

9024 LEAH MEADOW LN

13925163

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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 #: 6155B Permit #: 6155B Tax Parcel #: 139-251-19

Property Owner: GOLD MEDALLION HOMES

Job Location Address: 9024 LEAH MEADOW LN.

City: CHARLOTTE State: NC Zip Code: 28227

Operation Permit Issuance Date: 6/7/06 Contractor Name: BOBBY MACARVER

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) TIRE CHIPS

Depth of Cover: 16 inches

Distribution Device: D-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: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

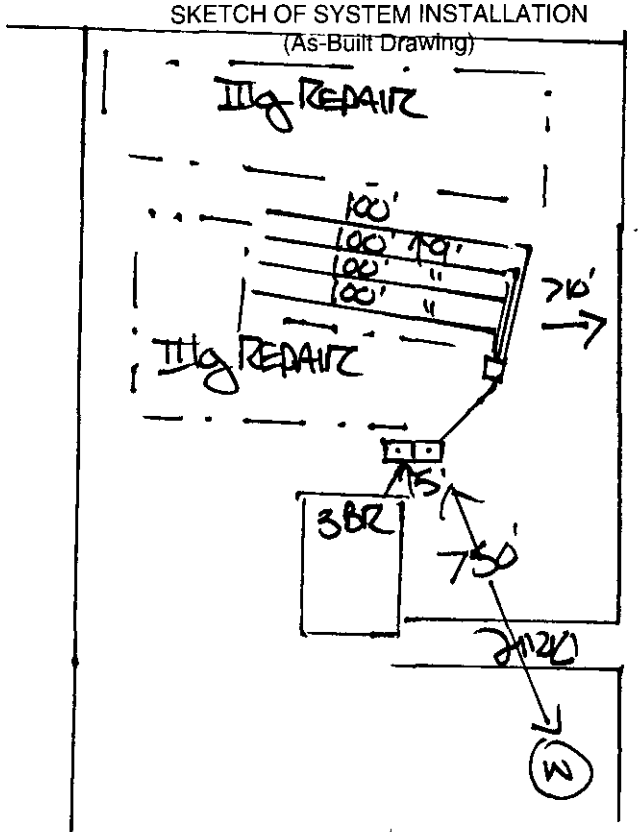
Inspection Dates

Tank(s) Inspected: 6/7/06

Excavation Inspected: 6/7/06

Pump & Controls Inspected: N/A

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: II CONVENTIONAL, TIRE CHIPS 12", 4 LINES @ 100'. 1500ST, D-Box. 750' FROM WELL, IIIg REPAIR

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: DAVID CORNELIUS, 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 #: 61558 Permit #: _____ Tax Parcel #: 189-251-19

Property Owner: GOLD MEDALLION HOMES

Job Location Address: 9024 LEAH MEADOW LN.

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 5/30/06

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 6/10/06, 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

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) GRAVEL

Distribution Device: D-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

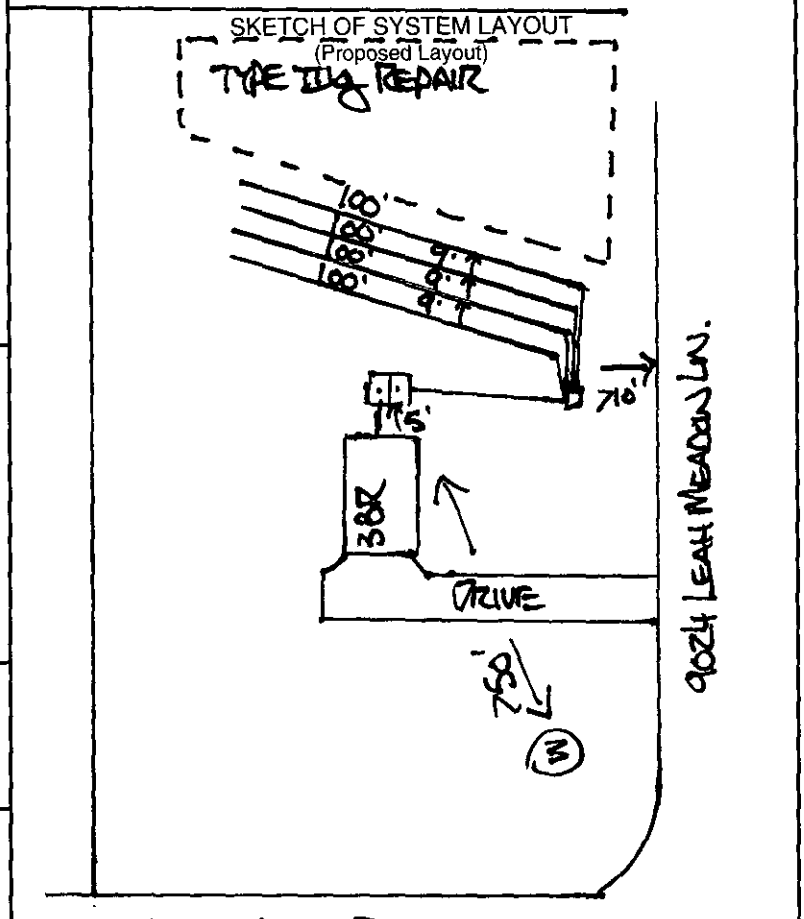
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet



Comments: System Classification & Type: TYPE II CONVENTIONAL. INSTALL 4 LINES @ 100' 1500 ST. D-BOX, IIIa REPAIR. STAY 10' OFF PROPERTY LINES, 75' FROM HOUSE LOCATION. 750' FROM WELL.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: DAVID CORNELIUS, RS

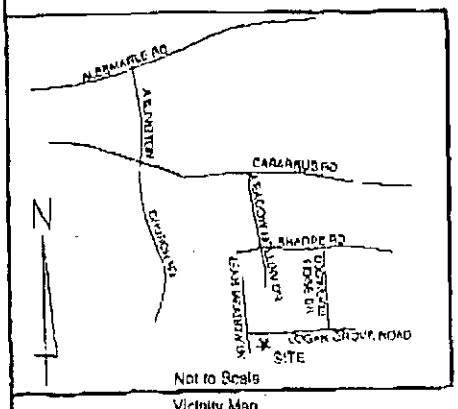
6155B

THIS IS TO CERTIFY THAT ON THE 21 DAY OF December 20 05 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

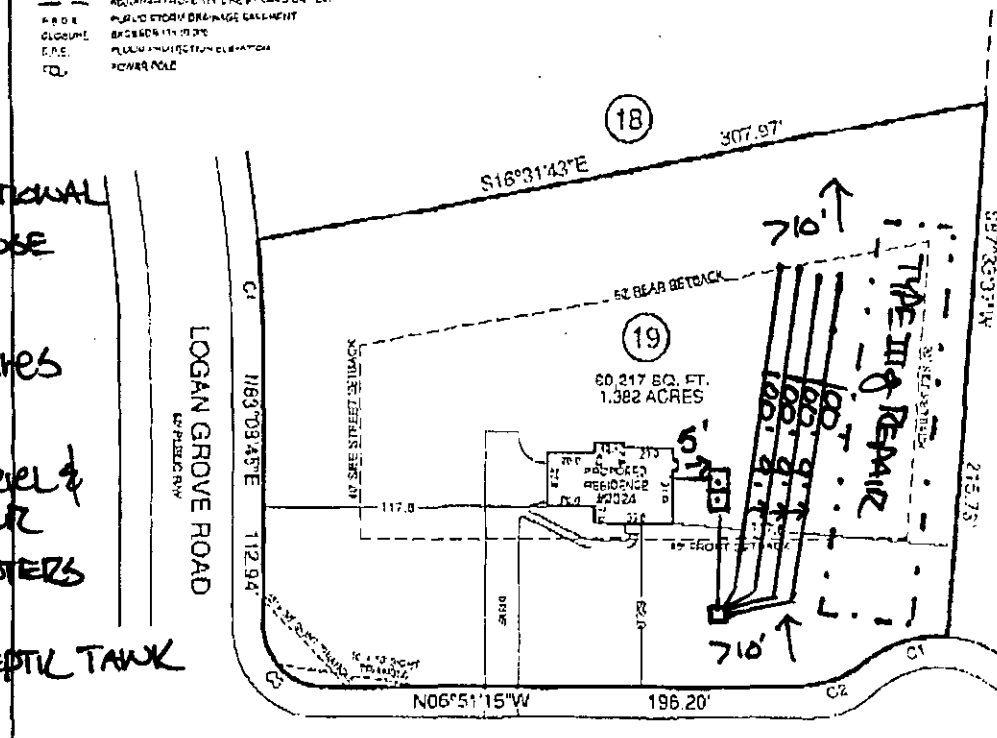
NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP



Vicinity Map

LEGEND





TYPE II CONVENTIONAL
- 3 BEDROOM HOUSE
- 360 G/D
- INSTALL 4 LINES @ 100'.
- PLACE LINES LEVEL & ON CONTOUR & ON 9' CENTERS
- 1500 GAL SEPTIC TANK

SETBACKS:
75' FROM HOUSE
710' FROM PROPERTY LINE

TYPE III REPAIR

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	39.02	50.00	N23°04'55"W	35.25
C2	32.17	50.00	N25°17'21"W	31.62
C3	39.28	25.00	N38°08'45"E	35.36
C4	45.30	530.00	N80°41'51"E	45.28

Dawn Lindley, RS
12/28/05

Plat Plan SURVEY
OF
Lot 19, Dogwood Ridge, Phase 3
Clear Creek Twsp., Mecklenburg County, N.C.

SCALE 1" = 60'
THE PROPERTY OF Gold Medallion Homes, LLC
MAP RECORDED IN BOOK 44 AT PAGE 752 DEED RECORDED IN BOOK _____ PAGE _____
Drawn By: SDH
FILE: C:\LAND PROJECTS 3\Meck County\DWGS\Dogwood Ridge Lot 19.DWG

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/13/06	**Amount:**	150.00
Receipt #:	45044	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: X35814
Contractor: GOLD MEDALLION HOMES LLC
Attn:
Address: 7240 FOREST RIDGE DR
Address:
City/State/Zip: MATTHEWS, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 9024 LEAH MEADOWS LANE		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,473.06	2,603.44				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/13/06
Receipt #: 45045
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X35814
Contractor: GOLD MEDALLION HOMES LLC
Attn:
Address: 7240 FOREST RIDGE DR
Address:
City/State/Zip: MATTHEWS, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9024 LEAH MEADOW LANE		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,623.06	2,603.44				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/13/06	**Amount:**	5.00
Receipt #:	45046	**Tendered:**	5.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: VILDLEZ ALEXANDRA
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0725	Document Copies FOOD & FACILITIES COPIES		1	5.00	5.00

----------Outstanding Balances----------

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PERMIT NUMBER: 6155B
PARCEL NUMBER: ~~139-441-05~~ 139-251-19

JOB LOCATION ADDRESS: Logan Grove Road Lot#19
PROPERTY OWNER: Sam Wallace
BUILDING CONTRACTOR: Sam Wallace
SUBDIVISION NAME: Dogwood Ridge
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 12/28/05

[signature] 12/28/05
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 6155B, 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: LOT #19

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

139-251-19

Permit Number: **6155B**

Tax Number: **~~139-441-05~~**

- 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:

0.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	na Gallon pump tank	12 Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: LOT #19

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) 300 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	24 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.

RS 12/28/05

DENR Authorized Agent Date

Owner/Agent Signature Date

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

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

Sheet: 1 of 2
Property ID: PO 139-441-05
Lot #: 19
File #: 6155B
Code: 1

AC3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Clay Hucks
Applicant:
Address: 1231 Forest Bluff Drive, Midland, N. C. 28107
Date Evaluated: 11/10/05
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.38a
Location of Site: Logan Grove Road
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, 10	0-9	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		9-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
2	LS, 8	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		5-31	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		31-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-4	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		4-29	SBK/C	FI/SEXP/S/P					
		29-46	SBK/CL	FR/SEXP/SS/SP					
4	"	0-8	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		8-39	SBK/C	FI/SEXP/S/P					
		39-48	SBK/SICL	FR/SEXP/SS/SP					
5	"	0-5	GR/CL	"	"	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					

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

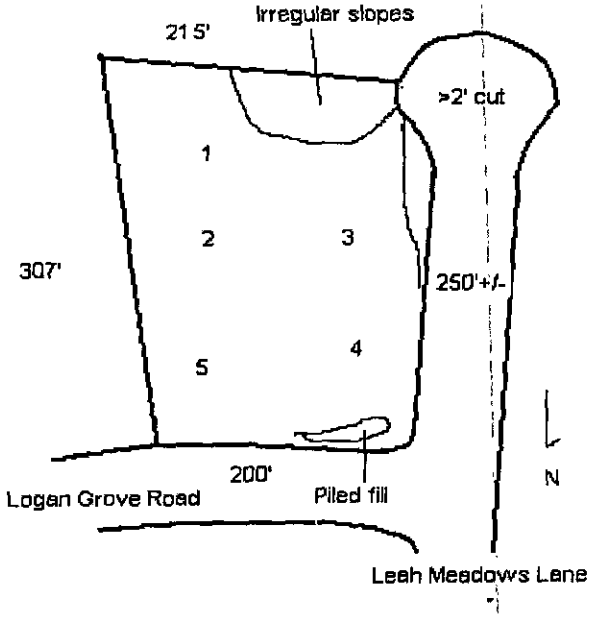
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/11/2005, W. R. Marlin
Others Present:

COMMENTS:
100% repair, lot lines not installed by surveyor

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



#1840 WDP

GWS – RES. APP 07/05

Acct # 2960

SEPTIC FEE: 200
DATE: 9/22/05
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 # 61548

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 #: ~~139-251-05~~ 139-251-19
STREET ADDRESS: Logan Grove
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: Dogwood
LOT # 19
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: 2000
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 OBJECTS / 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: Clay Hucks
ADDRESS: 1231 Forest Bluff Dr
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE: 888-8909 WORK PHONE: 361-4162
MOBILE PHONE: FAX:

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?

*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.

Clay Hucks 9-22-05

Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

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

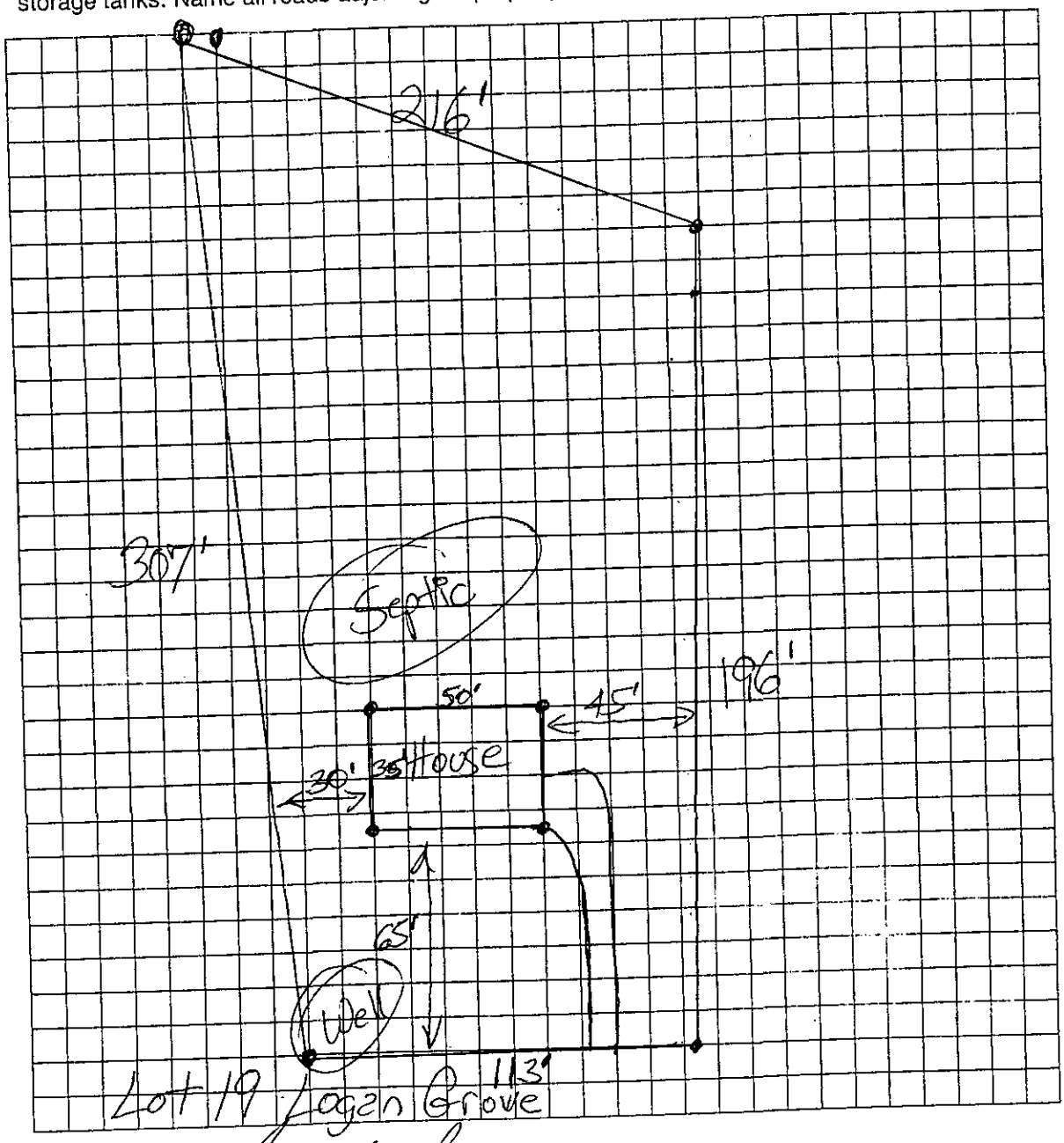
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 6155

Approval Date_____

APPROVED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property.



Owner/Agent Signature	Staff Signature
Date 9-22-05	Date

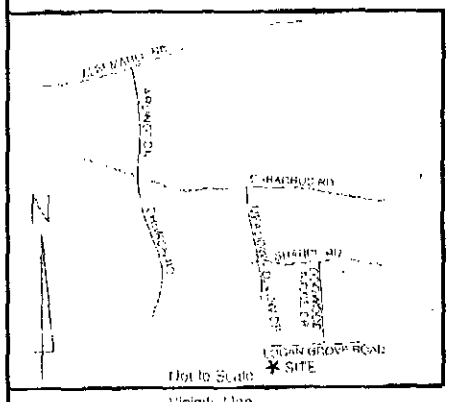
LBC 12/15/04

 6155B

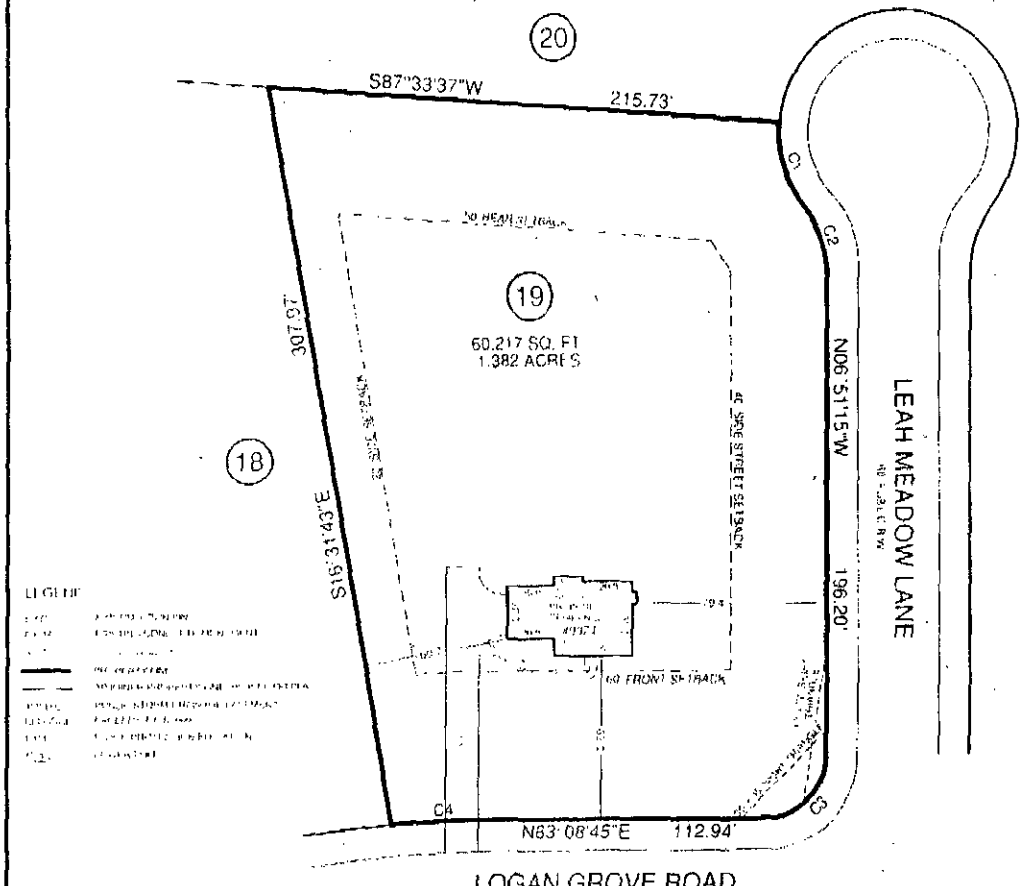
THIS IS TO CERTIFY THAT ON THE 5 DAY OF December 20 05 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008



Vicinity Map



LEGEND

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	36.02	50.00	N23°04'55"W	35.25
C2	32.17	50.00	S25°17'21"E	31.62
C3	39.28	25.00	S38°08'45"W	35.36
C4	45.30	530.00	N80°41'51"E	45.28

Plot Plan SURVEY

OF

Lot 19, Dogwood Ridge, Phase 3

Clear Creek Twsp., Mecklenburg County, N.C.

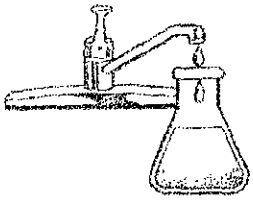
SCALE 1"= 60'

THE PROPERTY OF Gold Medallion Homes

MAP RECORDED IN BOOK 44 AT PAGE 752 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By BDE

I:\E C LAND PROJECTS 3\Meck County\DWG\Dogwood Ridge Lot 19.DWG



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

Date: 07/12/06

Client: *Gold Medallion Homes*
5923 A Stockbridge Dr.
Monroe, NC 28110

Project: Lot 19 Dogwood Ridge
9024 Leah Meadows Dr

Sample Description: Drinking Water
Sample Number: E1749
Sample Date: 07/11/06
Sample Time: 13:45

Date Analysis Begun:	07/11/06	Time Analysis Begun	14:30
Date Analysis Completed:	07/12/06	Time Analysis Completed	15:00

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

Parameter	Results	Units	Method	Date Analyzed
Nitrate	**<1.0**	mg/l	SM4500-NO3-D	07/11/06
Nitrite	**<0.05**	mg/l	SM4500-NO2-B	07/11/06

EPA *Maximum Contaminant Level*
Nitrate 10 mg/l
Nitrite 1 0 mg/l

Certified By: [illegible]

NC Certification: 37767
SC Certification: 99051

K&W LABORATORIES
FAX COVER SHEET

Send to:	From: Gosia Kraska
Attention: Dovia Connellius	Date: 07/12/06
Fax number:	Phone number: 704-569-1809

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Total pages, including cover: 2

Comments:

61558

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3234

1. WELL CONTRACTOR:
Charles Moses
Well Contractor (Individual) Name
Advanced Well Drilling
Well Contractor Company Name
STREET ADDRESS 2221 Puma Rd
Catawba NC 28609
City or Town State Zip Code
(828) 241-4300
Area code- Phone number
Lot #19

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10000485
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 3-16-06
TIME COMPLETED 2:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Mint Hill COUNTY Mecklenburg
9024 Leah Meadow Ln. Charlotte 28227 Lot # 19
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35°12.206
LONGITUDE 080 35.306
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Gold Medalion Homes
STREET ADDRESS 5923-A Stockbridge Dr.
Monroe NC 28110
City or Town State Zip Code
(704) 507-1061
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 130
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 25 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 1/2 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 15 METHOD OF TEST Air Blown

f. DISINFECTION: Type Clorine Amount 1 tab
g. WATER ZONES (depth):
From 100 To 105 From ____ To ____
From 105 To 110 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

From	To	Depth Ft.	Diameter	Thickness/ Weight	Material
0	110		6	6/1	pvc

7. GROUT:

From	To	Depth Ft.	Material	Method
0	40		Concret	pumped

8. SCREEN:

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

9. SAND/GRAVEL PACK:

From	To	Depth Ft.	Size	Material

10. DRILLING LOG

From	To	Formation Description
0	60	dry Dirt
60	100	Hard Rock
100	105	soft to Hard Granite
105	110	Granite

11. REMARKS:

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.

Charles Moses 3-16-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Charles Moses
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

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

19 DR

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000485 **File #:** 6156B **Tax Parcel #:** --
Property Owner: Gold Medallion Homes
Job Location Address: 9024 LEAH MEADOW LN
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 3/9/2006
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

3-16-06

Area of Regulated Groundwater Usage Restrictions Apply: NO
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

130 ft.

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.

110 casing
15 GPM
25 WTL

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 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:

DAVID CORNELIUS
Authorized Agent: Print Name
Signature: 3/14/06

Jennifer Dupree
Owner/Legal Agent: Print Name
Signature:

ELEV: 611 ft
N 35° 12.206'
W080° 35.360'

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

19 DR

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000485 **File #:** 61558 **Tax Parcel #:** - -
Property Owner: Gold Medallion Homes
Job Location Address: 9024 LEAH MEADOW LN
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 3/9/2006
Use of Well:
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.
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- 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 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:

Authorized Agent: Print Name

Signature: 3/14/06

Owner/Legal Agent: Jennifer Dupree Print Name

Signature:

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 #: 10000485 **File #:** 6155B **Tax Parcel #:** 139-441-05
Property Owner: Gold Medallion Homes
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 3/9/2006
Use of Well:
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 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:

DAVID CORNELIUS
Authorized Agent: Print Name

Signature: 3/9/06

Owner/Legal Agent: Print Name

Signature:

#478 #485

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

WELL FEE: 400.00
DATE: _____
CRT [ ]

FILE # 6155B

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

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

JOB LOCATION INFORMATION: Parent Parcel# ~~139-441-05~~
TAX/PARCEL #: ~~139-441-05, 139-281-15, 139-251-30~~
STREET ADDRESS: 9024 Leah Meadow Lane
CITY: Charlotte
STATE: NC **ZIP:** 28227 139-251-19
SUBDIVISION OR MOBILE HOME PARK NAME: Dogwood Ridge
LOT #: 19
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: 2342
NUMBER OF BEDROOMS: ~~4~~ 3 W.W
NUMBER OF OCCUPANTS:

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: Gold Medallion Homes
ADDRESS: 5923-A Stockbridge Dr.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: 704-821-7606 WORK PHONE: ?
MOBILE PHONE: FAX: 704-821-1097

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?

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

Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature 3/6/06 Date

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

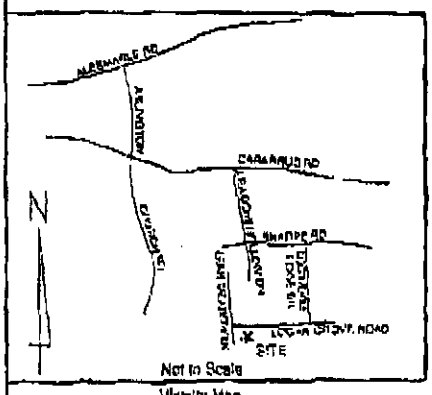
6155B

THIS IS TO CERTIFY THAT ON THE 21 DAY OF December 20 05 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED R. L. G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 907-3080
Fax (704) 907-3008

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP



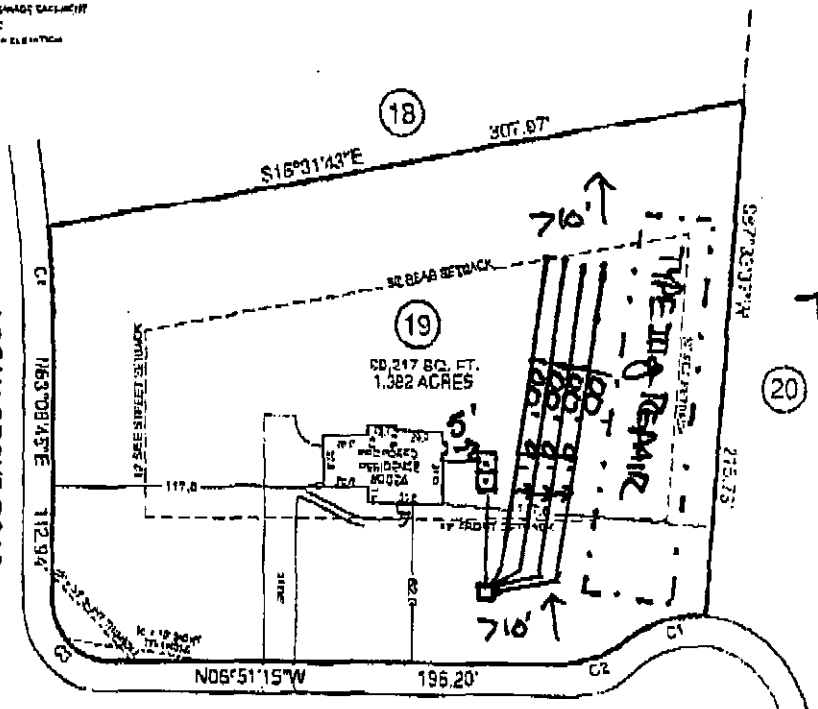
Not to Scale
Vicinity Map

LEGEND

TYPE II CONVENTIONAL
3 BEDROOM HOUSE
- 360 G/D
- INSTALL 4 LINES @ 100'.
- PLACE LINES LEVEL & ON CONTOUR & ON 9' CENTERS
- 1560 GAL SEPTIC TANK

SETBACKS:
75' FROM HOUSE
710' FROM PROPERTY LINE

TYPE IIIa REPAIR



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	39.62	50.00	N23°04'55"W	38.25
C2	32.17	50.00	N25°17'21"W	31.62
C3	39.28	25.00	N39°00'45"E	35.36
C4	45.30	536.00	N30°41'51"E	45.28

Plat Plan SURVEY
OF
Lot 19, Dogwood Ridge, Phase 3
Clear Creek Twsp., Mecklenburg County, N.C.

SCALE 1" = 50'
THE PROPERTY OF Gold Medallion Homes, LLC
MAP RECORDED IN BOOK 44 AT PAGE 752 DEED RECORDED IN BOOK ____ PAGE ____
Drawn By: SDH
FILE: C:\LAND PROJECTS 3\Meck County\DWG\Dogwood Ridge Lot 19.DWG

Dennis Pooley, RS
12/28/05

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/08/06	**Amount:**	400.00
Receipt #:	42416	**Tendered:**	0.00
Check / Auth #:	CHECK 6525	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: GRACE HOLDINGS
Attn:
Address: 5923 STOCKBRIDGE DRIVE
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 9024 LEAH MEADOW LANE LOT 19		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
80.00					