

9115 LEAH MEADOW LN

13925169

1/10/2008

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 #: 6443B Permit #: _____ Tax Parcel #: 139-261-69

Property Owner: GOLD MEDALLION HOMES

Job Location Address: 9115 LEAH MEADOW LN LOT #25

City: CHARLOTTE State: NC Zip Code: 28227

Operation Permit Issuance Date: 11/3/06 Contractor Name: BOBBY MACARVER

Permitted Design Flow: 400 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: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 436 feet

# of Lines: 4 @ 109 feet

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

Depth of Cover: 12-16 inches

Distribution Device: DROP TEE

INNOVATIVE 25% REDUCTION CHAMBER

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

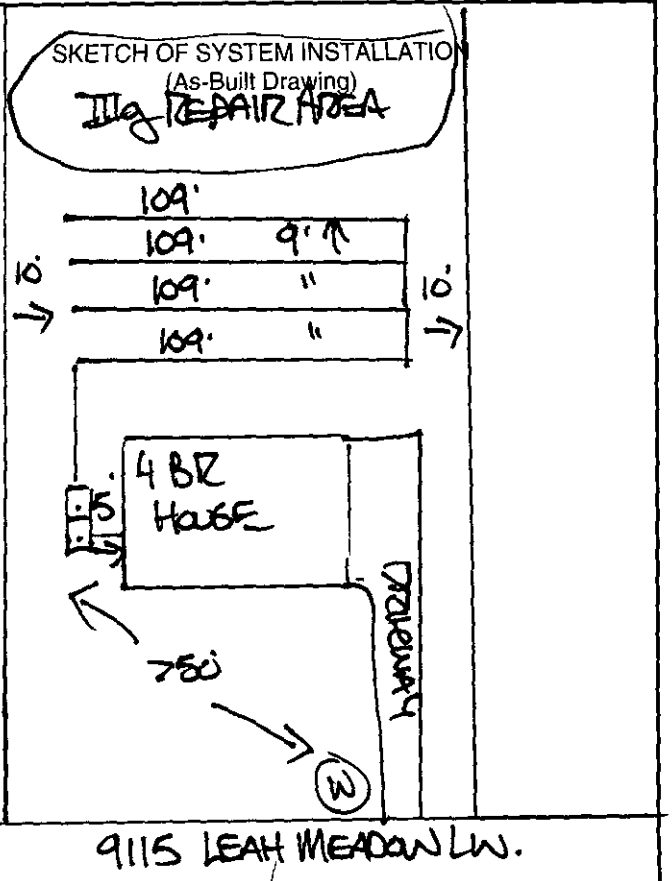
Inspection Dates

Tank(s) Inspected: 11/3/06

Excavation Inspected: 11/3/06

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



9115 LEAH MEADOW LN.

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: IIIg, INNOVATIVE, 25% REDUCTION, CHAMBER.
4 LINES INSTALLED @ 109' OC. 1500ST. 750' FROM WELLS.

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

*AGREEMENT FORMS REQUIRED BEFORE RELEASE.

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 #: 64438 Permit #: _____ Tax Parcel #: 139-251-69

Property Owner: GOLD MEDALLION HOMES

Job Location Address: 9115 LEAH MEADOW LN. LOT #25

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 11/2/06

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 11/15/06, 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: ~~0275~~ @ 480 GPD

Site LTAR: 0.275 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: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.) INNOVATIVE

Total line length: 436 feet 25% REDUCTION

# of Lines: 4 @ 109 feet

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

Distribution Device: DROP TEE

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 _____

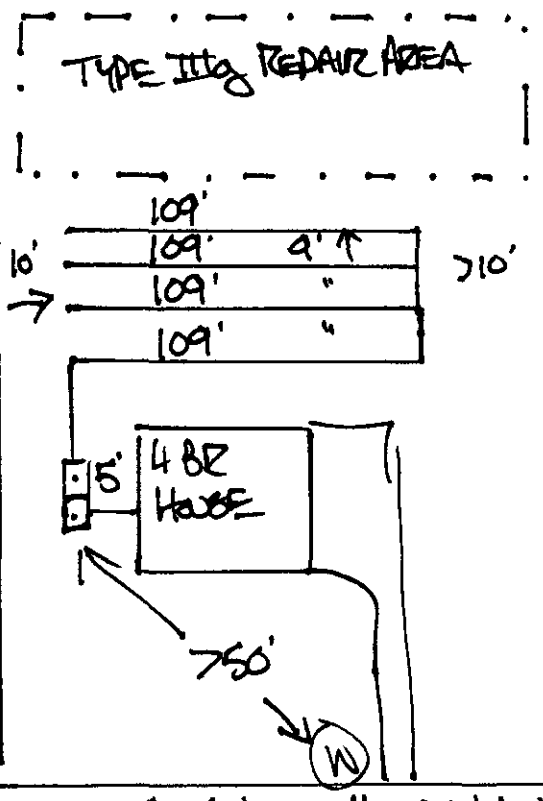
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 60 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



9115 LEAH MEADOW LN.
LOT #25

Comments: System Classification & Type: IIIg, INNOVATIVE, 25% REDUCTION. INSTALL 4 LINES @ 109' ea., 1500 gal ST, DROP TEES. 750' FROM WELL. AGREEMENT FORMS REQUIRED BEFORE CO RELEASE.

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

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

Permit #: **30000686** GWS File #: **6443B** Tax Parcel #: **139-251-69**

- 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):** 6/30/2011

Type of Installation: Residential - New System Lot Number: 25

Structure Type: HOUSE Size (ft^2): 3400 # Bedrooms: 4 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Private Well

II. *Initial System Type:* Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	24	Depth of Media (in):	N/A	Distribution Device:	Drop Tees		

III. Repair System Type: Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1745	Total Trench Length (ft):	582
Maximum Trench Depth (in):	24	Depth of Media (in):	N/A	Distribution Device:	Drop Tees		

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: David Cornelius

Signature: _____

Date Issued: 6/30/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

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 #: **30000686** GWS File #: **6443B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

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:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius

Signature: _____

Date Issued: 6/30/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

LOT #25

PROPOSED PLOT PLAN

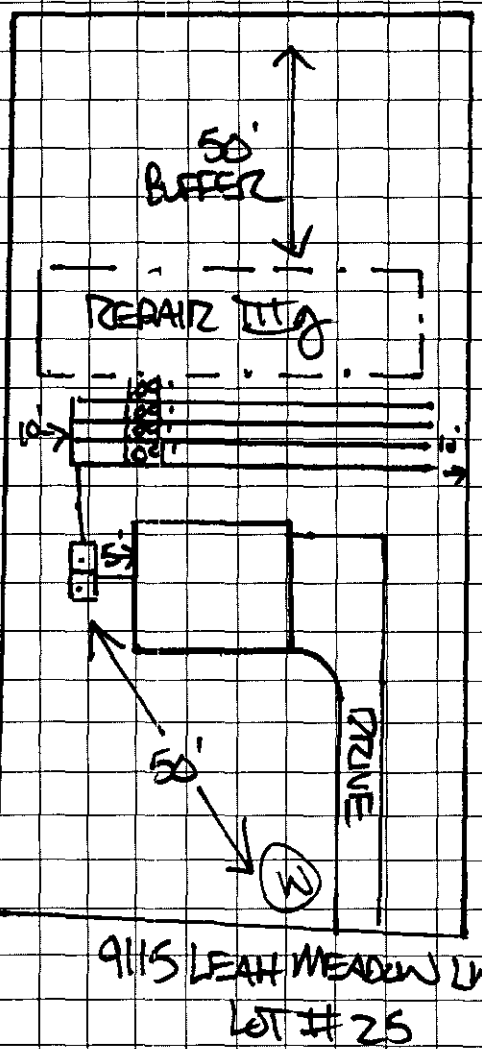
1"=60'

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

FILE: 6443B

TC: 139-251-69

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.



9115 LEAH MEADOW LN
LOT #25

- SEPTIC DESIGN FOR A 4 BEDROOM HOUSE
- 480 GAL/DAY
- LTAR = 0.275

INNOVATIVE, 25% REDUCTION SYSTEM.

INSTALL 4 LINES @ 109' EACH

24" MAXIMUM TRENCH DEPTH.
KEEP LINES LEVEL & ON CONTOUR
& ON 9' CENTERS

- DROP TEE DISTRIBUTION
- 1500 GAL ST

Ltg REPAIR AREA

SETBACK:
750' FROM WELL
750' FROM STREAM
>5' FROM HOUSE
>10' FROM PROPERTY LINES

APPROVAL DATE RS 6/30/00

OWNER/AGENT SIGNATURE

DATE

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:	11/08/06	**Amount:**	150.00
Receipt #:	46794	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: X35814
Contractor: GOLD MEDALLION HOMES LLC
Attn:
Address: 5923-A STOCKBRIDGE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 9115 LEAH MEADOW LANE		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
150.00	4,013.98				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/08/06	**Amount:**	150.00
Receipt #:	46795	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: X35814
Contractor: GOLD MEDALLION HOMES LLC
Attn:
Address: 5923-A STOCKBRIDGE DR
Address:
City/State/Zip: MONROE, NC 28110

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 9115 LEAH MEADOW LANE		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00	4,013.98				

684

GWS – RES. APP 07/05

SEPTIC FEE: 300.00 CK B42976 D
DATE: 4/25/06
CRT [ ] GC

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 # 6443B

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 #: 139-441-05
STREET ADDRESS: 9115 Leah Meadow Ln
CITY: Cheriotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 25
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: 2400
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

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: N/A

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: Clay Hucks
ADDRESS: 1231 Forest Bluff Dr
CITY: Midland
STATE: NC ZIP: 28107
HOME PHONE: 8885909 WORK PHONE:
MOBILE PHONE: 361 4162 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1998
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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 4-25-06
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

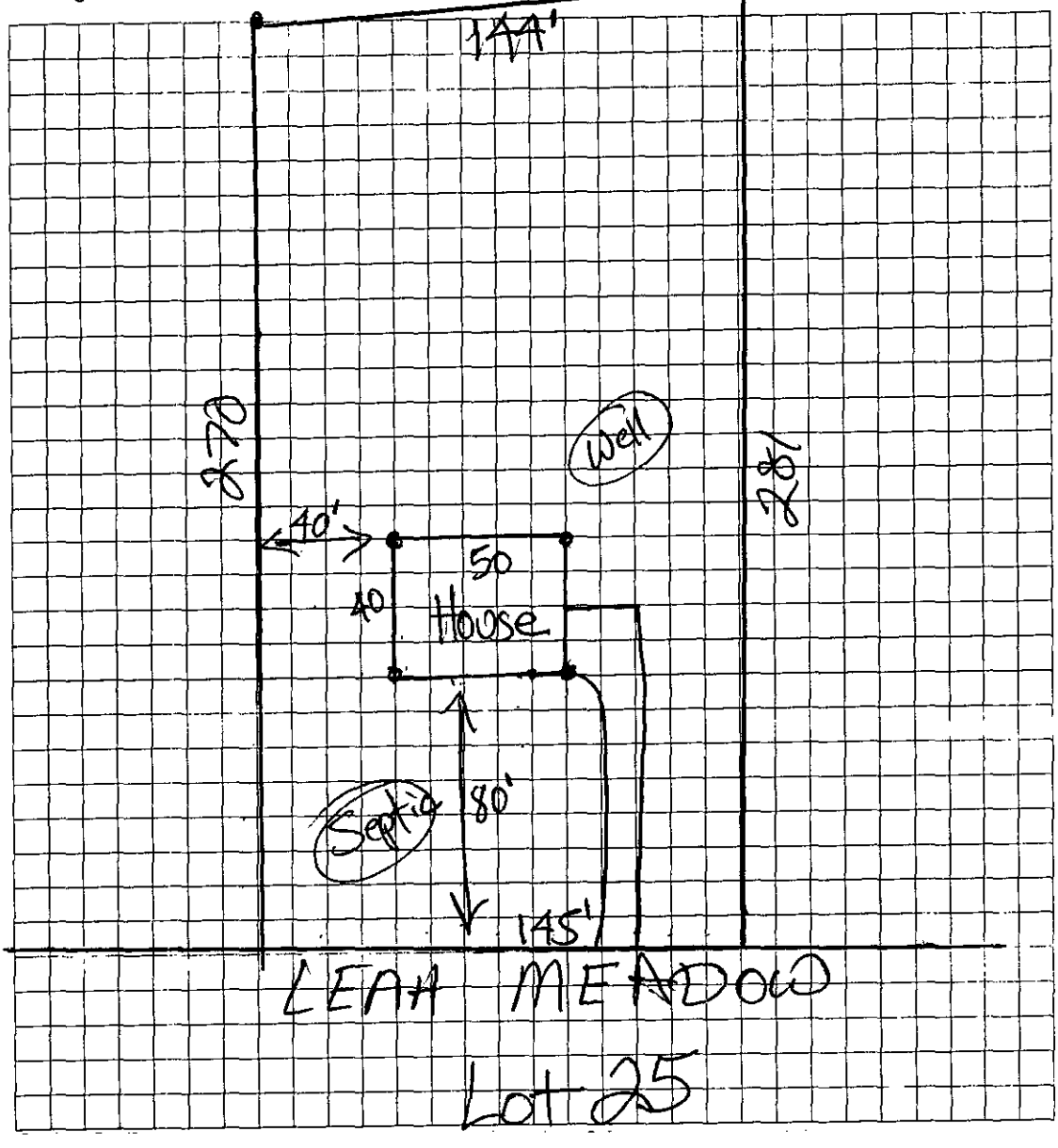
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 # 6493B
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 Clay Hawkins

Date 4-25-06

LBC 12/15/04

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

Sheet: 1 of 2
Property ID: 139-251-69
Lot #: 25
File #: 6443B
Code: 2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Clay Hucks
Applicant:
Address: 1231Forest Bluff Drive, Midland, N. C. 28107
Date Evaluated: 6/5/06
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .90a
Location of Site: 9115 Leah Meadow 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, 4	0-4	GR/CL	FR/SEXP/SS/SP	2.5Y6/1 at 15"	16+	N/A	NONE	US
		4-16	SBK/CL	"					
2	LS, 6	0-6	GR/CL	"	>31" TO SOIL WETNESS	31	"	"	US, IV
		6-31	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
3	"	0-8	GR/CL	FR/SEXP/SS/SP	>32" TO SOIL WETNESS	32	"	"	"
		8-32	SBK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	"	"	PS, IV
		5-43	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
5	"	0-7	GR/CL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47	"	"	"
		7-47	SBK/C	FI/SEXP/S/P					
6	"	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO sOIL WETNESS	48	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					

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

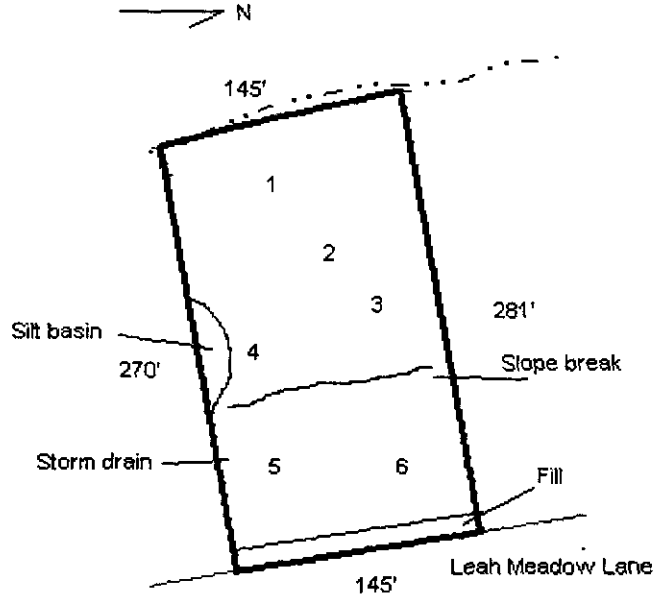
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: w. r. Marlin, LSS, 6/8/2006, W. R. Marlin
Others Present:

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				
FP-Flood Plain		CL-Clay Loam		
		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



Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6443B WASPS App #: 960

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Kim Garnett

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

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

I. File Review:

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

Items requiring correction/modification: 0

Comments:

II. WASPS Review:

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

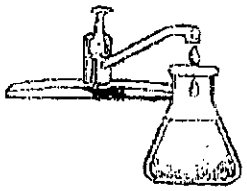
Items requiring correction/modification: _____

Comments:

Application received date: 6/9/06 ES assigned date: 6/9/06 Permit issued date: 6/21/06

Well approval date: 12/7/06 Number of days to complete project: 129

Review performed by: L. Stutts Date performed: 12/14/06



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

Date: 11/28/06

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

Project: Lot 25
9115 Leah Meadows

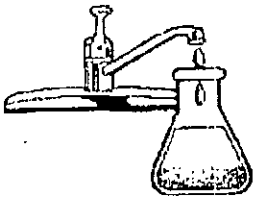
Sample Description:	Drinking Water		
Date Collected:	11/27/06	at	06:45
Date/Time analysis began:	11/27/06	at	09:30
Date/Time analysis completed:	11/28/06	at	09:56

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

Lab Log #: E4016

Certified By: WWW

NC Certification: 37767
SC Certification: 99051



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

Date: 11/11/06

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

Project: 9115 Leah Meadows
Lot 25

Sample Description: Drinking Water
Sample Number: E3779
Sample Date: 11/09/06
Sample Time: 14:00

Date Analysis Begun:	11/09/06	Time Analysis Begun:	14:50
Date Analysis Completed:	11/10/06	Time Analysis Completed:	15:00

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

Parameter	Results	Units	Method	Date Analyzed
Nitrate	**<1.0**	mg/l	SM4500-NO3-D	11/10/06
Nitrite	**<0.05**	mg/l	SM4500-NO2-B	11/10/06

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

Certified By:

NC Certification: 37767
SC Certification: 99051

6443B

Lot #25

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3239

1. WELL CONTRACTOR:

Charles Moses
Well Contractor (Individual) Name

Advanced Well Drilling
Well Contractor Company Name

STREET ADDRESS 2221 Pump Road

Catawba NC 28609
City or Town State Zip Code

(828) 241-4300
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable) 6443B

WELL USE (Check Applicable Box): Residential Water Supply ☑

DATE DRILLED 12-27-06

TIME COMPLETED 3:30 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Mint Hill COUNTY Mecklenburg

Dogwood Ridge 9115 Leah Meadow Ln
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 3 5° 12.249

LONGITUDE 8 0° 35.989

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 Medallion Homes

STREET ADDRESS 5923-A Stockbridge Dr

Monroe NC 28110
City or Town State Zip Code

704 821-7606
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 285

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

c. WATER LEVEL *Below Top of Casing:* 30 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 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): 25 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 2 tablets

g. WATER ZONES (depth):

From 245 To 265 From ____ To ____

From ____ To ____ From ____ To ____

From ____ To ____ From ____ To ____

6. CASING:

From	To	Depth Ft.	Diameter	Thickness/ Weight	Material
0	90		6	1/4	PVC

7. GROUT:

From	To	Depth Ft.	Material	Method
0	90		Concrete	Poured

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	40	red dirt
40	50	Brown dirt
50	60	mud
60	65	soft rock
65	90	Hard granite
90	105	granite
105	285	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 12-27-06
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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000960 **File #:** 6443B **Tax Parcel #:** 139-261-69
Property Owner: GOLD MEDALLION HOMES
Job Location Address: 9115 LEAH MDWS Lot #26
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 6/21/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

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

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

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock
☐ Initial water sample to be taken and analyzed for (check all that apply):
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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

Other Conditions of This Permit:

DAVID CORNELIUS, RS
Authorized Agent: Print Name
Signature:

Jennifer Dupree
Owner/Legal Agent: Print Name
Signature: Jennifer Dupree

GWS 6816 # 960

GWS – RES. APP 07/05

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

SEPTIC FEE: _____
DATE: _____
CRT [ ] _____

WELL FEE: 400.00
DATE: 6/9/06
CRT [ ] X35814 JBA

FILE # 64433

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 #: 139-441-05 PO
STREET ADDRESS: 9115 Leah Meadow Lane
CITY: Charlotte
STATE: NC ZIP: 28277
SUBDIVISION OR MOBILE HOME PARK NAME: Dogwood Ridge
LOT #: 25
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: 2433
NUMBER OF BEDROOMS: 4
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	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 LLC
ADDRESS: 5933-A Stockbridge Dr.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE:
WORK PHONE: 704-821-7606
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 6/7/06

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 6/7/06

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

Charge Acct # X35814

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