

15215 HOLLY TRAIL LN

00337112

1/9/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 5081 B WASPS App #: 2565

Primary ES assigned to project: PW

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 8			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .275	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: VL Date performed: 8-21-07

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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

To: John Marshall / Rodney Graham Fax #: 877 471 0525

Phone #: _____

From: Phillo Walker Date: 8/22/07

704 201 7673

Number of pages transmitted: ____ (including coversheet)

Comments: Please Sign & fax back to my attn. 704 336 6894

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

☒ Original will not follow

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

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

Mecklenburg County 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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002565** GWS File #: **5897B** Tax Parcel #: **003-371-12**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/22/2012

Type of Installation: Residential - Modified Plot Plan Lot Number: 4

Structure Type: HOUSE Size (ft^2): 5000 # Bedrooms: 6 # Occupants: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1964	Total Trench Length (ft):	655
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Approved **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1964	Total Trench Length (ft):	655
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker Owner/Legal Agent: _____
Print Name

Signature: Philo Walker RS Signature: _____

Date Issued: 8/22/2007

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

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002565** GWS File #: **5897B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker

Signature: Philo Walker

Date Issued: 8/22/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

5897B

THIS IS TO CERTIFY THAT ON THE 16TH DAY OF JULY 2007 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____ REGISTERED SURVEYOR

VICINITY MAP

NOTE:
PID 00337112
IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED.
THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.
SETBACKS ARE PER PLAT.
THE TOPO ON THIS MAP IS NOT FROM A FIELD SURVEY.

OPTION "B"

[redacted]

N 50°00'53" E 104.67

S 50°00'53" W 274.96

30' REAR YARD

LOT 4
3.08± acres

Repair Area

proposed well

Keep proposed well 100' (50'min) from septic system

DRIVE WAY

"6 Bedroom HOUSE"

1ST FL

S 56°57'37" E 315.19

N 33°02'23" E 220.00

Type IIBg Repair 130'

130'

130'

130'

Type IIBg 5 lines @ 130'

Pressure manifold

30' FRONT YARD

30' UTILITY EASEMENT

HOLLY TRAIL LANE
(38' EASEMENT)

10' UTILITY EASEMENT

S 37°47'32" W 160.07'

-ACCESS EASEMENT-

S 51°40'42" W 140.71'

[redacted]

KATHY JO THORNBURG
DB: 7918 PG: 59

LEGEND:
(•) = FOUND IRON
CB = CATCH BASIN
FES = FLARED END SECTION
SDE = STORM DRAINAGE EASEMENT
SSMH = SANITARY SEWER MANHOLE
BC = BACK OF CURB
CP = COVERED PORCH

CAROLINA SURVEYORS, INC
P.O. BOX 867
MINEVILLE, N.C. 28134
(704) 888-7601
FAX(704) 888-7914

BOUNDARY/TOPOGRAPHIC SURVEY
OF
LOT 4, HOMESTEAD PH 2
CHERAW TOWNSHIP, MECKLENBURG CO. NORTH CAROLINA

SCALE 1" = 60'

SURVEYED FOR RODNEY GRAHAM

MAP RECORDED IN BOOK 40 AT PAGE 389 DEED RECORDED BOOK 16588 PAGE 820

DRAWN BY JCM FIELD WORK 06/20 FIELD BOOK # IN-LIE

Keep the Septic System 100' (50' min) from proposed well

COMMENTS 6 Bedroom House
1500 ST @ 25% Reduction System w/pump
1000 DT
Pressure manifold
5 lines @ 130' long @ 3' wd

Modified "A" OPTION plot plan

PLEASE BILL TO ACCT X34636

FILE NUMBER: 5897B

Revised On: January 3, 2007

APPLICATION NUMBER: 2565

SEPTIC FEE: 100 ck#

DATE: 8/1/07 X34636

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

WELL FEE: _____

DATE: _____

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

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 00337112

STREET ADDRESS: 15215 Holly Trail Ln

CITY: DAVIDSON

STATE: NC ZIP: 28036

SUBDIVISION NAME: HOMESTEAD PHASE II

LOT #: 4 LOT SIZE (acres): 3.1

TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

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

HEATED SQUARE FOOTAGE: ~5000 (to be built)

NUMBER OF BEDROOMS: 6

NUMBER OF OCCUPANTS: 6

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

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

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

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

☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☒ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: 1 — 2 — — —

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:

NAME: Ken Bloom

ADDRESS: 227 S Thompson St

CITY: Davidson

STATE: NC ZIP: 28036

HOME PHONE: WORK PHONE:

MOBILE PHONE: 704-965-4578 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: John Marshall Custom Homes - Rodney Graham

ADDRESS: PO Box 2562

CITY: Davidson

STATE: NC ZIP: 28036

HOME PHONE: WORK PHONE: 704-239-1124

MOBILE PHONE: 704-231-1124 FAX: 1-877-471-0525

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/15/2005

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 9/1/07

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

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

Rodney Graham PRESIDENT 7/29/07

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

16. WELL PERMIT APPLICATION SIGNATURE SECTION:

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

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

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

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

Sheet: 1 of 2
Property ID # 003-371-12
Lot #: 4, Phase II
File #: 5897B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Royal Building Co., LLC
Applicant:
Address: 19525 Callaway Hills Lane, Davidson, N. C. 28036
Date Evaluated: 5/2/2005
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 3.08a
Location of Site: 15215 Holly Trail Lane
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, 8	0-6	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	N/A	NONE	PS, IV
		6-42	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		42-50	SBK/CL	FR/SEXP/SS/SP					
2	"	0-4	GR/CL	"	"	"	"	"	"
		4-39	SBK/SC	FI/SEXP/S/P					
		39-50	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-6	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
4	"	0-4	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	PS, IV
		4-46	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
5	"	0-4	GR/CL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV
		4-30	SBK/C	FI/SEXP/S/P					.2GPD/FT
6	"	0-5	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	PS, IV
		5-46	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
7	"	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		4-33	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		33-48	SBK/CL	FR/SEXP/SS/SP					
8	"	0-6	GR/CL	"	"	"	"	"	"
		6-39	SBK/C	FI/SEXP/S/P					
		39-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275GPD/FT^2	.275GPD/FT^2

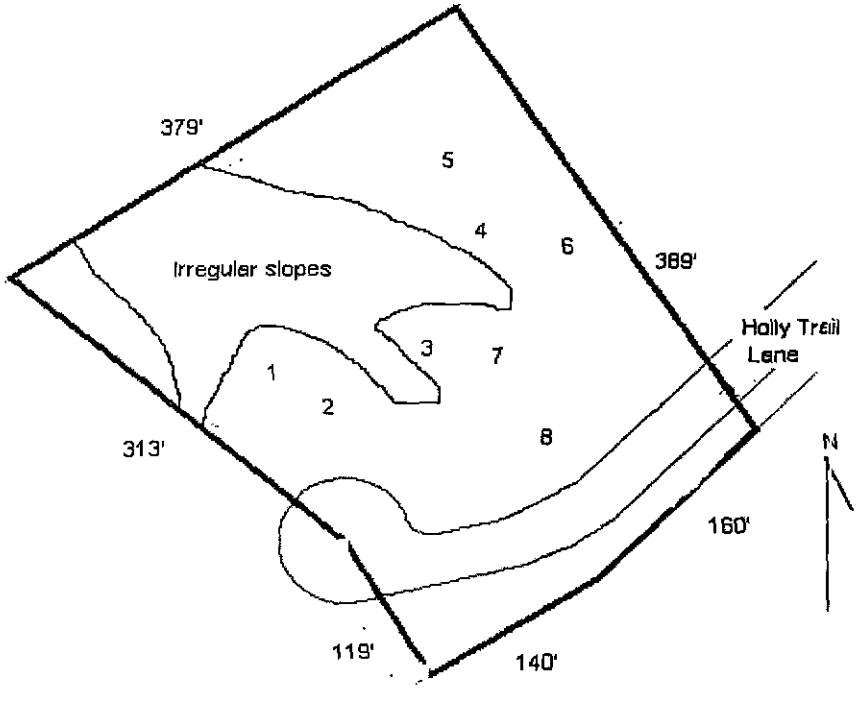
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/4/2005
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-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



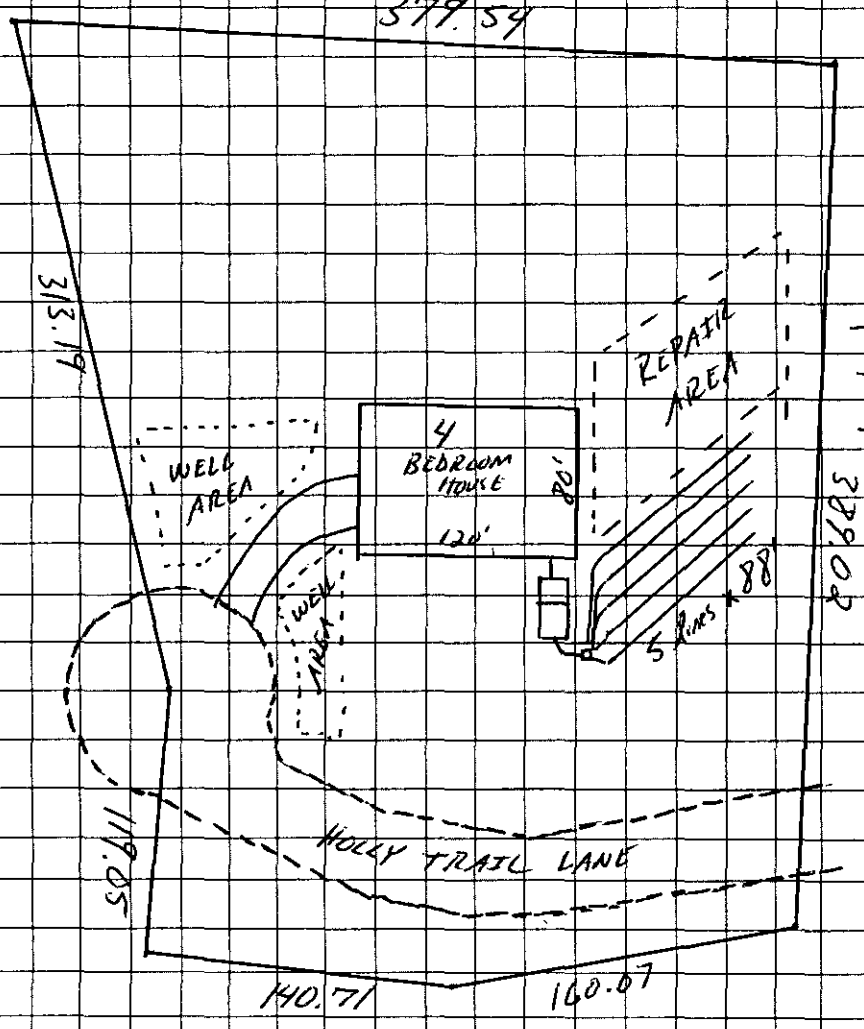
PROPOSED PLOT PLAN

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

FILE: 58978 VOID

TC: 003-371-12

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



COMMENTS

→ System designed for a 4 Bedroom House
→ 1500 gallon septic tank
→ 5 lines x 88' x 3'
→ 456 TLF
→ Type IIIg innovative system & repair
→ If gravity fall cannot be achieved, a pump system will need to be installed.
→ Install well greater than
> 100' from septic system
> 25' from house

OWNER/AGENT SIGNATURE

DATE 10/14/05

APPROVAL DATE Tommy Mabe R.S.

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/01/07	**Amount:**	100.00
Receipt #:	52035	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X34636
Contractor: MARSHALL JOHN CUSTOM HOMES I
Attn:
Address: PO BOX 2562
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 15215 HOLLY TRAIL LN/FILE 5897B		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	2,288.10				

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5897B** Tax Number: **00337112**

- 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.

VOID

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:

0.275 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**1308** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**436** 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.)
4 Bedrooms in residence	**NA** Gallon pump tank	**NA** Depth of stone (in)	

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

Additional conditions:

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:

1308 Absorption Area (ft^2) **436** 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.

Tommy Mickle, R.S. 5/23/05
DENR Authorized Agent Date

Owner/Agent Signature 6/14/05
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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS
Not on HD

PERMIT NUMBER: 5897B
PARCEL NUMBER: 00337112

VOID

JOB LOCATION ADDRESS: 15215 Holly Trail Lane
PROPERTY OWNER: Royal Building Co.
BUILDING CONTRACTOR: Royal Building Co.
SUBDIVISION NAME: Homestead
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S.

DATE: 05/23/05

Jeremy Michelone, R.S.
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 5897B, 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.

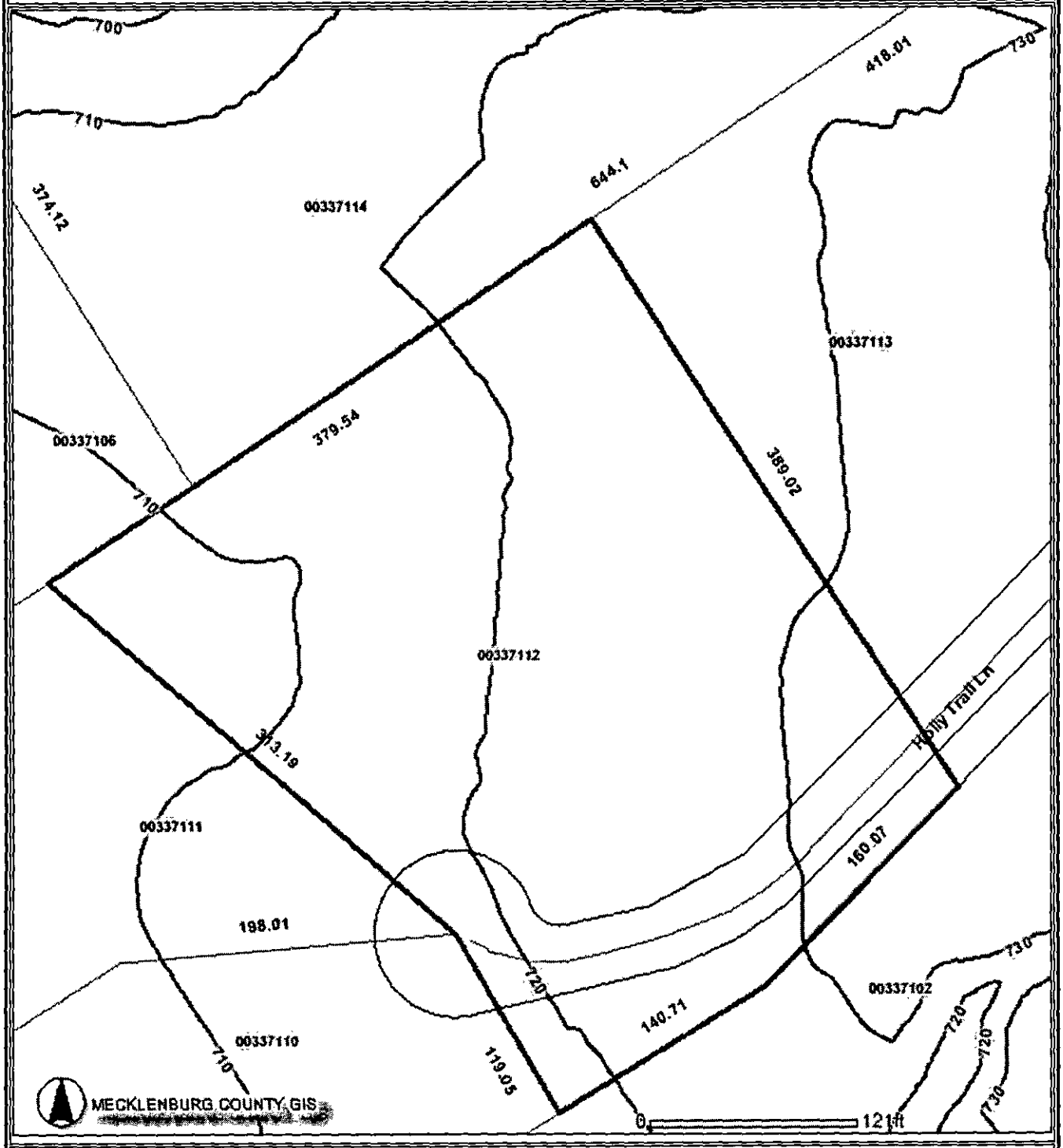
5. OTHER CONDITIONS:

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri May 20 11:10:47 EDT 2005



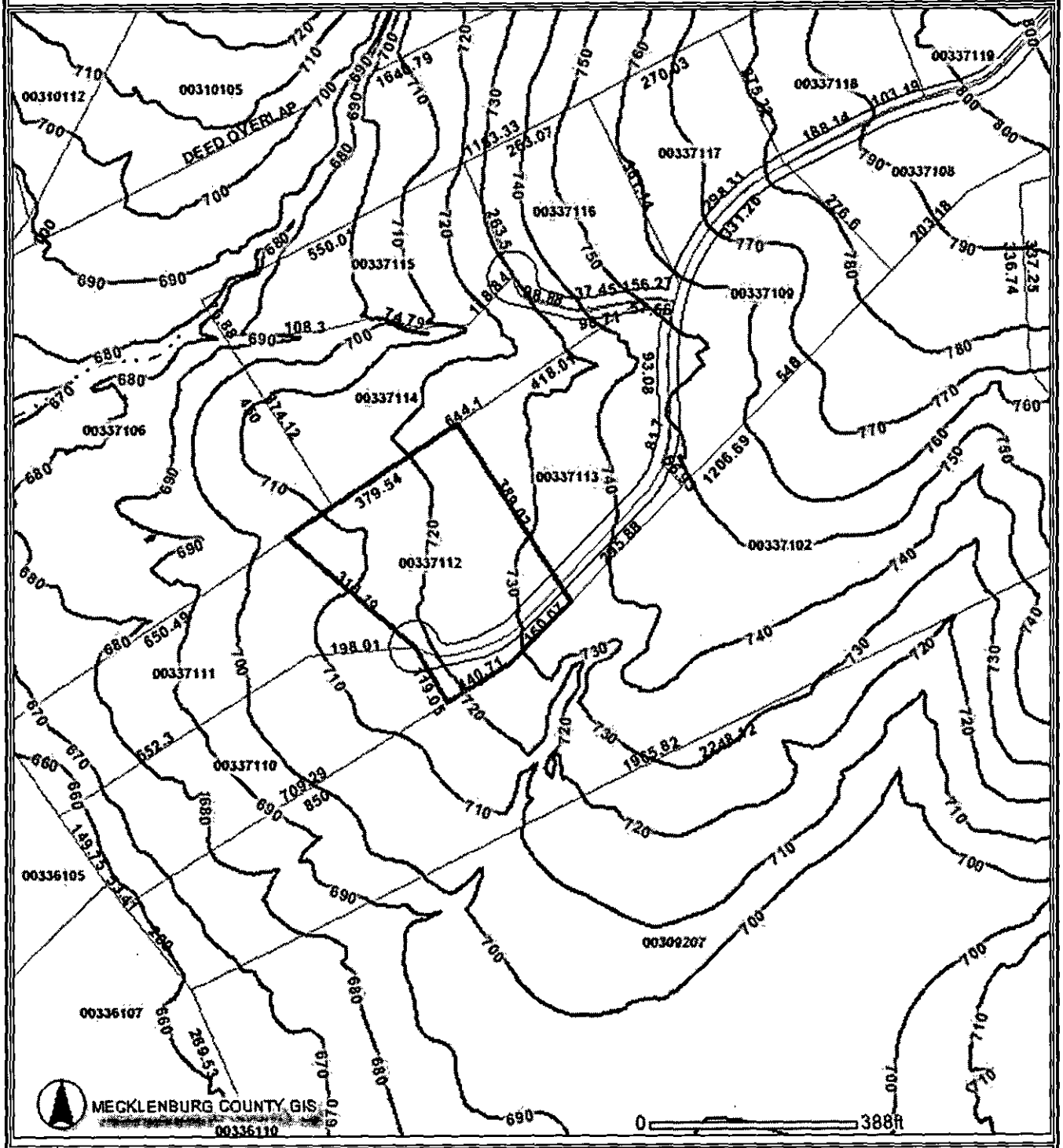
This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri May 20 11:10:47 EDT 2005



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

[redacted]

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

[redacted]

FILE # 5892B

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 #: 00337112
STREET ADDRESS: 15215 Holly Trail Lane
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Homestead
LOT #: 4 Phase II

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: 4500
NUMBER OF BEDROOMS: 4
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: Royal Building Co. LLC
ADDRESS: 19525 Callaway Hills Lane
CITY: Davidson NC
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 704-201-5705
MOBILE PHONE: FAX: 704 895-1325

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? April 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.

Owner's/Agent's Signature 3/10/05 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 3/10/05 Date

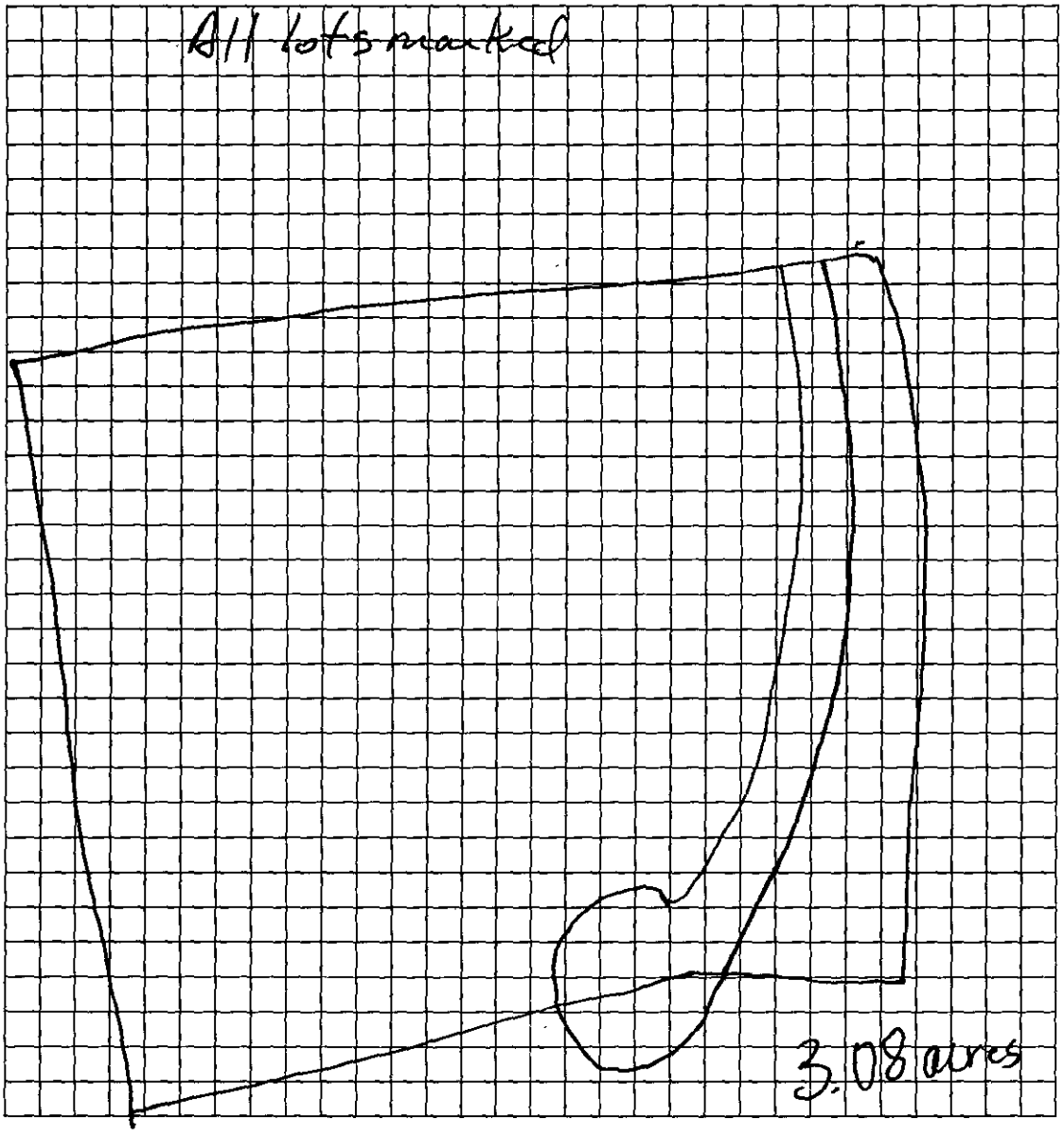
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 # 5897B
Date_____

PROPOSED PLOT PLAN

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



Owner/Agent Signature	
Date 3/10/05	

LBC 12/15/04

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES

MISCELLANEOUS FEES

Requestor: Royal Building Co, LLC	Phone # 704-895-1325	Date 3-10-05
Account Name:		Account # X 36841

I certify that I am authorized to charge this account for this service.

Signature: Printed Name: Date:

TC	Qty	Type	Unit Cost	Total Cost
		DEVELOPMENT ACTIVITIES ☐ 0002: Comm Drainage PR ☐ 0006: Final Plan Rev ☐ 0027: LD Plan Rev ☐ 0003: Driveway Pmt ☐ 0013: LD Stds Manual ☐ 0040: Erosion Control Cert ☐ 0005: Erosion Control PR ☐ 0016: Subdivision PR ☐ 0025: LD Plans & Specs		
		MAP SALES ☐ *0001: Aerial* ☐ 0028: Zoning ☐ 0038: Hrly GIS ☐ 0044: Ortho Photo CD ☐ 0018: Topo ☐ *0031: Digital Topo* ☐ 0039: Misc Map/Copy ☐ 0019: Wetlands ☐ 0036: Digital Planimetric ☐ 0041: Deld CD ☐ 0037: Plotting ☐ 0043: Deld CD Dix		
		STORM WATER ACTIVITIES ☐ 0007: Floodway Map ☐ 0014: Storm Water Manual ☐ 0008: Floodway Reg ☐ 0024: Storm Water Plans & Specs		
		LAND DEVELOPMENT CASH BONDS ☐ 0029: Commercial ☐ *0030: Residential* *Project* _____		
		ZONING ACTIVITIES ☐ 0112: Residential Variance Request ☐ 0112: Commercial Variance Request ☐ 0140: Campaign Bond ☐ 0112: Residential Interpretation ☐ *0112: Commercial Interpretation*		
0113		Zoning Citation(s) # _____		
		☐ 0117: Cert of Compliance ☐ *0118: Cert of Occupancy* (orig is free)*		
0121		Letters of Certification/Verification		
0124		Research & Retrieval of Documents		
0125		Temp Utilities/Occupancy*		
		LOCAL LICENSE CARD/EXAM ☐ 0128: Mechanical ☐ *0129: Residential* ☐ *0132: Electrical*		
0141		3rd Party Inspection Services		
		PLAN REVIEW SERVICES ☐ 0134: Express PR ☐ 0142: 4th PR ☐ 0152: Express Rev-Upfit ☐ 0135: Plan Submittal ☐ 0143: 5th PR ☐ 0153: Express Rev-New ☐ 0136: 3rd PR ☐ 0145: 25% Deposit ☐ 0154: Day Care Rev ☐ 0151: Express Appl Fee		
		COUNTY FIRE ACTIVITIES ☐ 0203: Hydrant Flow Test ☐ 0204: Fire Code Violation ☐ 0206: Misc Charges		
0425		City of Charlotte Fire Plan Review FF#_____ Project #_____		
		CITY ENGINEERING DEVELOPMENT ACTIVITIES ☐ 0601: Comm Site Insp $ _____ ☐ 0606: Tree Preserv Pln $ _____ ☐ 0602: Comm Driveway $ _____ ☐ 0608: Comm Drain PR $ _____ ☐ 0605: Tree Landscape Rev $ _____ ☐ 0609: Erosion Ctl PR $ _____		
0701	1	Other: New Residential Septic System : 15215 Holly Trail LN		200 -
0734	1	Other:		150 -
0703	1	Other:		150 -

Cash?	Check?	Charge? X 36841	TOTAL COMPILED BY:		
Yes No	#	Visa MC (Acct)	TOTAL RECEIVED		500 -

***Please list all permit numbers/addresses/project names, etc., that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.**

DIVISION

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/10/05	**Amount:**	200.00
Receipt #:	33156	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	POWELPT		

Account Information

Account #: X36841
Contractor: ROYAL BUILDING COMPANY LLC
Attn:
Address: 19525 CALLAWAY HILLS LANE
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 15215 HOLLY TRAIL LN		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		-386.18			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/10/05	**Amount:**	150.00
Receipt #:	33157	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	POWELPT		

Account Information

Account #: X36841
Contractor: ROYAL BUILDING COMPANY LLC
Attn:
Address: 19525 CALLAWAY HILLS LANE
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	*Auth for Waste Wtr Sys Constr* 15215 HOLLY TRAIL LN		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		-236.18			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/10/05
Receipt #: 33158
Check / Auth #: CHARGE
Received By: POWELPT

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X36841
Contractor: ROYAL BUILDING COMPANY LLC
Attn:
Address: 19525 CALLAWAY HILLS LANE
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 15215 HOLLY TRAIL LN		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		-86.18			

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES

MISCELLANEOUS FEES

Requestor: Royal Building Co, LLC	Phone # 704-895-1325	Date 3-10-05
Account Name:		Account # X36841

I certify that I am authorized to charge this account for this service.

Signature: Printed Name: Date:

TC	Qty	Type	Unit Cost	Total Cost
		DEVELOPMENT ACTIVITIES ☐ 0002: Comm Drainage PR ☐ 0003: Driveway Pmt ☐ 0005: Erosion Control PR ☐ 0006: Final Plan Rev ☐ 0013: LD Stds Manual ☐ 0016: Subdivision PR ☐ 0025: LD Plans & Specs ☐ 0027: LD Plan Rev ☐ 0040: Erosion Control Cert		
		MAP SALES ☐ 0001: Aerial ☐ 0018: Topo ☐ 0019: Wetlands ☐ 0028: Zoning ☐ 0031: Digital Topo ☐ 0036: Digital Planimetric ☐ 0037: Plotting ☐ 0038: Hrly GIS ☐ 0039: Misc Map/Copy ☐ 0041: Deld CD ☐ 0043: Deld CD Dix ☐ 0044: Ortho Photo CD		
		STORM WATER ACTIVITIES ☐ 0007: Floodway Map ☐ 0008: Floodway Reg ☐ 0014: Storm Water Manual ☐ 0024: Storm Water Plans & Specs		
		LAND DEVELOPMENT CASH BONDS ☐ 0029: Commercial ☐ 0030: Residential Project _____		
		ZONING ACTIVITIES ☐ 0112: Residential Variance Request ☐ 0112: Residential Interpretation ☐ 0112: Commercial Variance Request ☐ 0112: Commercial Interpretation ☐ 0140: Campaign Bond		
0113		Zoning Citation(s) # _____		
		☐ 0117: Cert of Compliance ☐ 0118: Cert of Occupancy* (orig is free)		
0121		Letters of Certification/Verification		
0124		Research & Retrieval of Documents		
0125		Temp Utilities/Occupancy*		
		LOCAL LICENSE CARD/EXAM ☐ 0128: Mechanical ☐ 0129: Residential ☐ 0132: Electrical		
0141		3rd Party Inspection Services		
		PLAN REVIEW SERVICES ☐ 0134: Express PR ☐ 0135: Plan Submittal ☐ 0136: 3rd PR ☐ 0142: 4th PR ☐ 0143: 5th PR ☐ 0145: 25% Deposit ☐ 0151: Express Appl Fee ☐ 0152: Express Rev-Upfit ☐ 0153: Express Rev-New ☐ 0154: Day Care Rev		
		COUNTY FIRE ACTIVITIES ☐ 0203: Hydrant Flow Test ☐ 0204: Fire Code Violation ☐ 0206: Misc Charges		
0425		City of Charlotte Fire Plan Review FF# _____ Project # _____		
		CITY ENGINEERING DEVELOPMENT ACTIVITIES ☐ 0601: Comm Site Insp $ _____ ☐ 0602: Comm Driveway $ _____ ☐ 0605: Tree Landscape Rev $ _____ ☐ 0606: Tree Preserv Pln $ _____ ☐ 0608: Comm Drain PR $ _____ ☐ 0609: Erosion Ctl PR $ _____		
0753		Other: Residential Well - 15215 Holly Trail Ln		400-
		Other:		
		Other:		

Cash?	Check?	Charge? X36841	TOTAL COMPILED BY:		
Yes No	#	Visa MC (Acct)	TOTAL RECEIVED		400-

*Please list all permit numbers/addresses/project names, etc., that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

DIVISION

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/10/05
Receipt #: 33159
Check / Auth #: CHARGE
Received By: POWELPT

Amount: 400.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X36841
Contractor: ROYAL BUILDING COMPANY LLC
Attn:
Address: 19525 CALLAWAY HILLS LANE
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 15215 HOLLY TRAIL LN		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
313.82					

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 #: 10000061 **Tax Parcel #:** 003-371-12
Property Owner: ROYAL BUILDING CO. LLC
Job Location Address: 15215 HOLLY TRAIL LN
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 5/23/2005
Use of Well: Potable
Type of Facility Served by Well: Single-mobile home
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 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:

Tommy Mabe, R.S.
Authorized Agent: Print Name

Tommy Mabe, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

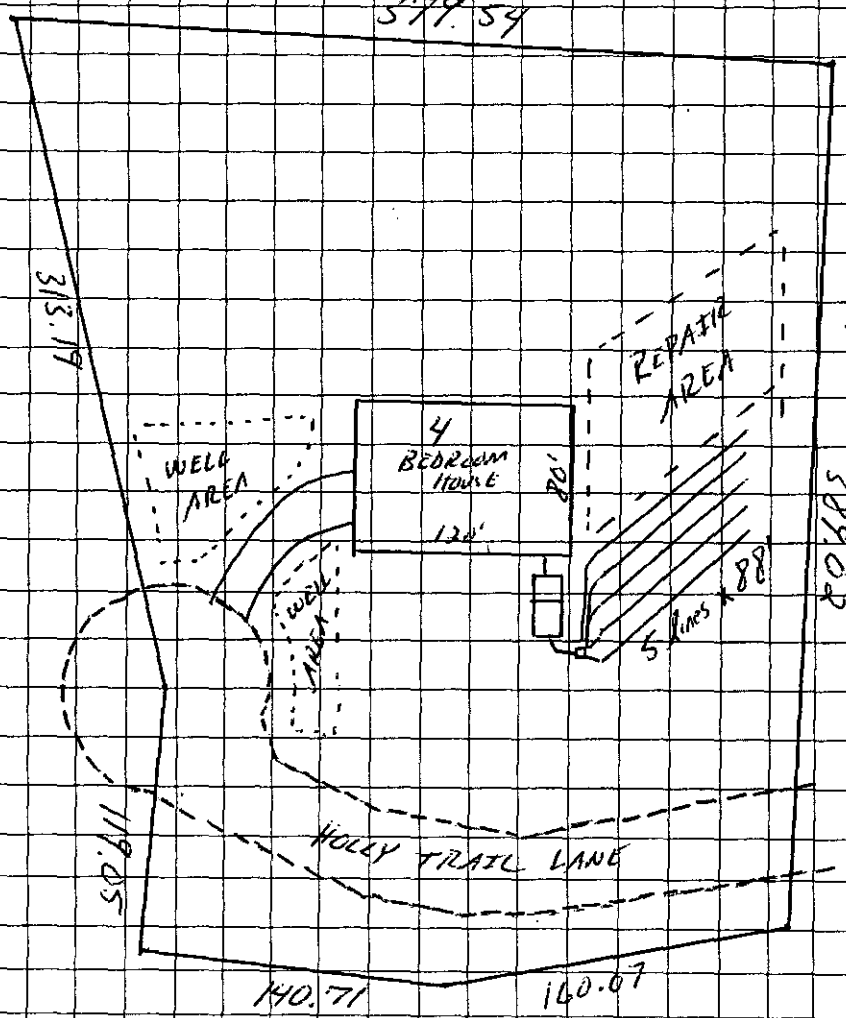
PROPOSED PLOT PLAN

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

FILE: 5897B

TC: 003-371-12

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



COMMENTS

→ System designed for a 4 Bedroom House

→ 1500 gallon septic tank

→ 5 lines x 88' x 5'

→ 456 TLA

→ Type IIIg innovative system + Rock

→ IF gravity fall cannot be achieved, a pump system will need to be installed.

→ Install well greater than a
- > 100' from septic system
- > 25' from house

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Tammy Mucek, R.S.

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

#61

GWS – RES. APP 12/04

SEPTIC FEE: 500
DATE: 3-10-05
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

FILE # 5897B

WELL FEE: 400
DATE: 3-10-05
CRT [ ]

✓ 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 #: 00337112
STREET ADDRESS: 15215 Holly Trail Lane
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: Homestead
LOT #: 4 Phase II
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: 4500
NUMBER OF BEDROOMS: 4
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: Royal Building Co. LLC
ADDRESS: 19525 Callaway Hills Lane
CITY: Davidson NC
STATE: NC ZIP: 28036
HOME PHONE: WORK PHONE: 704-201-5705
MOBILE PHONE: FAX: 704 895-1325

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? April 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.

Owner's/Agent's Signature 3/10/05 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 3/10/05 Date

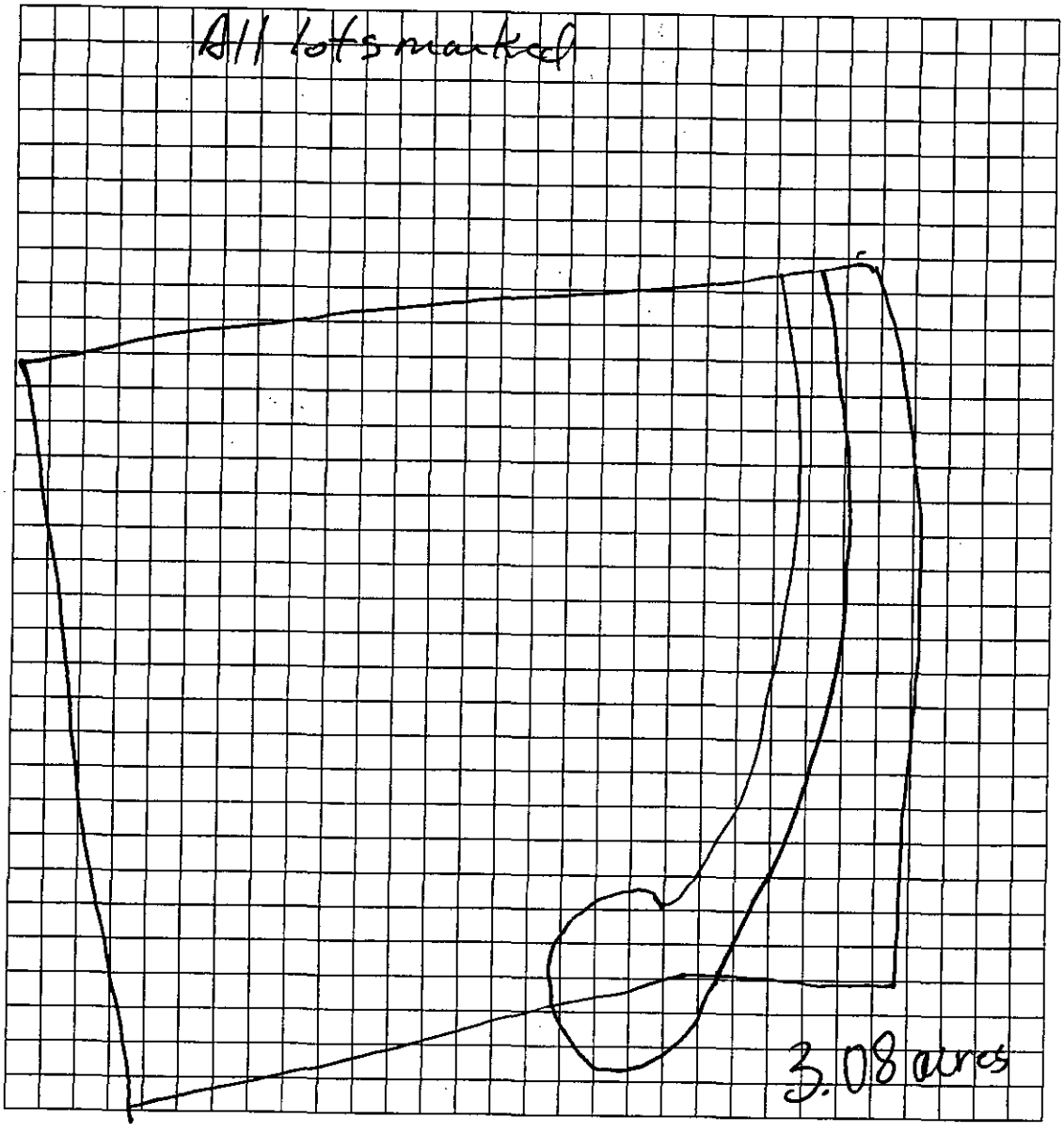
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 # 5897B
Date_____

PROPOSED PLOT PLAN

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



Owner/Agent Signature	
Date 3/10/05	

LBC 12/15/04