

16620 YOUNGBLOOD RD

21729101

1/9/2008

duponbj

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

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 #: 5736B Permit #: _____ Tax Parcel #: 217-291-01

Property Owner: MICHAEL HEFLIN

Job Location Address: 16620 YOUNGBLOOD RD.

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 3/19/07 Contractor Name: AUTRY

Permitted Design Flow: ~~360~~ GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: EHV-412A (BARNES)

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 12 inches

Distribution Device: DROP BOXES

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: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

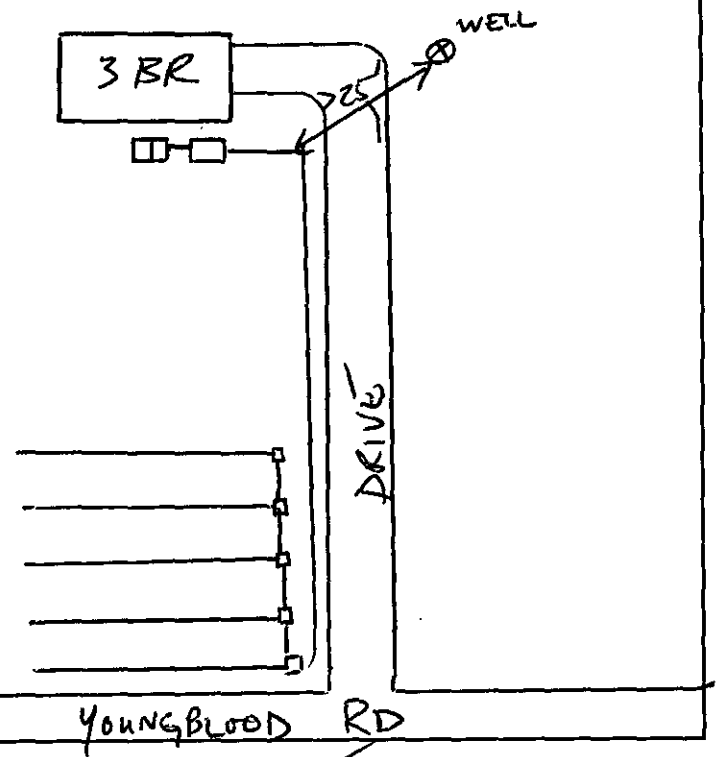
Inspection Dates

Tank(s) Inspected: 3/5/07

Excavation Inspected: 3/19/07

Pump & Controls Inspected: 3/19/07

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: IIIb PUMP 25% REDUCTION; EZ FLOW 1203H

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
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OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5736B Permit #: _____ Tax Parcel #: 217-291-01

Property Owner: MICHAEL HEFLIN

Job Location Address: 16620 YOUNGBLOOD RD.

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: _____ Contractor Name: AUTRY

Permitted Design Flow: ~~KS~~ 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: EHV-412A (BARNES)

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 5 @ 60 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 12 inches

Distribution Device: DROP BOXES

Inspection Dates

Tank(s) Inspected: 3/5/07

Excavation Inspected: 3/19/07

Pump & Controls Inspected: 3/19/07

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 _____

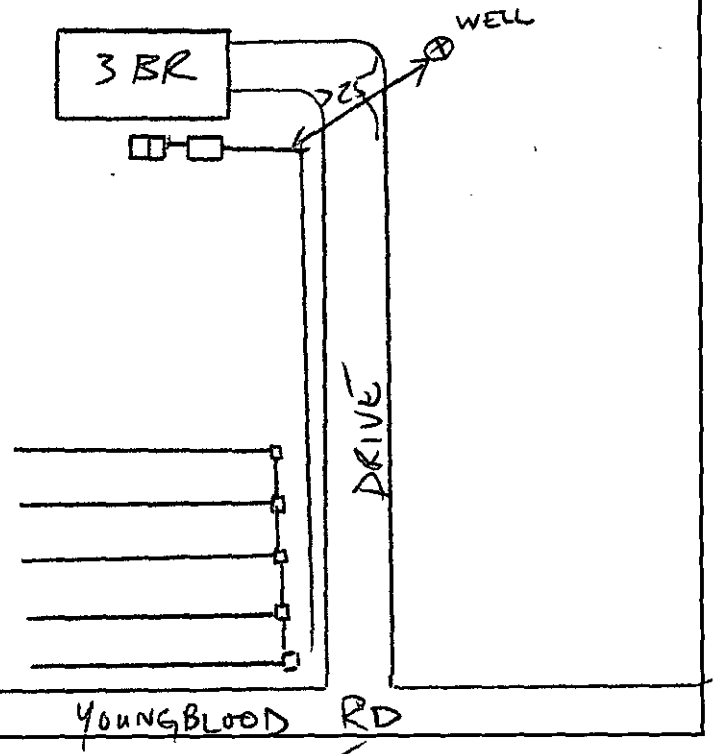
System Installation Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

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: IIIb PUMP 25% REDUCTION; EZ FLOW 1203H

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

FEE: 300/
DATE: 11/9/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PERMIT NUMBER: 5736B
PARCEL NUMBER: 217-291-01

JOB LOCATION ADDRESS: 16620 Youngblood Rd.
PROPERTY OWNER: Michael Heflin
BUILDING CONTRACTOR: Michael Heflin
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 11/09/05

DCR, RS 11/9/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5736B, 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:
   Primary System 25% reduction, Panel block repair.

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 #: 5736B Permit #: 5736 B Tax Parcel #: 217-291-01

Property Owner: MICHAEL HEFLIN

Job Location Address: 16620 YOUNGBLOOD RD.

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 11/6/06

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 12/6/06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 360 feet

# of Lines: 6 @ VAR feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: PRESSURE MANIFOLD

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 _____

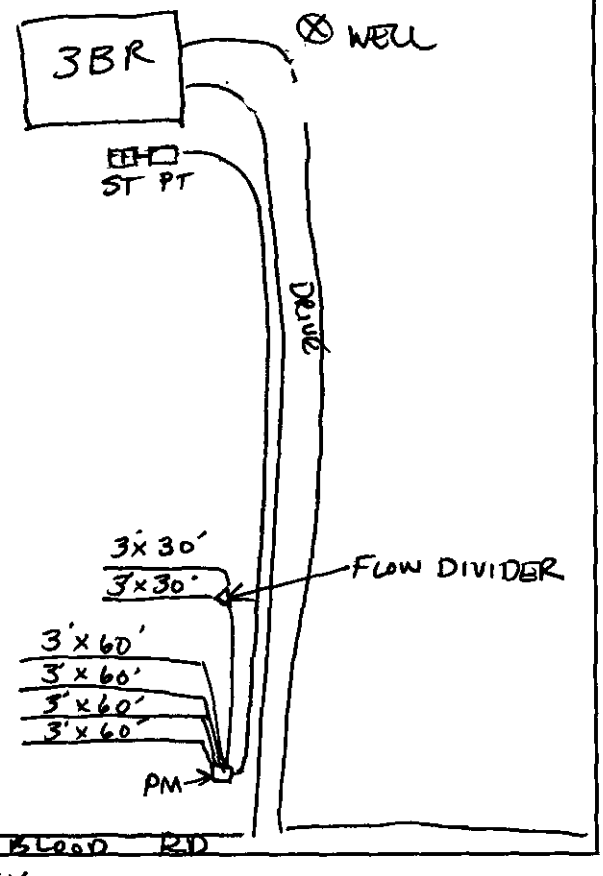
Minimum System Setbacks

Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: TYPE IIIb PUMP 25% REDUCTION; 1500 gal ST; 1000 gal PT

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

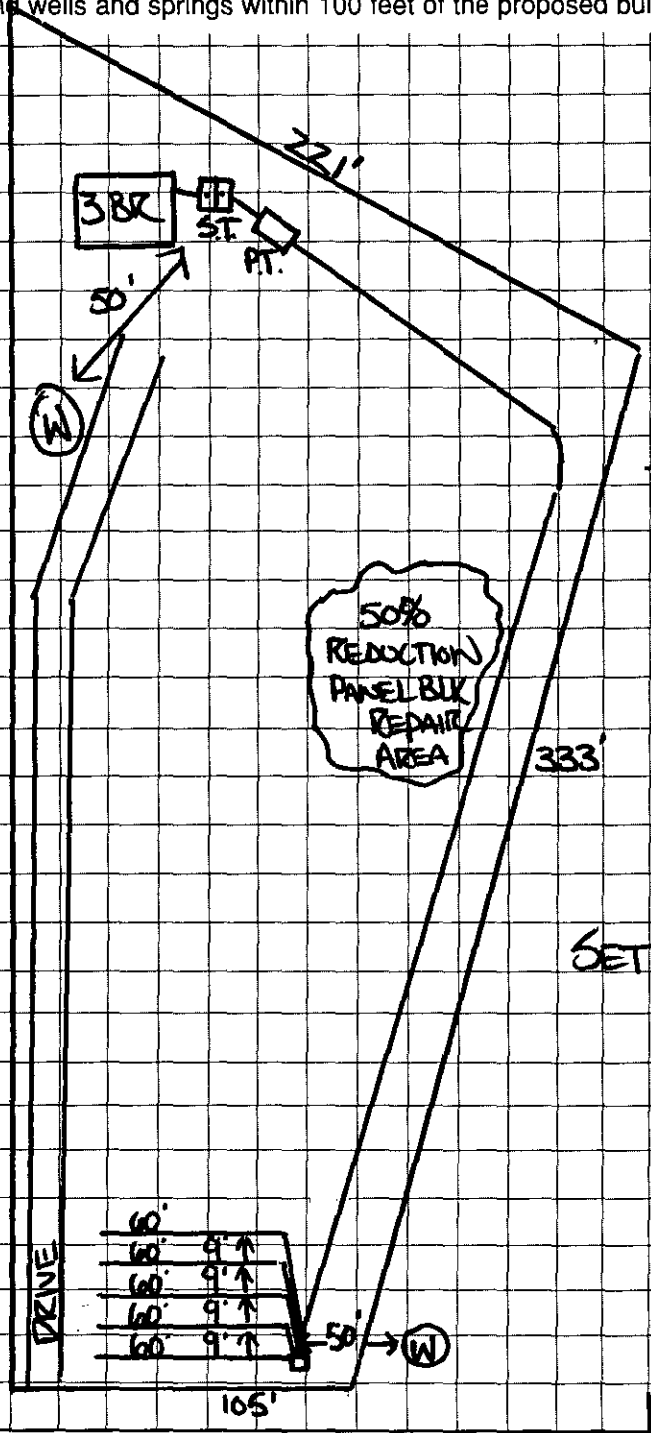
PROPOSED PLOT PLAN

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

FILE: 57368

TC: 217-291-10

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



- SEPTIC SYSTEM DESIGN FOR A 3 BEDROOM HOME
- 360 MAX GAL/DAY
- LTAR 0.3 GPD/FT²
- TYPE IIIa, 25% REDUCTION
- 900 FT² @ 1'

- INSTALL 5 LINES @ 60' LEVEL & ON CONTOUR, 9' CENTERS

- 1500 GAL ST
- 1000 GAL PT
- PRESSURE MANIFOLD

REPAIR AREA PPBP 50% REDUCTION

SETBACKS:
KEEP ALL PARTS OF SYSTEM
- 50' FROM EXISTING & PROPOSED WELLS
- 75' FROM HOUSE FOUNDATION
- 10' FROM PROPERTY LINES
- 15' FROM 2' CUT

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 11/9/05

RS

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

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5736B** Tax Number: **217-291-01**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	900 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	300 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	1000 Gallon pump tank	na Depth of stone (in)	

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

Additional conditions: **Primary system 25% reduction. PPBP repair, 50% reduction.**

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:

600 Absorption Area (ft^2) 200 Total trench length (ft)	NA Depth of stone (in)	8 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.

DENR Authorized Agent — Date: 11/9/05

Owner/Agent Signature — Date: 3.22.07

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

#1635 pd $300 Avail 11/7/05 Final

GWS – RES. APP 07/05

SEPTIC FEE: $100.00
DATE: 10/18/05
CRT [ ] CK# 1950 V. Wheeler

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 # 57368

LD

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 #: 21729110
STREET ADDRESS: 16620 Youngblood Rd
CITY: Charlotte
STATE: NC ZIP: 2
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1B

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: 4200
NUMBER OF BEDROOMS: 3
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:

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: Micheal Heflin
ADDRESS: 1100 Wellspring Dr
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: 704.596.3494 WORK PHONE: 704.602.5343
MOBILE PHONE: 704.996.5791 FAX: 704.602.5400

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.

Michael D Heflin 10.18.05
Owner's/Agent's Signature Date

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

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

Owner's/Agent's Signature Date

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/18/05
Receipt #: 37577
Check / Auth #: CHECK 1950
Received By: WALKEVA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HEFLIN MICHAEL D.
Attn:
Address: 1100 WELL SPRING DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 16620 YOUNGBLOOD ROAD		1	100.00	100.00

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

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

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5736B** Tax Number: **217-291-01**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ *Prefabricated, permeable* block panel system
☐ *Shallow Placed Conventional*
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	900 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	300 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally *suitable soil must remain* between trench bottom and *unsuitable soil conditions.*)
3 Bedrooms in residence	1000 Gallon pump tank	na Depth of stone (in)	

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

Additional conditions: **Primary system 25% reduction. *PPBP repair, 50% reduction.***

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:

600 Absorption Area (ft^2) 200 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.

DENR Authorized Agent — Date 3/23/05

Owner/Agent Signature — Date 6/6/05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL *HEALTH DIVISION*
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

PERMIT NUMBER: 5736B
PARCEL NUMBER: 217-291-01

JOB LOCATION ADDRESS: 16620 ~~16606~~ Youngblood Rd.
PROPERTY OWNER: April and June Kay
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 03/23/05

David Cornelius, RS 3/23/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5736B, 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:
Primary System 25% reduction, Panel block repair.

PROPOSED PLOT PLAN

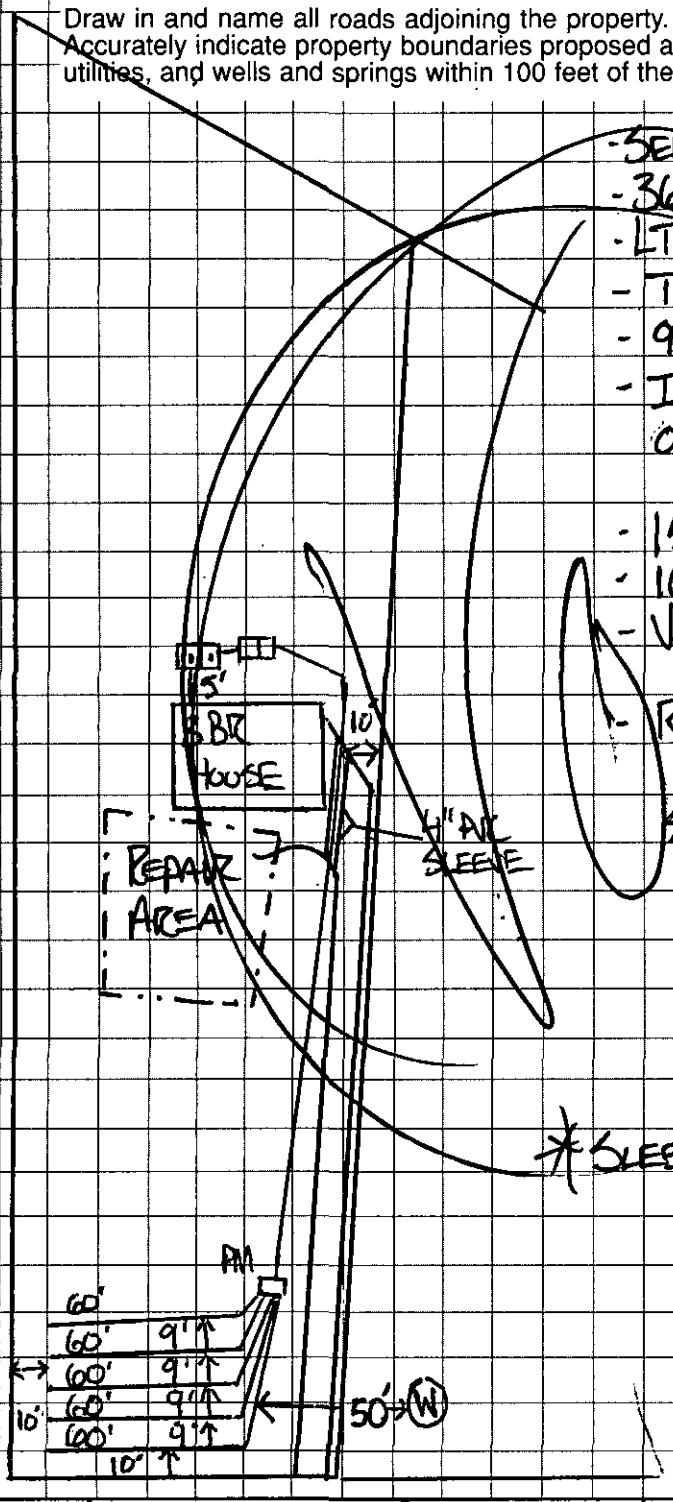
1" = 60'

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

FILE: 5736B

TC: 217-291-01

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 3 BEDROOM
- 360 MAX GAL/DAY WASTEWATER FLOW
- LTAR @ 3 GPD/FT²
- TYPE IIIa (25% REDUCTION) INNOVATIVE
- 900 FT² ABSORPTION AREA
- INSTALL 5 LINES @ 60', LEVEL & ON CONTOUR, ON 9' CENTERS

- 1500 GAL SEPTIC TANK
- 1000 GAL PUMP TANK
- VALVE BOX

- REPAIR PPBP, 50% REDUCTION

SETBACKS: KEEP ALL PARTS OF SYSTEM

>50' FROM WELL
>5' FROM HOUSE
>10' FROM PROPERTY LINES
>15' FROM 2' CUT

*SLEEVE SUPPLY LINE WITH 4" PVC SLEEVE UNDER DRIVE

OWNER/AGENT SIGNATURE

DATE 6/6/05

APPROVAL DATE 3/23/05

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: PO 217-291-01
Lot #:
File #: 5736B
Code: 2

AC5

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: April & June Kay
Applicant:
Address: 16600 Youngblood Road, charlotte, N. C. 28278
Date Evaluated: 3/9/2005
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.0+/-
Location of Site: Youngblood Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-8	GR/SL	FR/SEXP/NS/NP	>55" TO SOIL WETNESS	55	N/A	NONE	US, IV
		8-42	PL/ABK/SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		42-55	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-8	GR/SCL	"	>66" TO SOIL WETNESS	30	PS	"	PS, SAP II
		8-18	SBK/ABK/SC	FI/SEXP/S/P					.3GPD/FT^2
		18-30	SBK/SCL	FR/SEXP/SS/SP					
		30-66	M/SL	FR/SEXP/NS/NP					
3	LS, 8	0-3	GR/SCL	FR/SEXP/SS/SP	>72" TO SOIL WETNESS	38	"	"	"
		3-18	ABK/SBk/SC	FI/SEXP/S/P					
		18-38	M/SC	"					
		38-72	M/SL	FR/SEXP/NS/NP					
4	"	0-3	GR/SCL	FR/SEXP/SS/SP	>66" TO SOIL WETNESS	40	"	"	"
		3-20	SBK/SC	FI/SEXP/S/P					
		20-40	MSCL	FR/SEXP/SS/SP					
		40-66	M/SL	FR/SEXP/SS/SP					

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

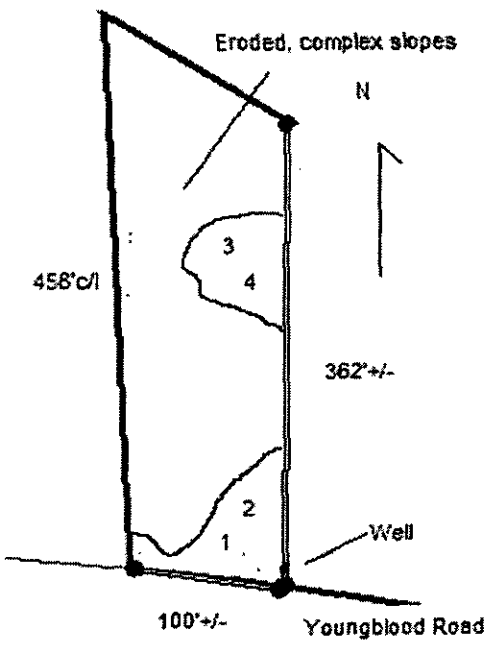
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 3/11/2005, W. R. Marlin
Others Present: S. Autrey

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-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

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

Sketch of Soil Evaluation Locations



GWS – RES APP 07/05 / 195

SEPTIC FEE:
DATE:
CRT [ ]

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

FILE # 5736B

WELL FEE: 400.00
DATE: 10/25/05
CRT [ ] 95

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

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

David

JOB LOCATION INFORMATION:

TAX/PARCEL #: 21729110
STREET ADDRESS: 16620 Youngblood Rd
CITY: CHARLOTTE
STATE: NC ZIP: 28278
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: 4200
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

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

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

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

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	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: MICHEAL HEFLIN
ADDRESS: 1100 WELL SPRING DR
CITY: CHARLOTTE
STATE: NC ZIP: 28262
HOME PHONE: 704.596.3494 WORK PHONE: 704.602.5345
MOBILE PHONE: 704.996.5791 FAX: 704.602.5400

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.

Michael D Heflin 10.25.05
Owner's/Agent's Signature Date

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

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

Michael D Heflin 10.25.05
Owner's/Agent's Signature Date

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

87

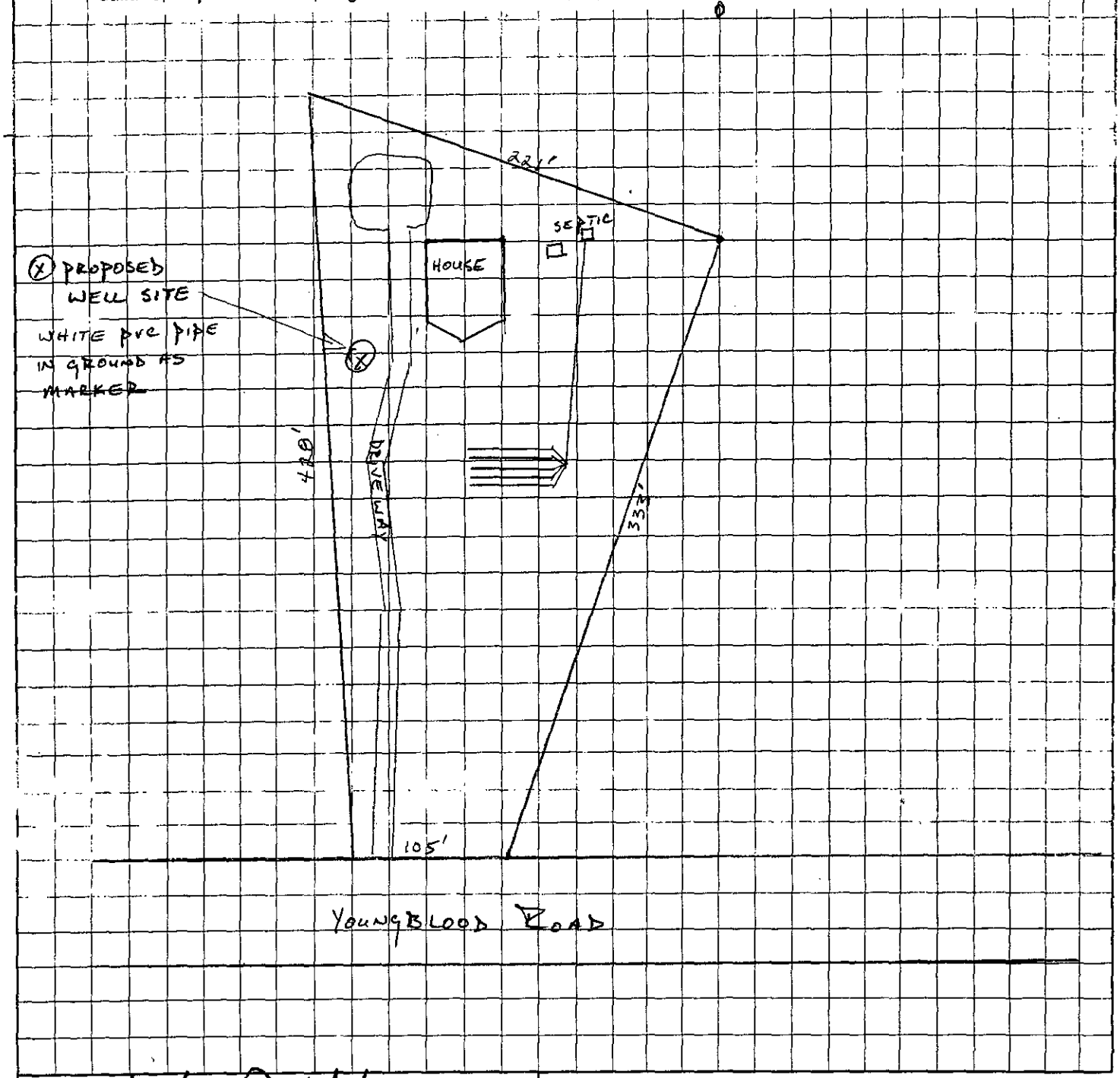
PROPOSED PLOT PLAN

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

FILE: 57368

TC: 2/7-29/-10

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



Michael D Griffin
OWNER/AGENT SIGNATURE

DATE 10.25.05

APPROVAL DATE _____

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

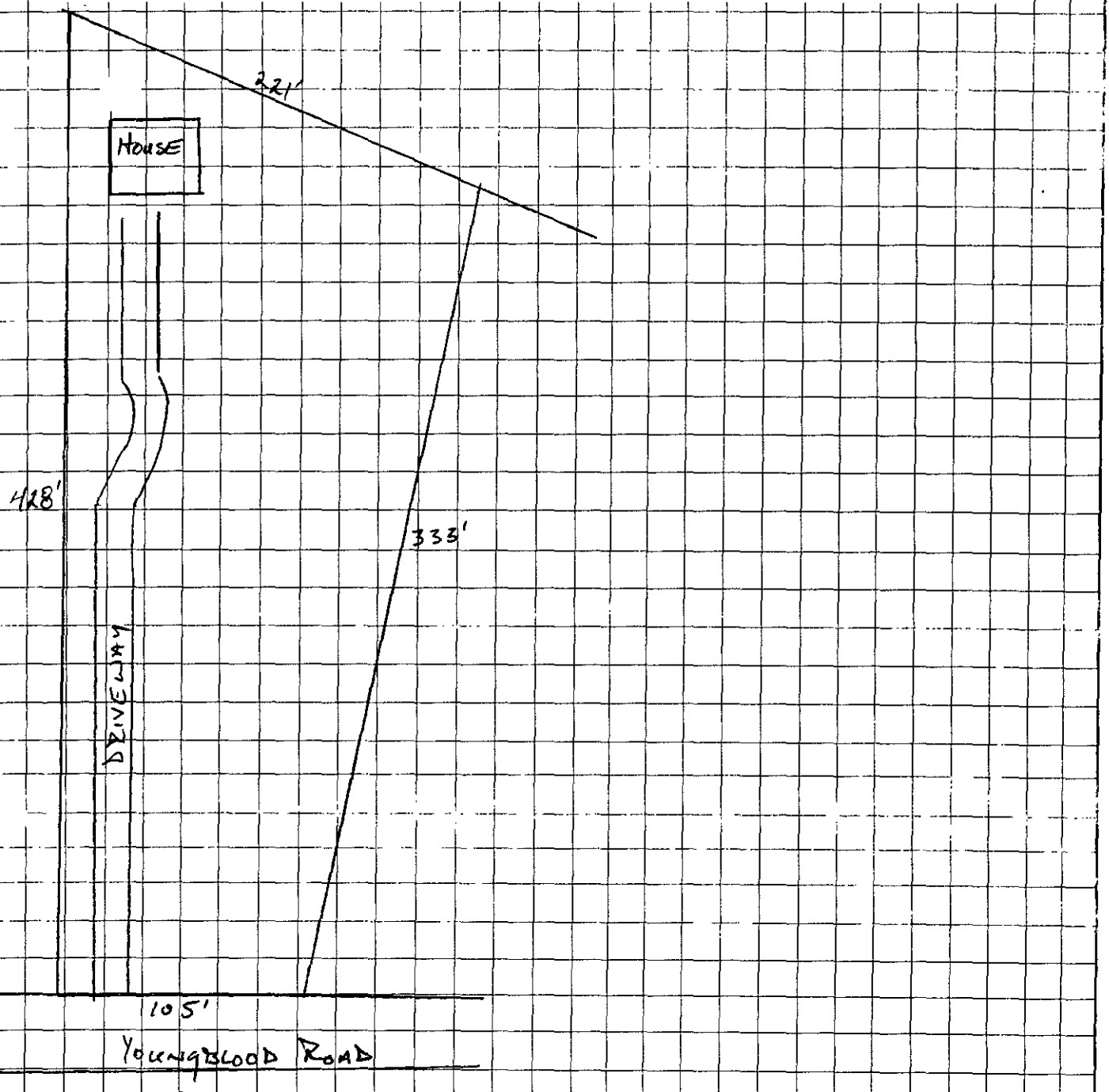
PROPOSED PLOT PLAN

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

FILE: 57363

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 10.18.05

APPROVAL DATE _____

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

FEE: 200.00 ck# 1102
DATE: 10/12/04 gc

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1634

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 57368

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-291-01 pt

STREET ADDRESS: ~~16600~~ Youngblood Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Steele Creek Twnshp.

LOT NUMBER: 07671-763

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2000 - 2400 +/-

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE N/A

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
✓ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Kay June A. & April E
(LAST) (FIRST) (MI)

ADDRESS: 16600 Youngblood Rd

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: (704) 995 - 7160

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Feb 18, 1994

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: April E. Kay / June A. Kay DATE: 9-20-04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

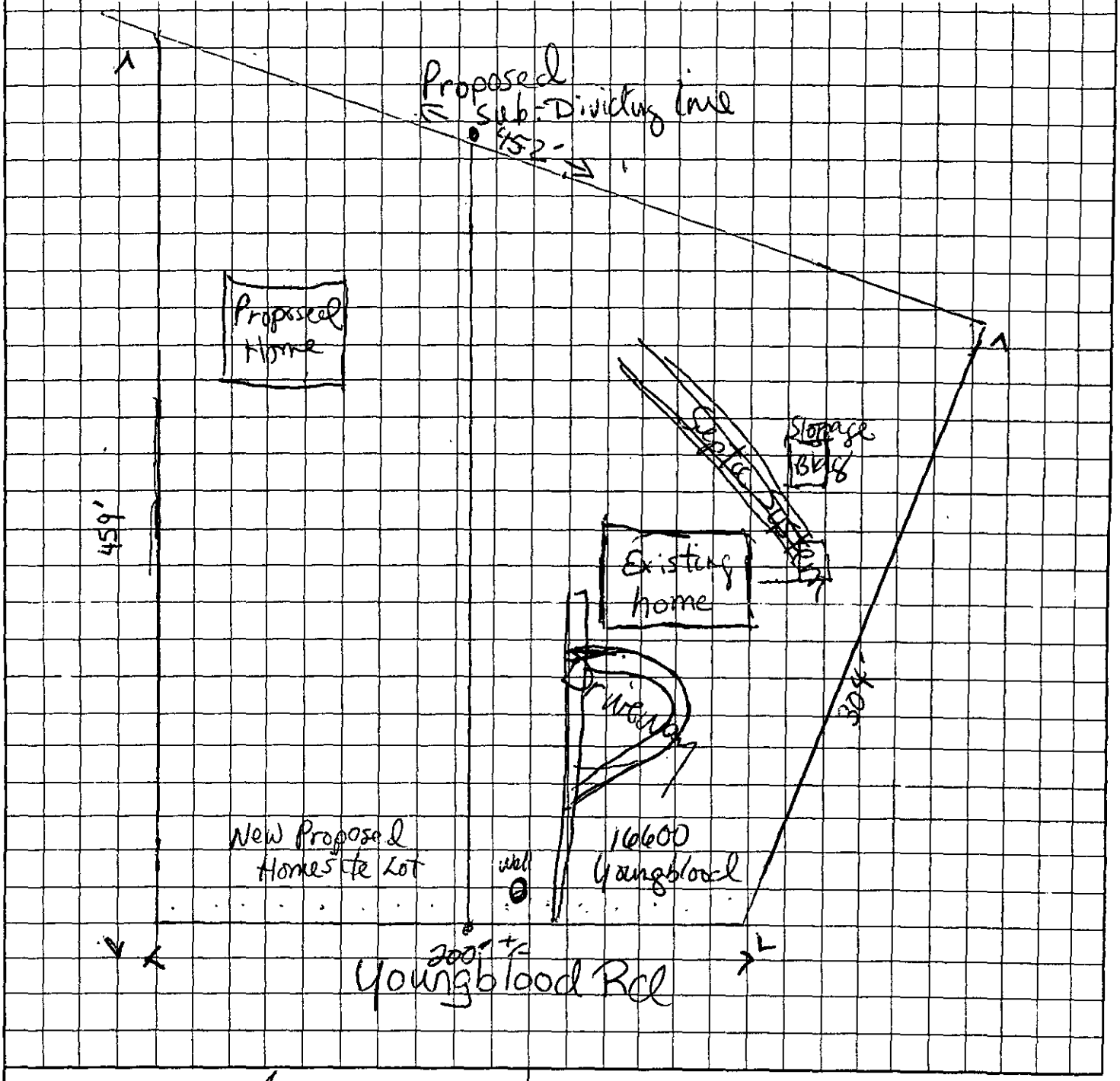
PROPOSED PLOT PLAN

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

FILE: 5736B

TC: 217-291-0118

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 9/9/04

APPROVAL DATE _____

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

Oct. 12
~~September 20~~, 2004

To: Bill Marlin
Mecklenburg County Health Department

From: April Kay

Re: Subdivision of lot 16600 Youngblood Road

Thank you for taking the time to speak with me on the phone last week. I have finally completed the application and the survey is being done this week.

Upon speaking with Steve Autry he suggested that possibly a T&J Panel or 35% reduction system may work on the property. Since I am subdividing this property with the intention of selling the land as a building lot so that I can finish school, I am not certain about exactly what will be built, so the answers on the application are simply my best guess of what would fit over there.

Please call me at 704-995-7160 if you have any questions or if I may be of assistance. Thank you again for all of your patience and help.

Cordially,

April E. Kay

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/12/04
Receipt #: 28472
Check / Auth #: CHECK 1107
Received By: CRAIGGY

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: KAY APRIL E
Attn:
Address: 16600 YOUNGBLOOD RD
Address:
City/State/Zip: CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16600 YOUNGBLOOD RD		1	200.00	200.00

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

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5736B WASPS App #: 192

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Debra Howell

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: _____

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: 8/9/07 - Please release well holds on CO.

Application received date: 10/25/05 ES assigned date: _____ Permit issued date: 11/4/05

Well approval date: 8/9/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 8/9/07

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 8/9/2007 09:44 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74156
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/7/2007 12:15 CHAIN OF CUSTODY #: 070807154721
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC30210	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	8/7/2007	15:44	SLT
AC30210	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	8/7/2007	15:44	SLT

Comment:

Laboratory Supervisor: Rhonda Hutson

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	16620 Youngblood Road
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 070807154721

Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
AC30210																					
GWO-74156	KSG	8/7/07 12:15 PM	N/A N/A	N	n/a	3.5				X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: 24 hr TAT

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett		8-7-07	1535

Form Revision 07; effective 02/16/2006

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 8/9/2007 09:43 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-74156
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/7/2007 12:15 CHAIN OF CUSTODY #: 070807154603
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC30209	**NITRATE**	**1.5**	**mg/L**	0.05	EPA 353.2	8/8/2007	8:31	MKV
AC30209	**NITRATE/NITRITE**	**1.5**	**mg/L**	0.05	EPA 353.2	8/8/2007	9:16	MKV
AC30209	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	8/8/2007	8:31	MKV

Comment:

Laboratory Supervisor: Rhonda Lobaton

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	16620 Youngblood Road
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 07080715-4603

Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
AC30209 AC30208 mw6-4-07 GWO-74156	ksg	8/7/07 12:15 PM	N/A N/A	N	18.5	?				X	500 ml		1			X					(X)	
AC30209	ksg	↓	N/A N/A	N	↓					X	125 ml		1	X								(X)

Instructions:
Complete all yellow shaded sections

date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only.

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		8-7-07	1535
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2715

1. WELL CONTRACTOR:

James Beggs
Well Contractor (Individual) Name

Mid-South Well Company Inc
Well Contractor Company Name

STREET ADDRESS 859 Sloans Mill Road

Olin NC 28660
City or Town State Zip Code

(704) 539-5515
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable)

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

DATE DRILLED 2-21-06

TIME COMPLETED 6:00 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Charlotte COUNTY Mecklenburg

11616 Youngblood Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☑ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 3 __ __
LONGITUDE __ __ __
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 Michael Heflin

STREET ADDRESS 11616 Youngblood rd

Charlotte N.C. 28215
City or Town State Zip Code

( ) -
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 225

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 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0116.

e. YIELD (gpm): 7 METHOD OF TEST B&W

f. DISINFECTION: Type Gran Bleach Amount 1 Cup

g. WATER ZONES (depth):

From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

6. CASING:

	Depth From	Depth To	Ft.	Diameter	Thickness/ Weight	Material
	0	78		4 1/2	thick	PVC
From		To	Ft.			
From		To	Ft.			

7. GROUT:

	Depth From	Depth To	Ft.	Material	Method
	0	20		Cement	poured
From		To	Ft.		
From		To	Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

	Depth From	Depth To	Ft.	Size	Material
From		To	Ft.		
From		To	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	72	Dirt
72	78	Rock

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.

James Beggs 2-21-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

James Beggs
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

Chris 5736 B

MECKLENBURG CO GWS

Attention: Philo

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 #: 10000192 **Tax Parcel #:** 217-291-[illegible]
Property Owner: Michael Heflin
Job Location Address: 16620 YOUNGBLOOD RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 11/4/2005
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 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:

DAVID CORNELIUS, RS 11/2/05
Authorized Agent Print Name

Signature

Michael Francis
Owner and Agent Print Name

Signature

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000192 **Tax Parcel #:** 217-291-~~01~~ 10
Property Owner: Michael Heflin
Job Location Address:16620 YOUNGBLOOD RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 11/4/2005
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.
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- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

Volatile Organic Compounds (VOC's)	Semi-volatile Compounds	Metals (Specify in Other Conditions)
Pesticides	Herbicides	Other (See Below)

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

Other Conditions of This Permit:

DAVID CORNELIUS, RS 11/2/05
Authorized Agent: Print Name

Signature: RS 11/2/05

Owner/Legal Agent: Print Name

Signature:

GWS – RES APP 07/05 1951

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

FILE # 5736B

WELL FEE: 400.00
DATE: 10/25/05
CRT [ ] 9C

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 #: 21729110
STREET ADDRESS: 16620 Youngblood Rd
CITY: Charlotte
STATE: NC ZIP: 28278
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: 4200
NUMBER OF BEDROOMS: 5
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: Micheal Heflin
ADDRESS: 1100 Well Spring Dr
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: 704.596.5494 WORK PHONE: 704.602.5345
MOBILE PHONE: 704.996.5791 FAX: 704.602.5400

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.

Michael D Heflin 10.25.05
Owner's/Agent's Signature Date

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

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

Michael D Heflin 10.25.05
Owner's/Agent's Signature Date

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

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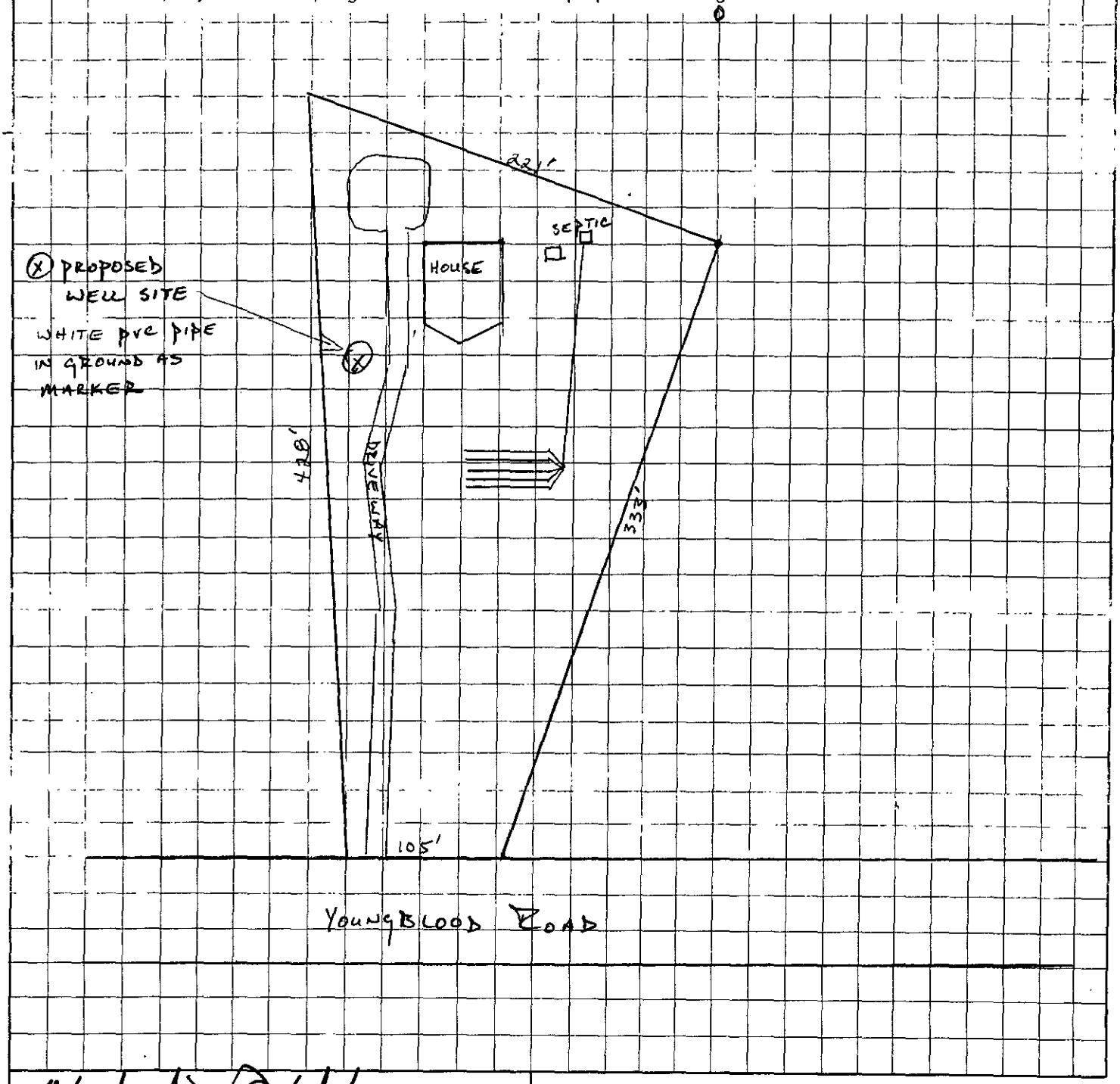
PROPOSED PLOT PLAN

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

FILE: 5736B

TC: 217-291-10

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



OWNER/AGENT SIGNATURE Michael D. Griffin

DATE 10.25.05

APPROVAL DATE _____

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