000, INJ, 25% REDUCTION, 675FT², T, 1500ST CTR# N.T. Norwood

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

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. This issuance of this

☐ Certificate of Completion ☒ 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. 1990 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/revocation of this permit.

COMMENTS: CHAMBER, INNOVATIVE SYSTEM, 25% REDUCTION.
INSTALLED ACCORDING TO PLANS ON FILE SUBMITTED BY S&EC.

_____
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 5807B DATE: 2/22/06

TC: 108-022-10 ☐ L

SERIAL Nº 20643

Permission is hereby given to _____ (Install or Construct), _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/05. All work shall be completed on or before 3/06, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

INSTALL ACCORDING TO PLANS ON FILE SUBMITTED BY S&EC - 3/2/05

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 40"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 225 feet

Number of Lines 3 @ 75'

Depth of Stone N/A inches

Distance from House 75' feet

Distance from Property Line 710' feet

Distance from Well 750 feet

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

NAME OF OWNER SALOMON & ASSOCIATES

LOCATION OF PROPERTY 7921 Hickory Dr.

Comments: INSTALL ACCORDING TO PLANS ON FILE SUBMITTED BY S&EC, 3/2/05

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 JUN 19 01:57 PM
BK:20609 PG:713-716 FEE:$20.00

INSTRUMENT # 2006121432

2006121432

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE #: 5807B

PARCEL #: 108-022-10

S. Salloum Contractors, Inc. dba/

The undersigned, Salomon & Associates, owner of property located at 7921 Hickory Dr., Charlotte, NC, (the "site") and described in an instrument recorded in Book 6 at Page 873, 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 will apply to the site:

This instrument was prepared by: City of Charlotte

Mail after recording to: Sahar Salloum

P.O. Box 18434

Charlotte, NC 28218

- 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 regulation in effect at the 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 the Department, 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 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 16th day of June, 2006.

S. Salloum Contractors, Inc. dba. Salomon & Associates _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST: _____

Asst. Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, D. DAVIDSON, a Notary Public for said County and State, do hereby certify that SAFA SALLOUM personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal this 16th day of JUNE, 2006.

D. Davidson
Notary Public

My Commission Expires:

8-29-06

D. DAVIDSON NOTARY PUBLIC MECKLENBURG COUNTY, NC

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, D. DAVIDSON, a Notary Public for said County and State, do hereby certify that SAHAR SALLOUM personally came before me this date and acknowledged that She is ASST. Secretary of S. SALLOW CONTRACTORS, INC, 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 SAHAR SALLOUM as its ASST Secretary.

WITNESS my hand and notarial seal this 16th day of JUNE, 2006.

D. Davidson
Notary Public

My Commission Expires:

8-29-06

D. DAVIDSON NOTARY PUBLIC MECKLENBURG COUNTY, NC

REVISED 8-13-02

S&EC

Soil & Environmental Consultants, PA

236 LePhillip Court, Suite C • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

FACSIMILE SHEET
FAX NO. (704) 720-9406

DATE: 3/2/05 Project Number: 5-1505s1

TO: Name: Drew Walker CC: Don Tetrault

Company: Meck Co Health Dept.

Fax Number: (704) 336-6894 (704) 414-2119

FROM: Wendell Overby SUBJECT: Don Tetrault-Irwin Road

The following items are being faxed. Number of pages including transmittal sheet: 7

____ For Your Comments/Approval
x For Your Information
____ Per Our Conversation
____ Per Your Request
____ Please Advise
____ Please Call
____ Would Like To Discuss
____ Please Handle

3-15-05 PLAN APPROVED

HARD COPY SENT:

x US Regular Mail
____ Hand Delivery
____ Overnight
____ No Hard Copy Sent

SEE CONDITIONS

REMARKS:

IF YOU HAVE ANY QUESTIONS OR PROBLEMS WITH THIS TRANSMISSION,

PLEASE CONTACT Wendell AT (704) 720-9405.

CONFIDENTIALITY NOTICE

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the faxed documents to us at the above address via the United States Postal Service.

Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Hickory Area Office:
622 Coon Mountain Lane
Taylorsville, NC 28681
Phone: (828) 635-5820
Fax: (828) 635-5820

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone (919) 846-5900
Fax: (919) 846-9467

S&EC

Soil & Environmental Consultants, PA

236 LePhillip Court, Suite C • Concord, North Carolina 28025 • Phone: (704) 720-9405 • Fax: (704) 720-9406
www.SandEC.com

March 2, 2005
Job #5-1505s1

Mecklenburg County Health Department
Attn: Drew Walker
700 North Tryon Street
Charlotte, NC 28202

Re: Irwin Road-Don Tetrault

Dear Mr. Walker:

Enclosed please find a proposed site plan/septic system layout for a proposed 3-bedroom home (360gpd) for Don Tetrault on Irwin Road. Soil & Environmental Consultants, PA (S&EC) met Mr. Bill Marlin and the landowner for soils evaluation work. An area of usable saprolite was identified in the field on the property. S&EC has performed a layout of proposed system and repair areas since our site meeting with you and Mr. Bill Marlin. Specifically, we propose a chamber innovative system (25% reduction) and block panel repair. Based on acceptable loading rates for sandy loam saprolite we've incorporated a Long Term Acceptance Rate of 0.4gpd/ft^2 into the design. Therefore 225lf of system area and 150lf of repair area are proposed. I've enclosed drawings of the site plan, layout specifications, a typical trench detail, and profile descriptions. If acceptable the client proposes to add an additional 50' adjacent to the original lot and rerecord the parcels. We are proposing gravity fall to the tank and to the field via drop box distribution. At this time we do not know if gravity fall to the field will work. If not a 1500-gallon pump tank and pressure manifold would be necessary.

If you have questions or comments regarding the attached information please call.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist

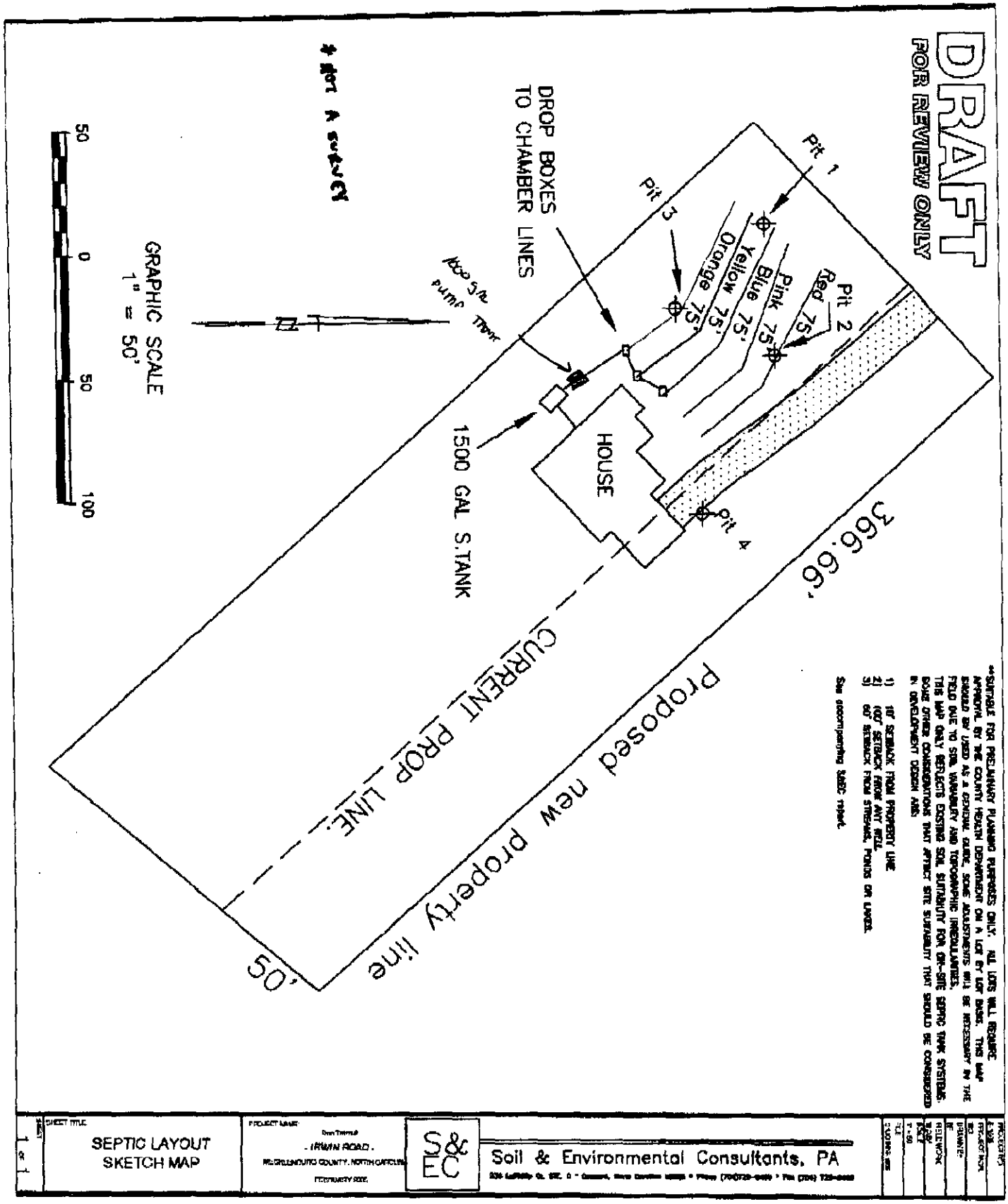
cc: Don Tetrault



Greensboro Office:
3817-E Lawndale Drive
Greensboro, NC 27455
Phone: (336) 540-8234
Fax: (336) 540-8235

Hickory Area Office:
622 Coon Mountain Lane
Taylorsville, NC 28681
Phone: (828) 635-5820
Fax: (828) 635-5820

Raleigh Office:
11010 Raven Ridge Road
Raleigh, NC 27614
Phone (919) 846-5900
Fax: (919) 846-9467


DRAFT
FOR REVIEW ONLY
Proposed new property line
CURRENT PROP LINE
366.66'
50'
HOUSE
1500 GAL S.TANK
DROP BOXES TO CHAMBER LINES
Pit 1
Pit 2
Pit 3
Pit 4
Orange 75'
Yellow 75'
Blue 75'
Pink 75'
Red 75'
GRAPHIC SCALE
1" = 50'
50
0
50
100
SEPTIC LAYOUT SKETCH MAP
- IRWIN ROAD -
Soil & Environmental Consultants, PA

Lot 7 Hickory Acres-Don Tetrault

Project # 5-1505s1

LAYOUT FOR 3 BEDROOM HOME

February, 2005

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH
TBM		10.0			100.0	
INSTR. 1			110.0	4.10		
			SYSTEM			
*1	ORANGE			3.60	106.4	75
*2	YELLOW			4.20	105.8	75
*3	BLUE			4.80	105.2	75
			REPAIR			
4	PINK			5.60	104.4	75
5	RED			6.10	103.9	75
					Total	**375**

	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	INNOVATIVE SYSTEM	DISTRIBUTION
* *System*	225	0.40	INNOV.	0.40	CHAMBER	DROP BOXES
Repair	150	0.40	PPBPS	0.40	N/A	GRAVITY

Notes:

** The above distribution assumes gravity fall to tank and trenches.

**System and repair LTAR's for sandy loam saprolite

** TBM located on top of front left EIP.

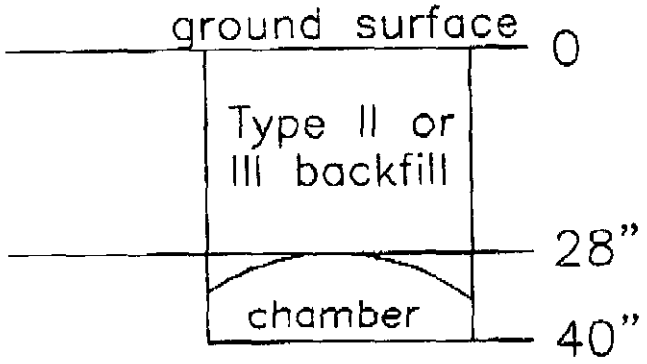
**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings

TYPICAL TRENCH DETAIL



SANDY LOAM SAPROLITE

Profile Description
Don Tetrault/Irwin Road
Mecklenburg County
Job #5-1503s1

Pit 1 Profile Description

Horizon	Depth	Color	Mottles	Texture	Structure
BA	0-2"	10YR 5/6 2.5Y 4/4		Sandy clay loam	Weak Subangular blocky
Bt	2-13"	10YR 5/4	2.5Y 5/2 10YR 6/8	Sandy clay loam	Medium Angular blocky
C1	13-20"	7.5YR 4/6	2.5YR 8/4 10YR 7/1	Sandy loam (Sap)	Structure-Less
C2	20-54"+	2.5Y 8/4 7.5YR 4/6		Sandy loam (Sap)	Structure-Less

Pit 2 Profile Description

Horizon	Depth	Color	Mottles	Texture	Structure
A	0-2"	2.5Y 6/4		Sandy loam	Weak Granular
Bt	2-26	7.5YR 5/6 2.5Y 6/3	10YR 7/1	Sandy clay loam	Weak Medium Angular Blocky
C	26-43"	10YR 6/8	2.5Y 7/6	Sandy loam	Structure-Less (sap)

Pit 3 Profile Description

Horizon	Depth	Color	Mottles	Texture	Structure
A	0-2"	2.5Y 3/3		Sandy loam	Weak Granular
Bt	2-26"	10YR 6/6	10YR 6/1	Sandy Clay Loam	Weak Medium angular blocky
C	26-60"	Multicolor		Sandy loam	Structure-Less (sap)

Pit 4 Profile Description

Horizon	Depth	Color	Mottles	Texture	Structure
A	0-4"	10YR 5/8		Sandy loam	Weak Granular
Bt1	4-24"	10YR 5/6	10YR 5/2	Clay	Massive
Bt2	24-38"	10YR 5/8 10YR 6/6		Sandy clay loam	Massive
BC	38-58	Multicolor		Sandy loam	Structure-less (sap)

FEE: 300.00
DATE: 6/14/05
X31022

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

Project # 132358

LO

PERMIT NUMBER: 5807-B
PARCEL NUMBER: 108-022-10

JOB LOCATION ADDRESS: 7921 Hickory Drive
PROPERTY OWNER: Salomon and Associates
BUILDING CONTRACTOR: ____
SUBDIVISION NAME: ____
AUTHORIZATION ISSUED BY: Jackson A Walker DATE: 6-14-05

DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5807-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

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

5. OTHER CONDITIONS:
   Construction Authorization shall not be released until survey showing new plat with additional 50 feet added as shown by th proposed plan by S&EC.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5807-B** Tax Number: **10802210**

- 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

Primary Wastewater System

Type: ☐ 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:

.4 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	900 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	225 Total trench length (ft)	40 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	1000 Gallon pump tank	na Depth of stone (in)	

Any surface water present: Type: Minimum separation distance (ft):

Additional conditions: **(1) Install a 1000 gal pump tank**
(2) Use a D- box to feed into drop boxes. *Install a gate valve at the d-box.*

Repair Area System

Type: ☐ 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:

900 Absorption Area (ft^2) 175 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	40 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

DENR Authorized Agent — Date 3-15-05

Owner/Agent Signature — Date Darlene Davidson 6-14-05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

MECKLENBURG COUNTY
Health Department

January 28, 2005

Salomon and Associates
2315 Rama Road
Charlotte, NC 28212

Re: Application for improvement permit for
Property Site: 7921 Hickory Drive
Health Department file number: **5807B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on **January 26, 2005** evaluated the above-referenced property at the site designated on the plat that accompanied your improvement permit application. According to your application the site is to serve a three-bedroom residence, with a design wastewater flow of 360 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 **January 28, 2005.** 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,

J. Andrew Walker, R.S.
Authorized Agent - DENR

Encl: (2)

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

Sheet: 1 of 2
Property ID: 108-022-10
Lot #: 17
File #: 5807B
Code: 3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Salmon & Assoc.
Applicant:
Address: 2315 Rama Road, Charlotte, N. C. 28212
Date Evaluated: 1/26/2005
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .75a
Location of Site: 7921 Hickory Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] 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	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-6	COMPACTED	MIXED	>57" TO SOIL WETNESS		US	NONE	US, SAP II .3GPD/FT^2
		6-57	M/SL	FR/SEXP/NS/NP					
		END OF	PIT HAS HARD	SAPROLITE					
2	LS, 8	0-24	ABK/C	VFI/EXP/VS/VP	2.5Y 7/1@18"	24	"	"	"
		24-35	M/SCL	FR/SEXP//SS/SP					
		35-63	M/SL	FR/SEXP/NS/NP					
		END OF	PIT HAS HARD	SAPROLITE					
3	LS, 10	0-13	GR/SL	FR/SEXP NS/NP	>57" TO SOIL WETNESS	41	"	"	US
		13-41	M/SCL	FR/SEXP/SS/SP					
		41-57	M/CL	"					
4	"	0-19	SBK/SC	VFI/EXP/VS/VP	2.5Y 7/1@18"	19	"	"	"
		19-58	M/SC/SCL	VFI/EXP/VS/VP					

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

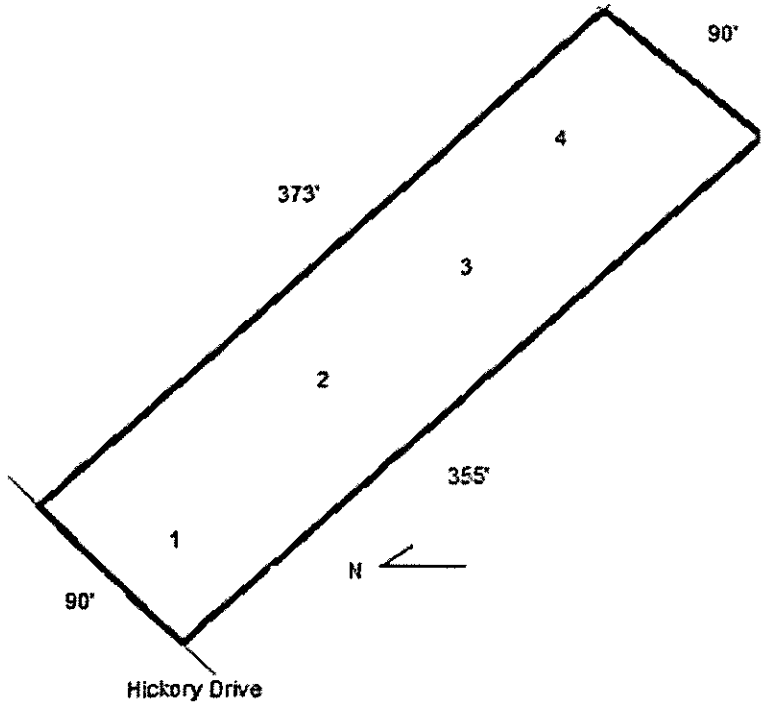
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 1/31/2005, W. R. Marlin
Others Present:

COMMENTS:

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		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

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

Sketch of Soil Evaluation Locations



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

ACS

Sheet: 1 of 2
Property ID: 108-022-10
Lot #: 17
File #: 5807B
Code: 3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

pg 1

Owner: Salomon & Associates
Applicant:
Address: 2315 Rama Road, Charlotte, N. C. 28212
Date Evaluated: 1/20/2005
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .71a
Location of Site: 7921 Hickory Drive
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] 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		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS, 15	0-7	GR/SCL	FR/SEXP/SS/SP	>25" TO SOIL WETNESS	25	N/A	NONE	US
		7-25	SBK/SC	VFI/EXP/VS/VP					
2	"	0-5	GR/SCL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	15	"	"	"
		5-15	SBK/SCL	"					
		15-30	M/SCL	"					
3	"	0-5	GR/SCL	"	>12" TO SOIL WETNESS	12	"	"	"
		5-12	M/SC	VFI/EXP/VS/VP					
4	LS, 8	0-2	GR/SCL	FR/SEXP/SS/SP	2.5y5/1@ 6"	8	"	"	"
		2-8	SBK/SC	VFI/EXP/VS/VP					

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

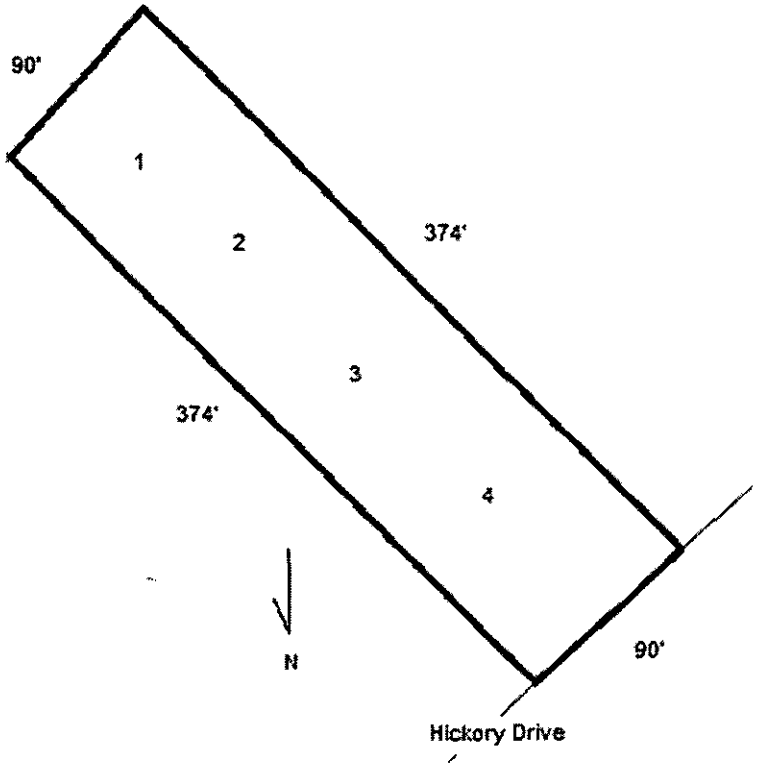
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 1/21/2005, W. R. Marlin
Others Present:

COMMENTS:
does not appear to be 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		CL-Clay Loam		
FP-Flood Plain		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
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/21/05	**Amount:**	100.00
Receipt #:	30965	**Tendered:**	100.00
Check / Auth #:	CHECK 1229	**Returned:**	0.00
Received By:	JOHNSK		

Account Information

Account #: 200000
Contractor: SALOMON & ASOCIATES
Attn: S SALLOUM CONTRACTORS INC
Address: PO BOX 18434
Address:
City/State/Zip: CHARLOTTE, NC 28218

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 7921 HICKORY DR 2ND TEST		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
720.00					

$100 1/21/05 2nd site visit Ck. 1229

GWS – RES. APP 12/04

SEPTIC FEE: $200 CK# 12838
DATE: 1/12/05
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:
DATE:
CRT [ ]

FILE # 5807B

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 108-022-10
STREET ADDRESS: 7921 Hickory Drive.
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME: Hickory Acres
LOT #: 17
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 1400
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

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

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

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

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

PROPERTY OWNER:

NAME: Salomon + Associates
ADDRESS: 2315 Rama Rd
CITY: Charlotte
STATE: N.C. ZIP: 28212
HOME PHONE: — WORK PHONE: 704-414-2111
MOBILE PHONE: FAX: 704-414-2119

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ~~06-05~~ June 2005

*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.

1-12-05
Owner's/Agent's Signature Date

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

Owner's/Agent's Signature Date

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

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

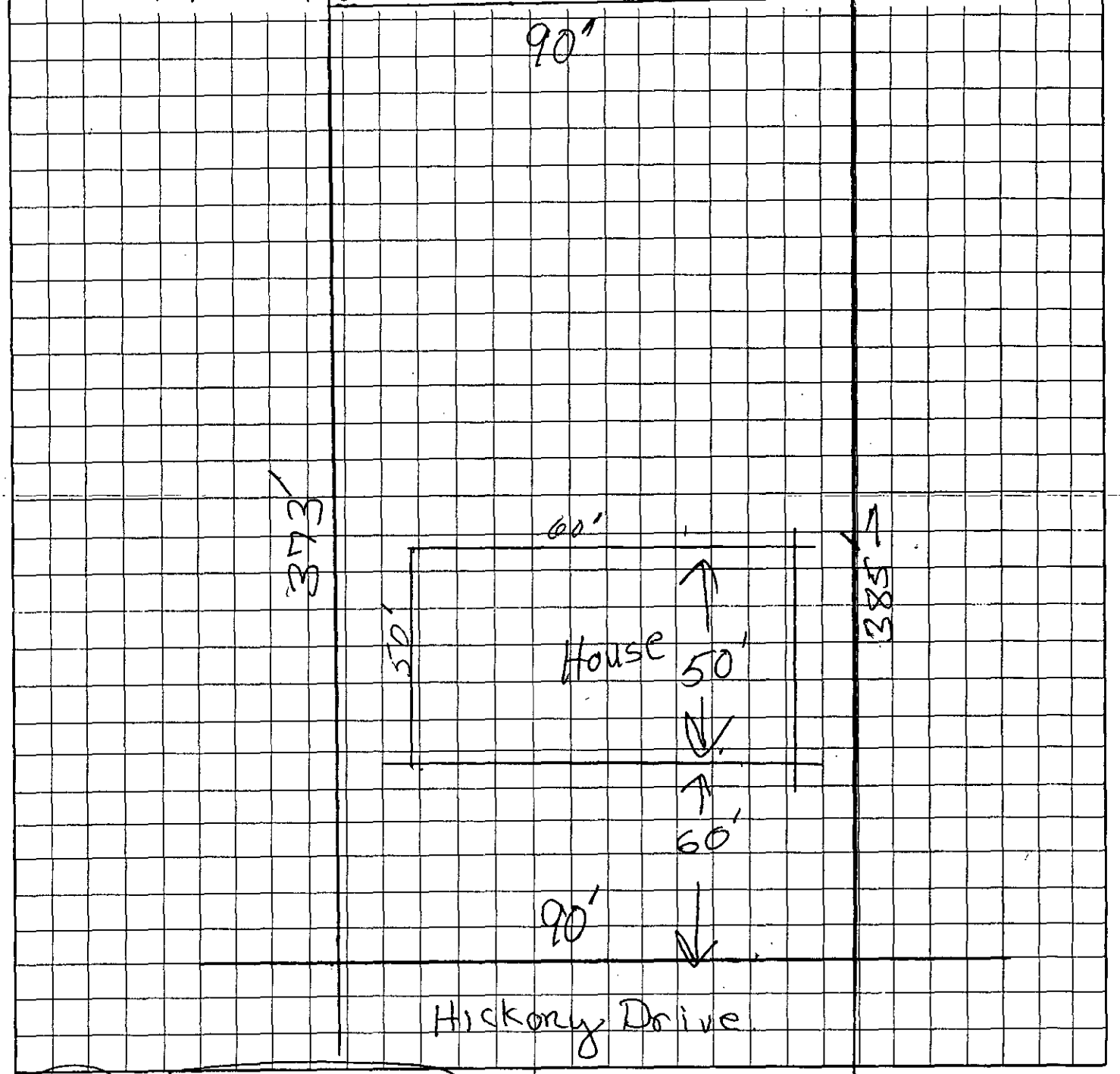
PROPOSED PLOT PLAN

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

FILE: 5807B

TC: 108-022-10

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



OWNER/AGENT SIGNATURE

DATE 1-12-05

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

N48°01'00"E 89.92' NMFS DIRT ROAD N48°01'00"E

NMFS

Y DRIVE

60' R/W (NOT C

(29.94')

(29.59')

1/2" PIPE (F)

1/2" PIPE (F)

S47°59'47"W 60.69'

Drive

,09

,05 House

,09

(TOTAL)

S42°00'23"E

385.24'
(355.30')

PART OF TRACT NO. 17
34,099 SF or
0.783 ACRES

TRACT NO. 18
72,001 SF or
1.653 ACRES

(343.71')

373.29'

N42°00'33"W

(TOTAL)

0.35'

3/4" PIPE (F)

INSET N.T.S

1/2" PIPE (F)

S40°26'47"W 90.68'

SEE INSET

3/4" PIPE (F)

201.75'

(105.04')

1/2" PIPE (F) ON LINE

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/27/2006 01:02 PM

LABORATORY SERVICES DIVISION

LOCATION: G-94
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/7/2006 15:00
CHAIN OF CUSTODY #: 06060157
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB75422	**NITRATE**	**0.31**	**mg/L**	0.05	EPA 353.2	6/9/2006 14:15	EKN
AB75422	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/9/2006 9:05	EWN

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

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

CHAIN OF CUSTODY RECORD

CLIENT: **Mecklenburg County, LUESA - Groundwater & Wastewater Services**

FACILITY: Groundwater **(Potable Water)**

ADDRESS: 7921 Hickory Drive, Charlotte NC 28215

LAB CODE: REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 00060157

Sampled By (Print Name): Debra Howell

SAMPLE ID	Sample Collectors Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-94	DH	6-7-06 3:00pm	N/A N/A	N	66.2°F	9.4				X	500 ml		1			X				X	X	
G-94	DH	6-7-06 3:00 pm	N/A N/A	N	66.2°F	↓				X	125 ml		1	X								X

9/7/42

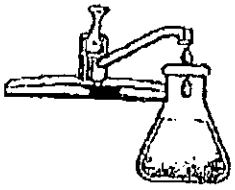
Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only

Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/7/06	1626
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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



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

Date: 06/22/06

Client: DL Mullis
9200 Surface Hill Rd.
Charlotte, NC 28227

Project: Salomon & Associates
7921 Hickory Dr.

Sample Description: Drinking Water
Sample Number: E1454
Sample Date: 06/19/06
Sample Time: 16:30

Parameter	Results	Units	Method	Date Analyzed
Nitrate	<1.0	mg/l	SM4500-NO3-D	06/21/06
Nitrite	<0.05	mg/l	SM4500-NO2-B	06/21/06

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

Certified By G Knight

NC Certification 37767
SC Certification: 99051

D.L. Mullis Well Drilling, Inc.

P.O. Box 691446
Charlotte, NC 28227-7025
704-545-5694

Invoice

Date	Invoice #
6/22/2006	4962

Bill To
SALOMON & ASSOCIATES P.O. BOX 18434 CHARLOTTE,NC 28218

P.O. No.	Terms	Project
7921 HICKORY DR	Due on receipt	

Quantity	Description	Rate	Amount
	WATER TEST TO CHECK FOR NITRATE AND NITRITE	100.00	100.00

Please remit to above address.

Total $100.00

P.O. Box 18434
Charlotte, NC 28218
Phone: 704-414-2111
Fax: 704-414-2119

Vista Communities

Fax

To:	Debra Howell	**From:**	Darlene Davidson
Fax:	704-336-6894	**Date:**	June 22, 2006
Phone:		**Pages:**	3
Re:		**CC:**	

☑ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Nitrate & Nitrite Test Results

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 6/13/2006 02:51 PM

LABORATORY SERVICES DIVISION

LOCATION: G-94
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/7/2006 15:00 CHAIN OF CUSTODY #: 06060158
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB75423	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/8/2006 11:30	NVR
AB75423	**Total Coliform**	**absent**	**P/A**		SM 9223B	6/8/2006 11:30	NVR

Comment: Total Coliform: Laboratory equipment malfunction. Samples were not maintained at the required incubation temperature for the full incubation period.

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

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	7921 Hickory Drive, Charlotte NC 28215
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06060158

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hard 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
G-94	DH	6-7-06 3:00 pm	N/A N/A	N	NA	9.4				X	100 ml		2						X		X

1375423

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/7/06	1626

Form Revision 07; effective 02/16/2006

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	7921 Hickory Drive, Charlotte NC 28215
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#:

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-94	DH	6-7-06 3:00pm	N/A N/A	N	66.2°F					X	500 ml		1			X					X	
G-94	DH	6-7-06 3:00 pm	N/A N/A	N	66.2°F					X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only .
Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

New Well Construction Activity Checklist **Permit #: 10000094** Well Contractor Database

1. Application & Well Siting

☑ Well permit Issued.			7/13/2005
☑ Registered Well Driller. Certification Number:	2036		8/18/2005

2. Onsite Inspection

☐ Observed	☑ Driller	*Required setbacks satisfied, approved* per permit.	8/18/2005

Grouting:

☑ Observed	☐ Driller	Grouted to a minimum of 20 ft. below land surface.	8/18/2005

Well Disinfection:

☑ Notification of disinfection			8/18/2005

Well Head:

☑ Well head construction approved.			8/18/2005

3. Well Sampling

☑ Appropriate water samples collected as required by permit.			6/7/2006

4. Approval

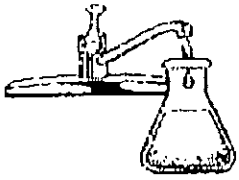
☑ Well construction form (GW-1) on file			6/12/2006
☐ Construction approval granted.			
☐ Construction approval denied.			

5. Additional Comments / Observations

3-30-06 Site visit revealed well inside of a wooden built house. Well tag and tap were inaccessible due to the closeness of the structure against the well head and well tap. May need to sample from the house tap once the house is built.

6/7/06 Sampled well for total coliform, nitrate and nitrite. Could not

Submit



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

File # 38078

Date: 05/26/06

Client: DL Mullis
9200 Surface Hill Rd.
Charlotte, NC 28227

Project: 7921 Hickory Dr

Sample Description:	Drinking Water		
Date Collected:	05/25/06	at	09:30
Date/Time analysis begun:	05/25/06	at	10:00
Date/Time analysis completed:	05/26/06	at	10:00

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

Lab Log #: E1079

Certified By: *[illegible]*

NC Certification: 37767
SC Certification: 89051

5807B

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) John M. Mullis CERTIFICATION # 2038

WELL CONTRACTOR COMPANY NAME D. L. Mullis Well Drilling PHONE # (704) 545-56

STATE WELL CONSTRUCTION PERMIT# (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: Charlotte County Meck
7921 Hickory Dr.
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

3. OWNER: Salomon & Associates
Address P.O. Box 18434
(Street or Route No.)
Charlotte NC 28218
City or Town State Zip Code
(704)-414-218
Area code- Phone number

4. DATE DRILLED 8-23-05

5. TOTAL DEPTH: 270'

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

7. STATIC WATER LEVEL Below Top of Casing: 80 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): 10 METHOD OF TEST Air

10. WATER ZONES (depth): 185' 245' 260'

11. DISINFECTION: Type HTH Amount 1-qt

12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From	0	To 115 Ft.	6"	SCO-40	P.V.C
From		To Ft.			
From		To Ft.			

13. GROUT:

	Depth		Material	Method
From	0	To 20' Ft.	Cement	pumped
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: _____

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

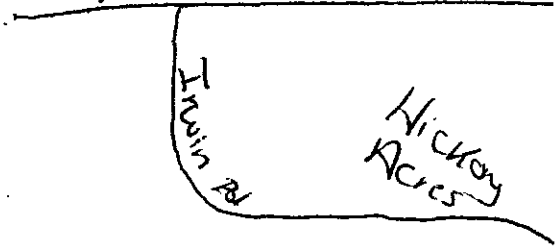
Latitude/longitude of well location
_____
(degrees/minutes/seconds)

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

DEPTH From	To	DRILLING LOG Formation Description
0 -	80'	Red Clay
80 -	115'	Brown Shale
115 -	270'	Blued white Granite

LOCATION SKETCH

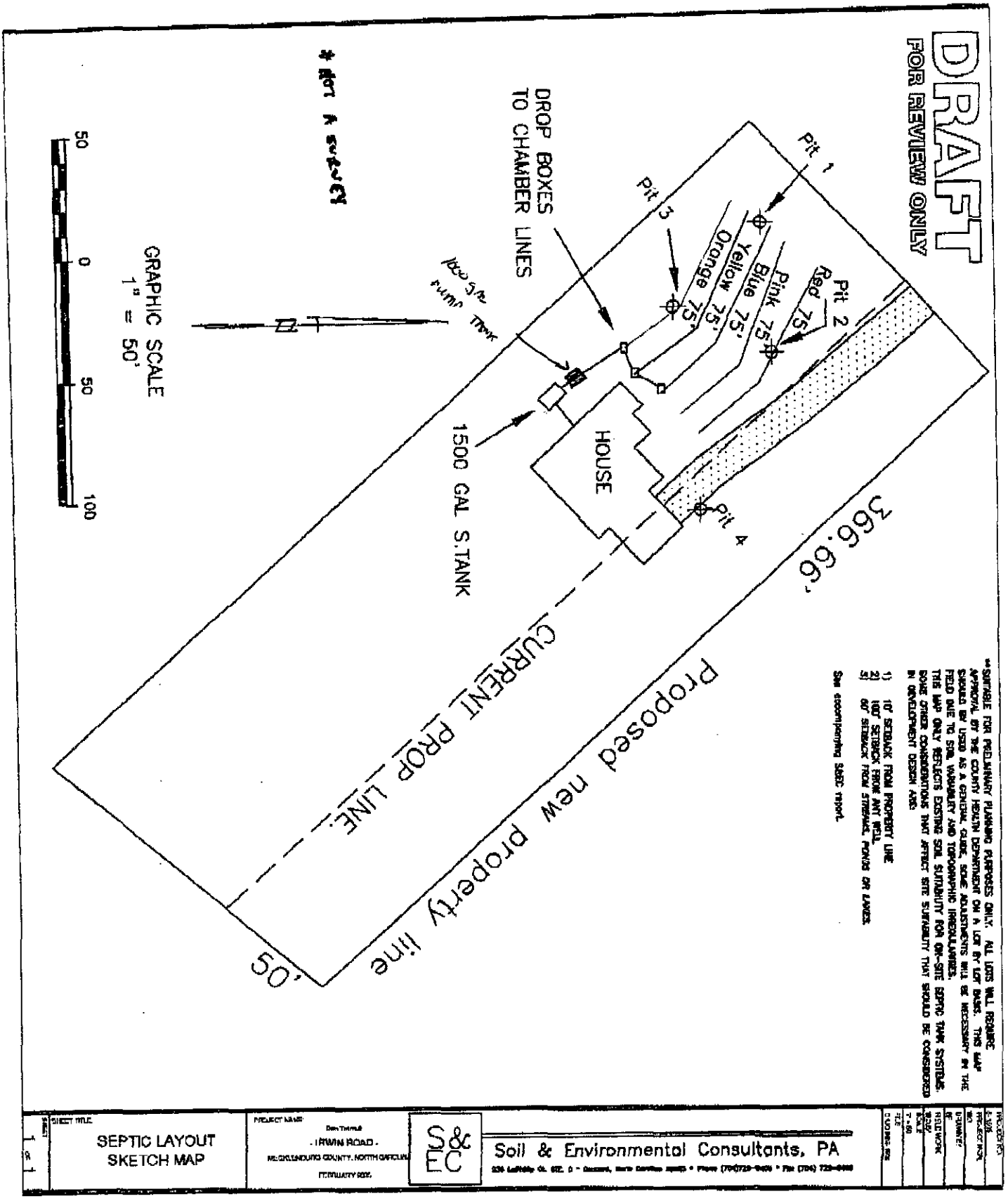
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



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

J.M. Mullis 8-23-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE


DRAFT
FOR REVIEW ONLY
Pit 1
Pit 3
Orange 75'
Yellow 75'
Blue 75'
Pink 75'
Red 75'
Pit 2
DROP BOXES
TO CHAMBER LINES
1500 GAL S.TANK
HOUSE
Pit 4
CURRENT PROP LINE
Proposed new property line
366.66'
50'
GRAPHIC SCALE
1" = 50'
50
0
50
100
**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:
1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES
See accompanying SSEC report.
SHEET TITLE
SEPTIC LAYOUT
SKETCH MAP
PROJECT NAME
- IRWIN ROAD -
MECKLENBURG COUNTY, NORTH CAROLINA
FEBRUARY 200_
S&EC
Soil & Environmental Consultants, PA

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000094 **Tax Parcel #:** 108-022-10
Property Owner: Salomon & Associates
Job Location Address:7921 HICKORY DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 7/13/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES
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 Certified Well Contractor that is currently registered with the Department 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.

Initial water sample to 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:
The septic system is being installed in a sandy loam saprolite. Therefore, a minimum 100 ft. well setback from any part of septic system and repair area is required.

TREVOR THOMASON
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Project #94

GWS – RES. APP 12/04

400.00

SEPTIC FEE [illegible]
DATE [illegible]
CRTF [illegible]

Acct# X31022

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 [illegible]
DATE [illegible]
CRTF X31022 V.W.

FILE # 58073

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 108-022-10
STREET ADDRESS: 7921 Hickory Drive
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 1500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

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

PROPERTY OWNER:

NAME: Salomon & Associates
ADDRESS: 2315 Rama Rd
CITY: Charlotte
STATE: NC ZIP: 28212
HOME PHONE: WORK PHONE: 704-414-2111
MOBILE PHONE: FAX: 704-414-2119

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12-20-04
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 9-1-05

*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.

Darlene Davidson 7/5/05
Owner's/Agent's Signature Date

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/06/05	**Amount:**	400.00
Receipt #:	35599	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X31022
Contractor: SALOMON & ASSOCIATES
Attn:
Address: P O BOX 18434
Address:
City/State/Zip: CHARLOTTE, NC 28218

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 7921 HICKORY DRIVE		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00	2,622.84				