

1504 UNION RD

19725118

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6316 B WASPS App #: 621

Primary ES assigned to project: DC

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: 6			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 3	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: 10/10/07

OP issued date: 10/20/07

Review performed by: WR

Date performed: 10-9-07

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 #: 6316B Permit #: _____ Tax Parcel #: 197-251-18

Property Owner: ALEXANDER MELNICHUK

Job Location Address: 1504 UNION RD.

City: MATTHEWS State: NC Zip Code: 28105

Installation Approval Issuance Date: 10/1/07

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 11/1/07, 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: 480 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 INNOVATIVE 25% REDUCTION

Trench Depth: 30 inches

Trench Width: 3 feet 170, 160, 70'

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 3 @ VAR feet

Depth of Media: N/A inches (Type) 1117

Distribution Device: DRIPT

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 _____

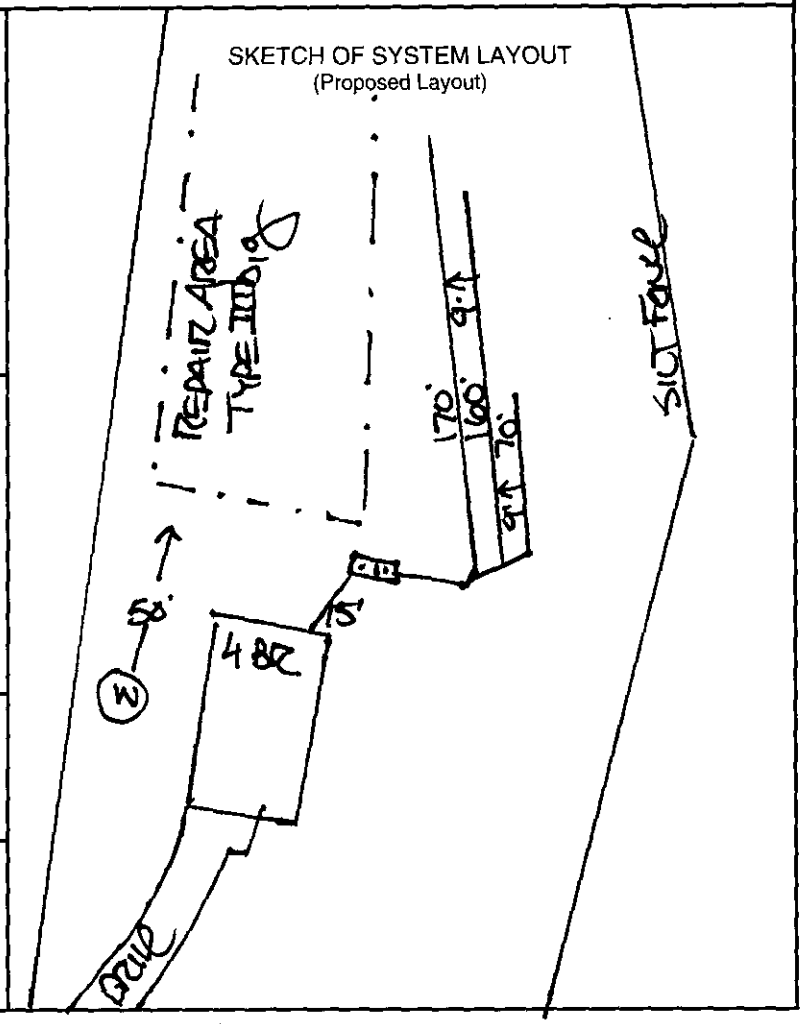
Minimum System Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg, INNOVATIVE, 25% REDUCTION. INSTALL 3 LINES @ 170', 160' & 70'. >50' FROM WELL.

DENR Authorized Agent: DAVID CORNELIUS Signature: _____

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 63168 Permit #: _____ Tax Parcel #: 197-251-18

Property Owner: ALEXANDER MELNICHUK

Job Location Address: 1604 UNION RD.

City: MATTHEWS State: NC Zip Code: 28105

Operation Permit Issuance Date: 10/2/07 Contractor Name: BOBBY MACARVER

Permitted Design Flow: 480 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 INNOVATIVE 25% REDUCTION CHAMBERS

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.) (170, 160', 70')

Total line length: 400 feet

# of Lines: 3 @ VAR feet

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

Depth of Cover: 15 inches

Distribution Device: DROP T

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: 715 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 7100 feet

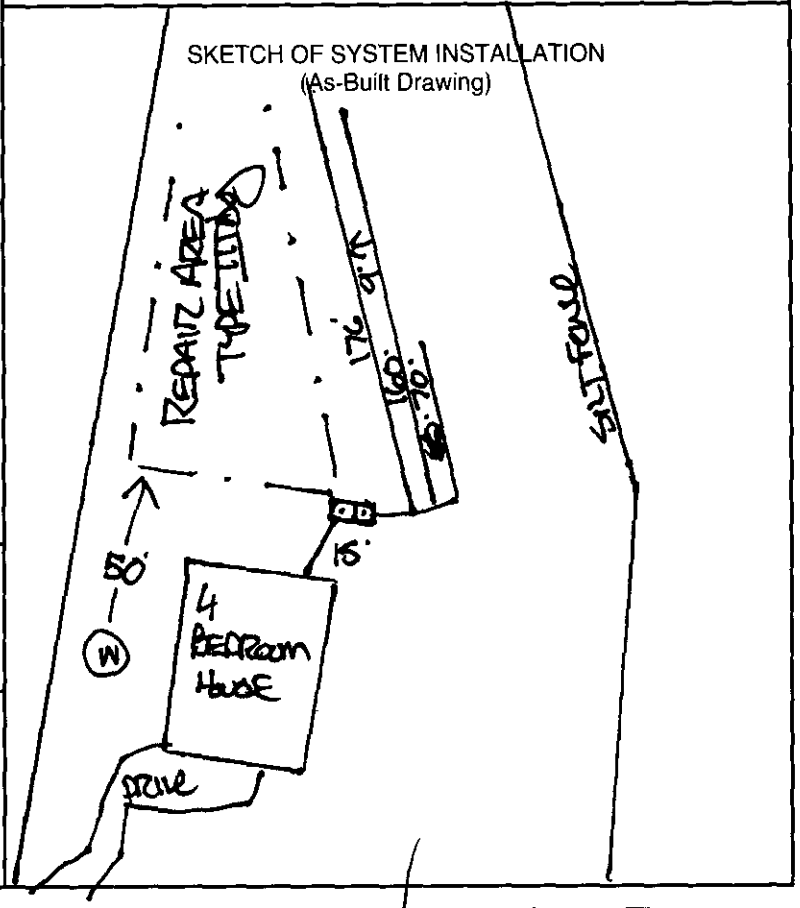
Inspection Dates

Tank(s) Inspected: 10/2/07

Excavation Inspected: 10/2/07

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: IIIg, INNOVATIVE, 25% REDUCTION, 3 LINES INSTALLED @ 170', 160' & 60' TO EQUAL 400'.

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

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 63168 Permit #: _____ Tax Parcel #: 197-251-18

Property Owner: ALEXANDER MELNICHUK

Job Location Address: 1504 UNION RD.

City: MATTHEWS State: NC Zip Code: 28105

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: DAVID CORNELIUS, RS Date: 10/4/07

Signature: _____

Application #621

GWS – RES. APP 07/05

SEPTIC FEE: $200.00
DATE: 4/4/06
CRT [ ] C.K. #1592 V.W.

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 # 63168

WELL FEE: _____
DATE: _____
CRT [ ]

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 #: 197-251-18/~~197-251-02~~
STREET ADDRESS: 0000 Union Rd/1506 Union Rd
CITY: Matthews
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: Sq 3000
NUMBER OF BEDROOMS: 5-6 ~~6 BEDROOMS~~ 4 BEDROOMS
NUMBER OF OCCUPANTS: ~~6 (2 Adults, 4 children)~~

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: Thomas Williams, Willie Williams
ADDRESS: 1416 Staffold St. Ext.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: 704-220-6006 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Eduard Pershin
ADDRESS: 6701 Carmel Rd, Suite 100
CITY: Charlotte, NC
STATE: NC ZIP: 28226
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-577-5671 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 04/01/1997
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? May 15, 2006

*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 04/03/06

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

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

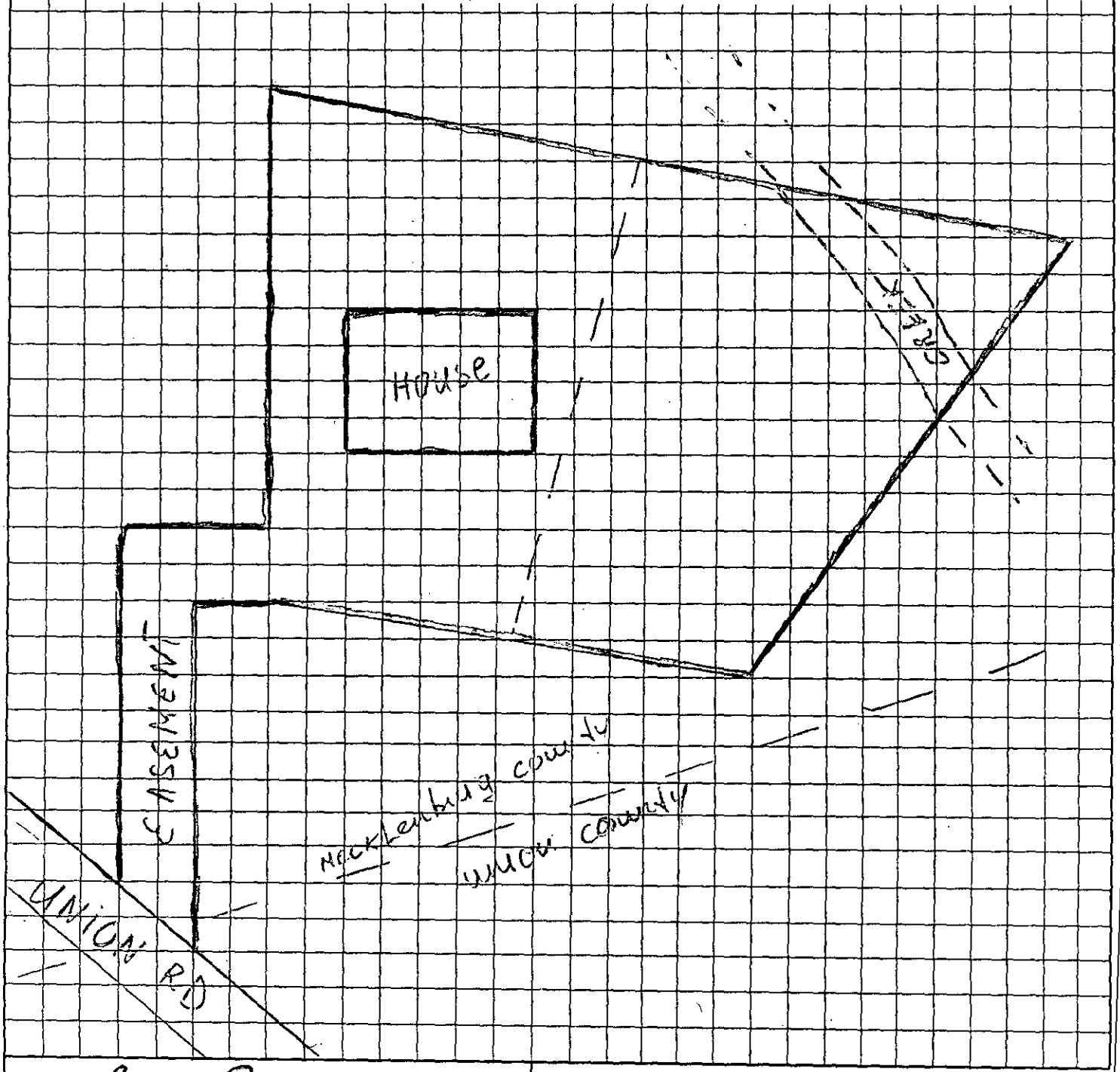
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



OWNER/AGENT SIGNATURE

DATE 04/04/06

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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

Sheet: 1 of 2
Property ID: 197-251-02, 18
Lot #: 1, 2
File #: 6316B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Thomas & Willie Williams
Applicant: Eduard Pershin
Address: 1416 Stafford St. Ext., Monroe, N. C. 28110
Date Evaluated: 4/13/06
Proposed Facility: Residence
Design Flow (.1949): ~~360gpd~~ 720
Property Size: Approx. .3a inv.
Location of Site: 1506 Union 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	0-8	GR/SICL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	N/A	NONE	US, IV
		8-30	SBK/SIC	FI/SEXP/S/P					.275GPD/FT^2
2	"	0-7	GR/SICL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	PS, IV
		7-36	SBK/SIC	FI/SEXP/S/P					.3GPD/FT^2
		36-45	SBK/SICL	FR/SEXP/SS/SP					
3	"	0-8	GR/SICL	"	>48" TO SOIL WETNESS	48	"	"	"
		8-38	SBK/SIC	FI/SEXP/S/P					
		38-48	SBK/SICL	FR/SEXP/SS/SP					
4	LS, 15	0-7	GR/SICL	"	>38" TO SOIL WETNESS	38	"	"	"
		7-30	SBK/SIC	FI/SEXP/S/P					
		30-38	SBK/SICL	FR/SEXP/SS/SP					
5	"	0-4	GR/SICL	"	>34" TO SOIL WETNESS	34	"	"	US, IV
		4-30	SBK/SIC	FI/SEXP/S/P					.3GPD/FT^2
		30-34	SBK/SICL	FR/SEXP/SS/SP					
6	"	0-6	GR/SICL	"	"	"	"	"	"
		6-34	SBK/SIC	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	~~PS~~	PS
System Type(s)	~~III~~ 4	III 4
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

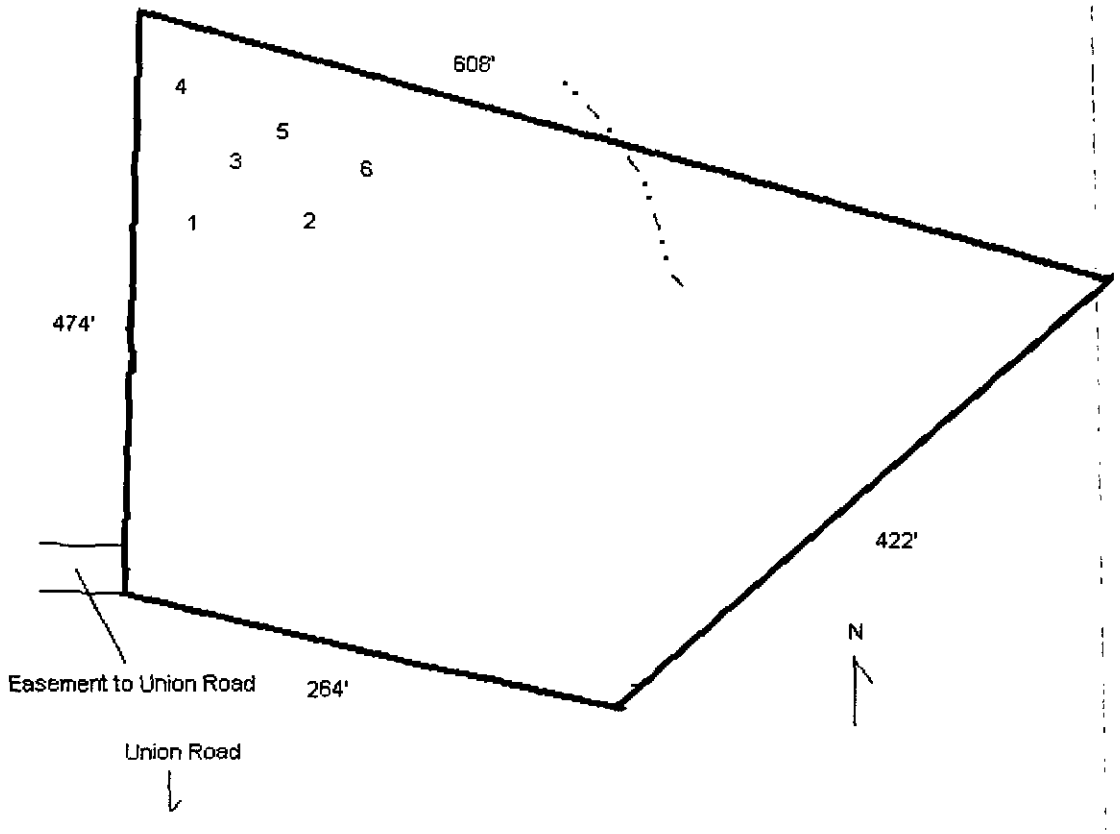
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 4/17/2006, W. R. Marlin
Others Present:

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



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 #: **30000621** GWS File #: **6316B** Tax Parcel #: **197-251-02**

- 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):** 4/27/2011

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 4 # Occupants: 6

Building Foundation: Basement With Plumbing Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	720	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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 Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 4/27/2006

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 #: **30000621** GWS File #: **6316B**

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:

- 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: 4/27/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

PROPOSED PLOT PLAN

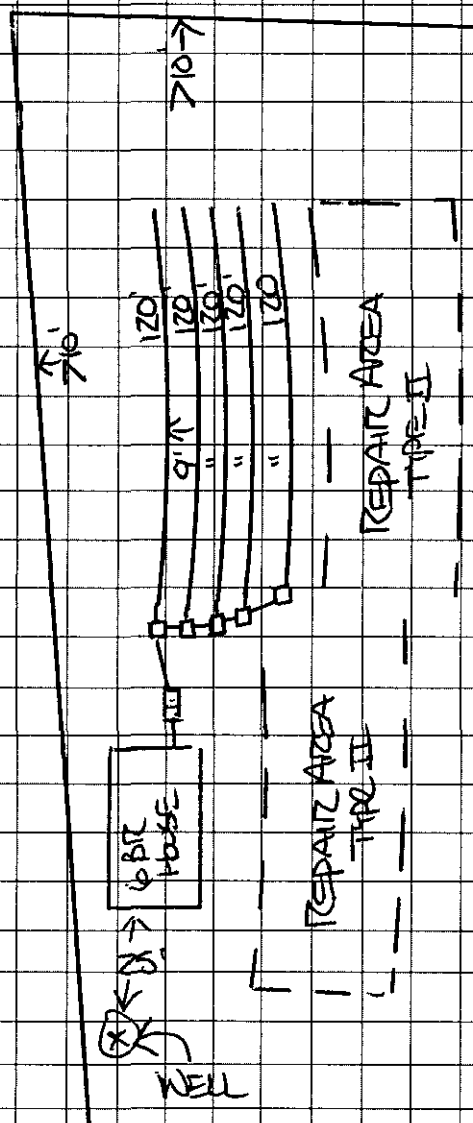
1"=60'

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

FILE: 63168

TC: 197-251-18

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.



- SEPTIC SYSTEM DESIGN FOR A 6 BEDROOM HOUSE.
- LTAR = 0.3 GAL/DAY/FT²
- INNOVATIVE, 25% REDUCTION SYSTEM
- 1800 FT²
- INSTALL 5 LINES @ 120' EACH
- KEEP LINES LEVEL, ON CONTOUR & ON 9' CENTERS
- 1500 GAL SEPTIC TANK
- UTILIZE DROP BOX DISTRIBUTION

SETBACKS:
KEEP ALL PARTS OF SYSTEM
≥ 10' FROM PROPERTY LINES
≥ 5' FROM HOUSE FOUNDATION
≥ 50' FROM EXISTING & PROPOSED WELL SITES

OWNER/AGENT SIGNATURE

DATE April 27, 2006

APPROVAL DATE 4/27/06

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

FEE: 300.00

DATE: 5/23/2007

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6316B

PERMIT NUMBER: 30000621

PARCEL NUMBER: 19725118

JOB LOCATION INFORMATION

ADDRESS: 1504 UNION RD

CITY: MATTHEWS **STATE: NC** **ZIP:** 28104

ISSUED TO: Alexander Melnichuk

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/23/2007

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000621, 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 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.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 4/27/2011

S&EC

Soil & Environmental Consultants, PA

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

www.SandEC.com

March 1, 2006
Project #5-1707s1

Annie Boyd
115 Colony Acres Drive
Charlotte, NC 28217

Re: Soil/Site Evaluation on ±3.5-acres on Union Road-Mecklenburg County, NC

Dear Ms. Boyd:

Soil and Environmental Consultants, PA (S&EC) performed preliminary soil and site evaluation on 2 lots totaling approximately 3.5 acres in Mecklenburg County, NC. At your request the evaluation was performed to evaluate soil areas for subsurface wastewater disposal.

S&EC traversed the property and noted landscape (slope, drainage patterns, past use, etc.) as well as soil conditions (depth, texture, structure, seasonal wetness, restrictive horizons, etc.) through hand auger borings. The site was evaluated during dry soil conditions. From these observations an evaluation of the site relative to subsurface wastewater disposal was developed. The soil/site evaluation criteria used was that contained in 15 A NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems".

Once potentially useable areas are identified, the next consideration is the horizontal extent of those areas. The size and configuration of the useable soil area dictate the usability of the area. The size of a subsurface septic field is determined by; 1) the design flow (120 gallons/bedroom/day in residences), and 2) long term acceptance rate (LTAR) of the soil (based on the hydraulic conductivity of the soil, a function of the soil's texture, mineralogy, structure, porosity, etc.). The configuration of the soil area must be such that an efficient layout of drain lines (on contour) is possible. An additional consideration is the required setbacks for the system from various elements such as wells (100'), streams and ponds (50') or more depending on watershed regulations, property lines (10'), top of embankment (15'), watershed buffers, etc. (see Attachment 1).

FINDINGS

Soils identified on the property were derived from slate rock parent materials and mixed mineralogy materials. The slate derived soils were most similar to the

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

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

Georgeville soil series. Georgeville soils are generally suitable for supporting subsurface septic systems. The remaining upland soils were most similar to the Vance series. Vance soils tend to realize shallow depths to mixed mineralogy clays and are generally unsuitable for subsurface septic systems.

S&EC identified usable soil areas with 24 inches or more of material on one portion of the evaluated property (see map). The usable soil areas were delineated using orange S&EC logo flagging. Usable soils may exist beyond the flagged area but not over a large area. The usable soil areas identified have potential to support conventional, at-grade conventional or Low Pressure-Pipe (LPP) septic systems. The usable soil area was approximately 17,000 sf in size. We believe a 4-bedroom home could be served by the amount of usable soil identified. S&EC did not perform a septic system layout to determine the exact amount of drainline that can be supported on the land. The accompanying sketch map shows usable soil areas identified by S&EC.

GENERAL WASTEWATER CONSIDERATIONS

The utility of a potentially usable soil area for a subsurface system is most accurately determined by an on-ground layout of the proposed system. The total area needed for system and repair areas will depend upon the system type, the layout of that system and the total design flow (factors mentioned above). The typical area needed for a four-bedroom (360 gpd) residence is approximately 14,000 ft^2 to 16,000ft^2 (could be more depending on site features). These estimates reference Laws and Rules for Sewage Treatment and Disposal Systems for North Carolina and use a LTAR of 0.3gpd/ft^2 for conventional systems. The ultimate LTAR will be determined by the Health Department after their lot evaluation.

A site plan for your lot must ensure that adequate soil area for system and repair is unaffected by site elements (house placement, driveway, wells, patios, decks, etc.). The area ultimately designated by the health department for the septic system and repair must remain undisturbed (no mechanical clearing, excavation, heavy traffic or other significant site disturbing activities) until authorized by the health department. A lot with adequate useable soil area may be rendered unusable as a result of improper site planning and/or disturbance. One benefit to flagging the usable soil areas is to provide a visual boundary so that the areas remain undisturbed.

This report discusses the general location of potentially useable soils for on-site subsurface wastewater disposal and does not constitute or imply any approval or permit needed by the client from the local heath department. S&EC, PA is a professional consulting firm that specializes in the delineation of soil areas for wastewater disposal and the layout and design of wastewater treatment systems. As a professional consulting firm, S&EC is hired for its professional opinion in these matters. The rules governing wastewater treatment (interpreted and governed by local and state agencies) are ever evolving, and in many cases, affected by the opinions of individuals

employed by these governing agencies. Because of this, S&EC, PA cannot guarantee that areas delineated and/or systems designed will be permitted by the governing agencies. As always, we recommend that anyone making financial commitments on a tract be fully aware of individual permit requirements on that tract prior to final action.

An individual septic system permit will be required for each lot prior to obtaining a building permit. This will involve a detailed evaluation by the local health department to determine system size and layout, well, drive and house location, etc. Only after developing this information can a final determination be made concerning the specifics of system design and site utilization.

Soil & Environmental Consultants, PA is pleased to be of service in this matter and we look forward to assisting in any site analysis needs you may have in the future. Please feel free to call with any questions or comments.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist

Encl: Soil/Site Map
Attachment 1

Attachment 1

.1950 Location of Sanitary Sewage Systems

(c) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1)	any private water supply source including a well or spring	100 feet
(2)	any public water supply source	100 feet
(3)	streams classified as WS-I	100 feet
(4)	water classified as S.A.	100 feet from mean high water mark
(5)	Other coastal waters	50 feet from mean high water mark
(6)	any other stream, canal, marsh, or other surface waters	50 feet
(7)	any Class I or Class II reservoir	100 feet from normal pool elevation
(8)	any permanent storm water retention pond	50 feet from flood pool elevation
(9)	any other lake or pond	50 feet from normal pool elevation
(10)	any building foundation	5 feet
(11)	any basement	15 feet
(12)	any property line	10 feet
(13)	top of slope of embankments or cuts of 2 feet or more vertical height	15 feet
(14)	any water line	10 feet
(15)	drainage systems:	
	(A) Interceptor drains, foundation drains and storm water diversions	
	(i) upslope	10 feet
	(ii) sideslope	15 feet
	(iii) downslope	25 feet
	(B) Groundwater lowering ditched and devices	25 feet
(16)	any swimming pool	15 feet
(17)	any other nitrification field (except repair area)	20 feet

(b) Ground absorption, sewage treatment and disposal systems may be located closer than 100 feet from a private well supply, except springs and uncased wells located downslope and used as a source of drinking water, repairs, space limitations and other site-planning considerations but shall be located the maximum feasible distance and, in no case, less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule .1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

Note: Systems over 3000 GPD or an individual nitrification fields with a capacity of 1500 GPD or more have more restrictive setback requirements, see .1950 (a) (17) (d) for specifics.

LEGEND

Areas contain soils with 24 inches or more of usable material and have potential for LPP (Low Pressure Pipe), at-grade conventional or conventional septic systems.

Areas generally unsuitable for LPP, at-grade or conventional septic systems.

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

~17,000sf
USABLE SOIL

STREAM

100' RADIUS

WELL

GRAPHIC SCALE
1" = 100'

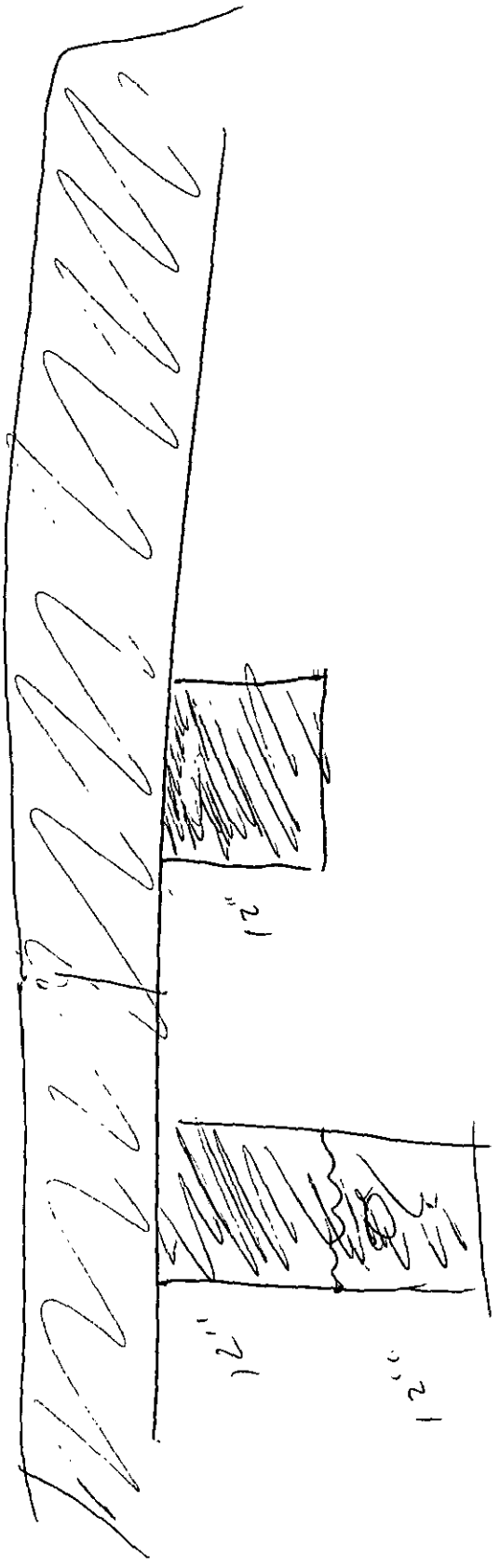
PROJECT NO
S-1705(a)
PROJECT MGR.
WD
DRAWN BY
WD
FIELD WORK
WD
SCALE
1" = 100'
FILE
S-1705(a)

Soil & Environmental Consultants, PA

S&EC

SITE/SOILS SUITABILITY
SEPTIC TANK MAP

704-882-8059



MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

COPY

****See back for completion instructions and the Credit/Refund Schedule****

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND *(To Be Completed By Requestor)*

CREDIT ☐

OR

REFUND ☒

1. Property Owner's Name: Thomas Williams
2. Permit Number: 63166
3. Address: 1416 Stafford Stred Ext.
4. Date Issued:
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit ____ Duplicate Permit # ____ Date of Duplicate ____ ☒ Not Doing Work ☐ Other (Specify) ____
6. Account Name: ____ Account # ____
7. *If Refund*, Check payable to: Thomas William (Please Print)
8. Phone 704-220-6006
9. Address: 1416 Stafford St. Ext. (Street) Monroe (City) NC (State) 28110 (Zip)
10. Signature: Valerie Walker for
11. Printed Name Customer
12. Date: 2/13/06

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT *(To Be Completed By Employee & Supervisor)*

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING *(To Be Completed By Applicable Core Process)*

	B	E	M	P	F	L
# Of made Inspections						

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials ____ Date ____

Expired Permit ☐

SECTION IV - CALCULATIONS *(To Be Completed By Applicable Core Process)*

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$200	$200.00	200.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials VAW Date 2/13/06

SECTION V - VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund Charge on account	88---			

Section VI - APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: ____ Date ____

Finance Approval: ____ Date ____

Refund from Account # ____

Check # ____

Daily Cash Drawer Balancing

Printed On: January 17, 2006 3:06 PM
Printed By: craiggy

User ID: CRAIGGY, Posting Date: 01/17/06

Customer No.	Description	Permit ID	Comments	Remarks	Amount	Check No / Auth No	Source Code/Loc	Journal Batch Name	Payment Meth Code	User ID
CRAIGGY										
200000	Invoice 40059		17123 YOUNGBLOOD	Well Water Analys-Bacterio	-50.00	8167	SALES - ENH		CHECK	CRAIGGY
200000	Invoice 40061		FILE 4188B	Hmeownr Maint Inspec-Typ	-85.00	1382	SALES - ENH		CHECK	CRAIGGY
200000	Invoice 40062		2006 ANNUAL CONTR	Contractor Annual Fee	-50.00	14969	SALES - ENH		CHECK	CRAIGGY
200000	Invoice 40063		14320 KENDALTON ME	Realty Closing-Convention	-85.00	7563	SALES - ENH		CHECK	CRAIGGY
200000	Invoice 40064		5145 MARGARET WAL	Well Water Analys-Bacterio	-50.00	11489	SALES - ENH		CHECK	CRAIGGY
200000	Invoice 40065		5145 MARGARET WAL	Well Water Analys-Nitra/Nit	-15.00	11489	SALES - ENH		CHECK	CRAIGGY
200000	Invoice 40066		5145 MARGARET WAL	Well Water Analys-Organic	-200.00	11489	SALES - ENH		CHECK	CRAIGGY
200000	Invoice 40067		1506 UNION ROAD	Improvment Permit App-Re	-200.00	1236	SALES - ENH		CHECK	CRAIGGY
TOTAL FOR PAYMENT METHOD CODE **CHECK*			8	-735.00						
****** Total for User ID CRAIGGY***			8	-735.00						

29

COPY

GWS - PERS. APP 07/05

SEPTIC FEE 200 CHK 1236
DATE 1/7/06
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 # 6316B

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 #: 197-251-18 / 197-251-02
STREET ADDRESS: 000 Union Rd / 1506 Union Rd
CITY: Matthews N.C. 28105
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 1600
NUMBER OF BEDROOMS: 3-4
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: Thomas + Willie Williams
ADDRESS: 1416 STAFFORD ST. Ext
CITY: MONROE
STATE: N.C. ZIP: 28110
HOME PHONE: 704 220 6006 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Annie Boyd
ADDRESS:
CITY: M- 704-564-4160
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: H FAX: 704-573-9487

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 04/01/1947
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? May 15 2006

*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.

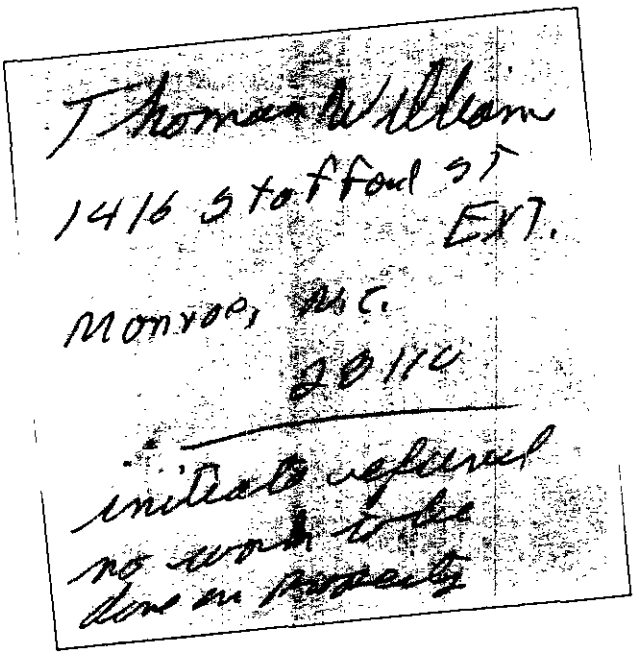
Thomas Bowilliams Willie L Williams
Owner's/Agent's Signature Date

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.

1-9-06
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


Thomas William
1416 Stafford ST EXT.
Monroe, NC.
28112
initial refusal
no work to be
done on property

PROPOSED PLOT PLAN

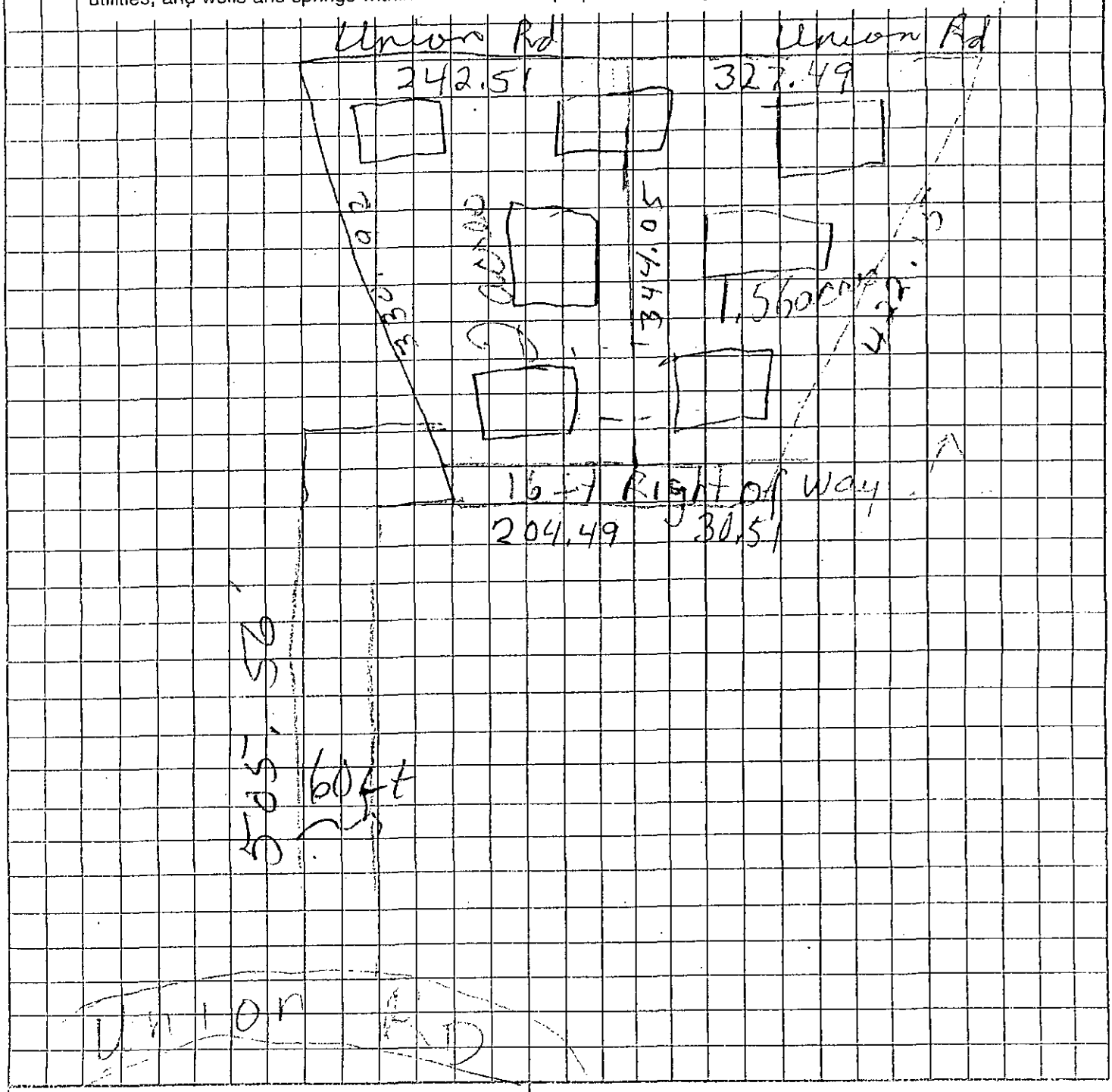
COPY

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

FILE: 63166

TC: _____

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

Surveying – Design – Planning
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847-5188
TOLL FREE 1 800 287-8978

PROFESSIONAL LAND SURVEYOR
SAMUEL P. MALONE JR. # 2610

NORTH CAROLINA PROFESSIONAL SEAL L-2610 LAND SURVEYOR SAMUEL P. MALONE, JR.

NOTES
1. R/W = RIGHT OF WAY
2. EIR = EXISTING IRON REBAR.
3. NIR = NEW IRON REBAR.
4. ATTORNEY TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOC. REQUIREMENTS OF RECORD.
5. MBL = MIN BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO RIGHT-OF-WAY, RESTRICTIONS AND/OR EASEMENTS EITHER RECORDED OR IMPLIED.

LINE TABLE		
LINE	LENGTH	BEARING
L1	30.58'	N 43°23'29" W
L2	17.41'	N 32°19'14" W
L3	30.00'	N 00°47'43" E
L4	44.07'	S 00°29'33" E
L5	34.38'	S 00°29'33" E
L6	83.06'	S 88°11'04" E

FOUND FLAT-IRON

N 00°47'43" E 332.38'

NOW OR FORMERLY
THOMAS B. WILLIAMS
AND KATIE WILLIAMS
DB 9031 PG 491

COPY

NIR N 88°11'04" W 113.76' NIR

L3

L6

FOUND AXEL

FOUND AXEL

16ft Right of way

NOW OR FORMERLY
ERIC REIN FARRAR
AND WIFE, MARIA THERESE FARRAR
DB 11001 PG 288

N 00°29'33" W 506.33' (TOTAL) 550.40'

S 00°29'33" E 556.36' (TOTAL) 521.98'

0.45 ACRES

MECKLENBURG COUNTY

UNION COUNTY

NOW OR FORMERLY
HILTON BANKS CUTHBERTSON
DB 9179 PG 233

DB 11001 PG 288

R/W

EDGE OF PAVEMENT

CENTERLINE

NIR

EIR

L4

L1-L2

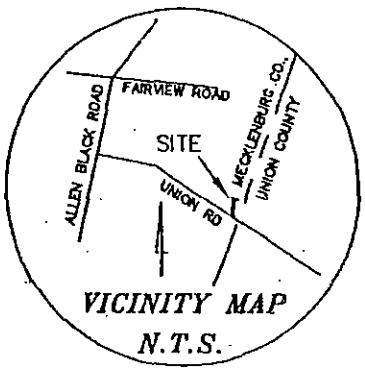
L5

UNION RD. (S.R. 1540) 60' PUBLIC R/W

INGRESS – EGRESS EASEMENT

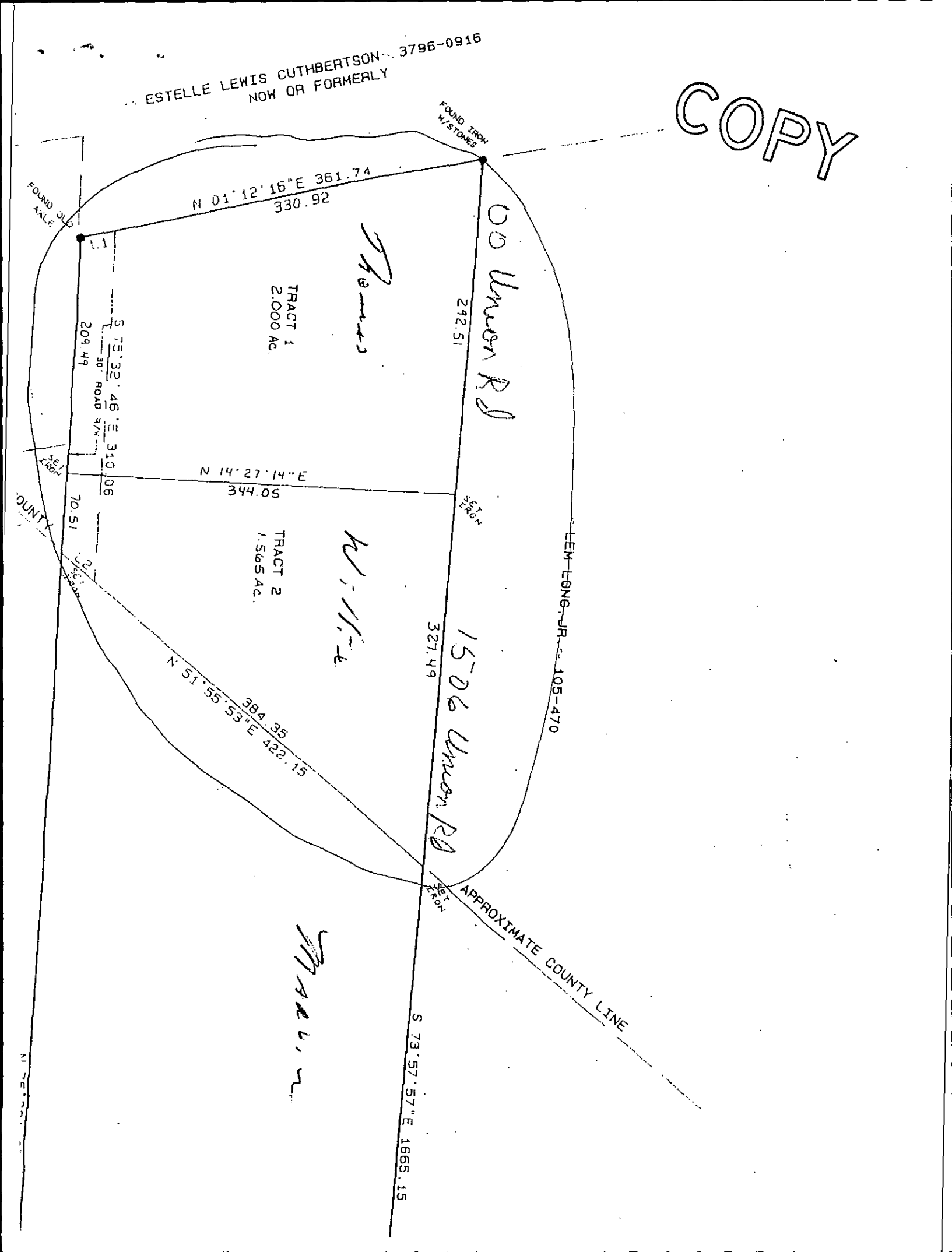
SHOWING:

0.45 ACRES OF THE CUTHBERTSON PROPERTY



VICINITY MAP
N.T.S.

AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS"


3796-0916
ESTELLE LEWIS CUTHBERTSON
NOW OR FORMERLY
COPY
FOUND IRON W/STONES
FOUND OLD AXLE
N 01°12'16"E 361.74
330.92
TRACT 1
2.000 AC.
292.51
00 Union Rd
S 75°32'46"E 310.06
209.49
30' ROAD R/W
SET IRON
N 14°27'14"E
344.05
SET IRON
TRACT 2
1.565 AC.
70.51
327.49
15706 Union Rd
LEM LONG JR. 105-470
N 51°55'53"E 422.15
384.35
APPROXIMATE COUNTY LINE
S 73°57'57"E 1665.15

GWS – RES. APP 07/05

SEPTIC FEE: 200 CK 1236
DATE: 1/4/06
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 # 6316B

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 #: 197-251-18 / 197-251-02
STREET ADDRESS: 000 UNION Rd / 1506 UnionRd
CITY: Matthews N.C.
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 1600
NUMBER OF BEDROOMS: 3-4
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: Thomas & Willie Williams
ADDRESS: 1416 STAFFORD ST. Ext
CITY: MONROE
STATE: N.C. ZIP: 28110
HOME PHONE: 704 220 6006 WORK PHONE:
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? 04/01/1997
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? May 15 2006

*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.

Thomas Bowilliams Willie L Williams
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.

1-9-06
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

0701

Parcel
197-071-18

197-251-18

Parcel
197-071-09

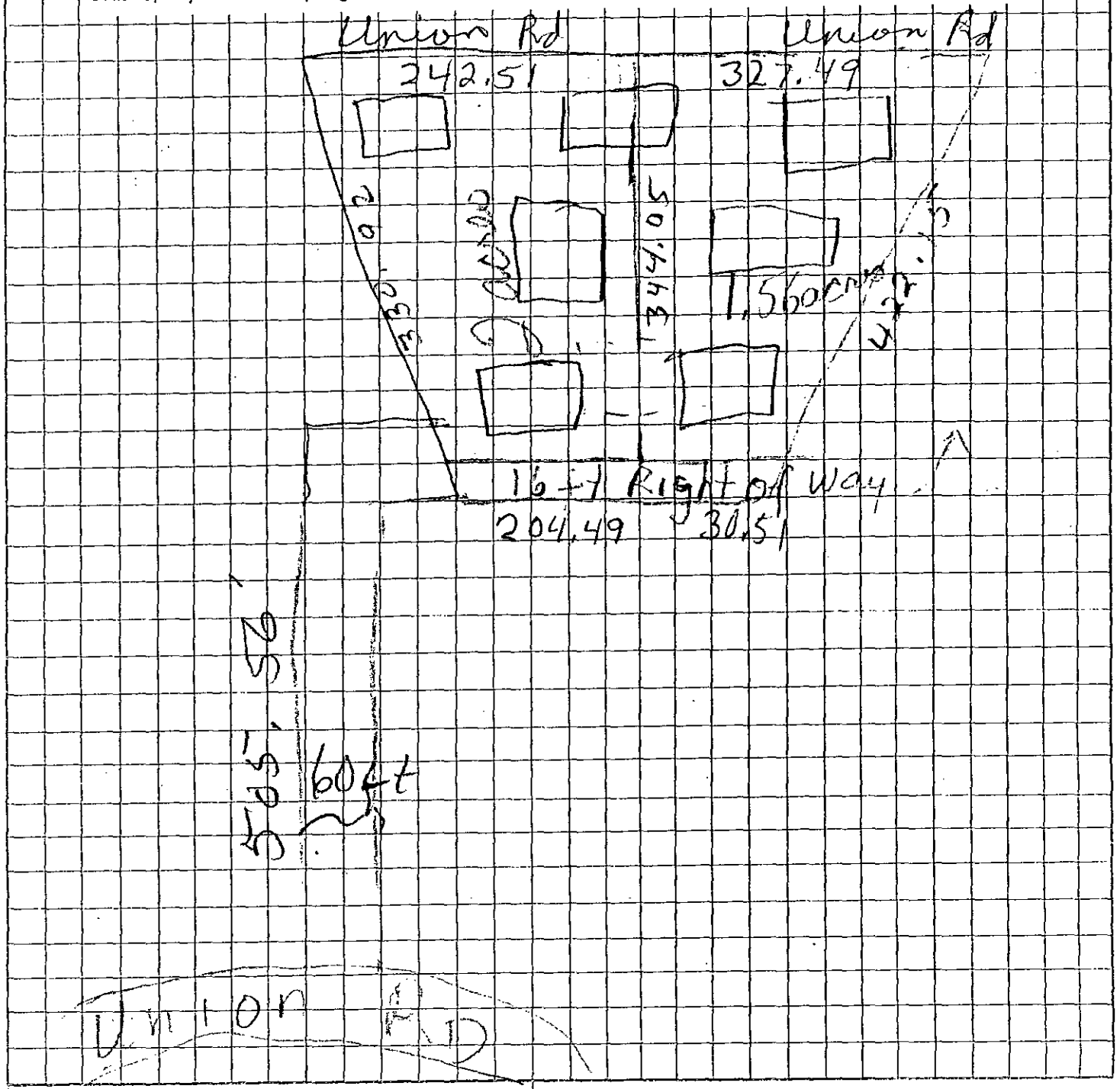
PROPOSED PLOT PLAN

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

FILE: 6316B

TC: _____

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

Surveying – Design – Planning
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847-5188
TOLL FREE 1 800 287-8978

PROFESSIONAL LAND SURVEYOR
SAMUEL P. MALONE JR. # 2610

NORTH CAROLINA PROFESSIONAL SEAL L-2610 LAND SURVEYOR SAMUEL P. MALONE JR.

NOTES
1. R/W = RIGHT OF WAY
2. EIR = EXISTING IRON REBAR.
3. NIR = NEW IRON REBAR.
4. ATTORNEY TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOC. REQUIREMENTS OF RECORD.
5. MBL = MIN BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO RIGHT-OF-WAY, RESTRICTIONS AND/OR EASEMENTS EITHER RECORDED OR IMPLIED.

LINE TABLE		
LINE	LENGTH	BEARING
L1	30.58'	N 43°23'29" W
L2	17.41'	N 32°19'14" W
L3	30.00'	N 00°47'43" E
L4	44.07'	S 00°29'33" E
L5	34.38'	S 00°29'33" E
L6	83.06'	S 88°11'04" E

FOUND FLAT-IRON

N 00°47'43" E 332.38'

NOW OR FORMERLY
THOMAS B. WILLIAMS
AND KATIE WILLIAMS
DB 9031 PG 401

NIR N 88°11'04" W 113.76' NIR

16ft Right of way

L6 FOUND AXEL

FOUND AXEL

NOW OR FORMERLY
ERIC REIN FARRAR
AND WIFE, MARIA THERESE FARRAR
DB 11001 PG 288

S 00°29'33" E 506.33' (TOTAL) 550.40' — 0.45 ACRES — N 00°29'33" W 556.36' (TOTAL) 521.98'

NOW OR FORMERLY
HILTON BANKS CUTHBERTSON
DB 9179 PG 233

MECKLENBURG COUNTY

UNION COUNTY

DB 11001 PG 288

R/W

EDGE OF PAVEMENT

CENTERLINE

NIR

L4

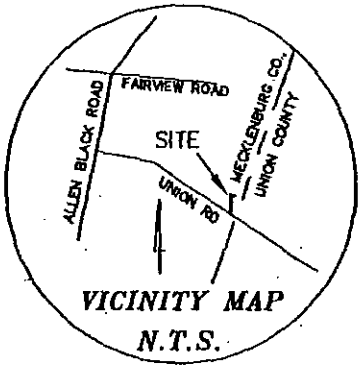
EIR

L1 L2

L5

UNION RD. (S.R. 1540) 60' PUBLIC R/W

"THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS"

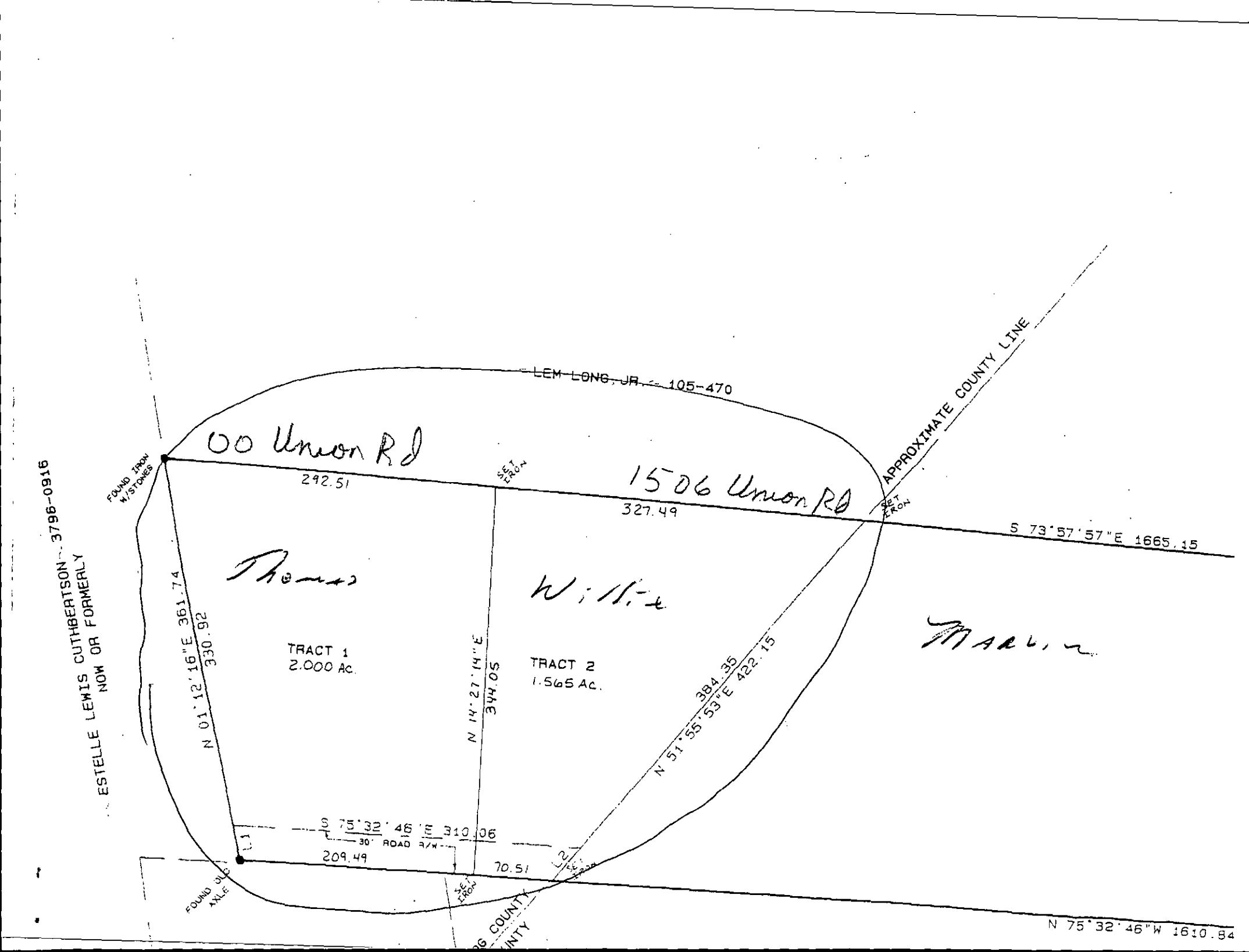


VICINITY MAP
N.T.S.

INGRESS – EGRESS EASEMENT

SHOWING:

0.45 ACRES OF THE CUTHBERTSON PROPERTY


ESTELLE LEWIS CUTHBERTSON
NOW OR FORMERLY
3796-0916
LEM LONG, JR. - 105-470
00 Union Rd
1506 Union Rd
APPROXIMATE COUNTY LINE
FOUND IRON W/STONES
SET IRON
292.51
327.49
S 73°57'57"E 1665.15
Thomas
Willie
Marlin
N 01°12'16"E 361.74
330.92
N 14°27'14"E
344.05
TRACT 1
2.000 Ac.
TRACT 2
1.565 Ac.
384.35
N 51°55'53"E 422.15
S 75°32'46"E 310.06
30' ROAD R/W
209.49
70.51
L1
L2
FOUND IRON
AXLE
SET IRON
N 75°32'46"W 1610.84

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/23/07	**Amount:**	150.00
Receipt #:	50889	**Tendered:**	0.00
Check / Auth #:	VISA 085747	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: MELNICHUK ALEXANDER
Attn: EDWARD PERSHIN
Address: 6701 CARMEL ROAD S-100
Address:
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 1504 UNINION ROAD		1	150.00	150.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/23/07	**Amount:**	150.00
Receipt #:	50890	**Tendered:**	0.00
Check / Auth #:	VISA 085747	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: MELNICHUK ALEXANDER
Attn: EDWARD PERSHIN
Address: 6701 CARMEL ROAD S-100
Address:
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 1504 UNION ROAD		1	150.00	150.00

----------**Outstanding Balances**----------

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

DATE: 4/26/2006 PERMIT NUMBER:

TO: CHARLOTTE-MECKLENBURG CODE ENFORECEMENT

FROM: MECKLENBURG COUNTY GIS

JURISDICTION: MECK

MINT(ETJ)

197-251-18

PARCEL NUMBER

1504 UNION RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

Remarks: ADDRESS VERIFIED-

Signed:

Addressing Verification Form Disclaimer Statement

The party indicated on this application shall be responsible for maintaining this address throughout the life of the project from plan submittal through final C/O. The contents of this form reflect information provided by the party listed on this form.

Incorrect information may result in delays in getting final approval of permits and the final C/O.

Special Circumstances: If a temporary address is being verified for the purposes of Plan Review, the responsible party will be required to obtain and submit a new form verifying the permanent address prior to issuance of the permit.

Name (please print) _____

Company _____

Company Address _____

_____

Telephone # _____

Signature _____

Date _____

Revised Oct-2005