


1816 CRAIGMORE DR

18738108

1/10/2008

duponbj

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

## Groundwater & Wastewater Services
## Well Project File & Data Review Worksheet

GWS File #: 6615B WASPS App #: 1036

Primary ES assigned to project: Chris Sherrill

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 ☐ None - property vacant

**I. File Review:**

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

# Items requiring correction/modification: 0

Comments:

**II. WASPS Review:**

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

# Items requiring correction/modification: _____

Comments:

12/1/06 - Ready for reAssignment to well specialist for sampling.

3-20-07: Please review application for well type and construction record for casing depth and water level and enter correct values.

Application received date: 6/27/06 ES assigned date: 6/27/06 Permit issued date: 11/9/06

Well approval date: 3/20/07 Number of days to complete project: 3/27/07

Review performed by: [signature] Date performed: 3/27/07

CHARLOTTE.

**Laboratory Analysis Report**
Report Date/Time: 3/8/2007 14:47

# LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY #: 070306160449

| Sample ID | Location Code | Location Description | | Collection Type | Sample Date/Time | | |
|---|---|---|---|---|---|---|---|
| *Parameter* | | *Result* | *Units* | *RL* | *Method* | *Start Date/Time* | *Analyst* |
| **AC08303** | **G-NEW** | **GWO-72347** | | **Grab** | **3/6/2007 13:45** | | |
| | **Total Coliform- P/A** | **Absent** | **P/A** | | SM 9223B | 3/6/2007 16:08 | MKV |
| Comment | | | | | | | |
| **AC08303** | **G-NEW** | **GWO-72347** | | **Grab** | **3/6/2007 13:45** | | |
| | **E. COLI-PA** | **Absent** | **P/A** | | SM 9223B | 3/6/2007 16:08 | MKV |
| Comment | | | | | | | |

Laboratory Supervisor:

Laboratory Certifications:McAlpine N.C.DENR Cert No.148; Brookshire N.C.DENR Cert No.162; Hal Marshall N.C.DENR Cert 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: | 1816 Craigmore Drive, Charlotte, NC 28226 |
| 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

Sampled By (Print Name)
Debra Howell

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GWO-72347 HC08303 | DH | 3/6/07 1:45pm | N/A N/A | N | NA | | | | | X | 100 ml | | 2 | | | | | | X | | X |

**Instructions:**

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

[redacted]

Comments: ****3-DAY TAT REQUESTED****

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | [signature] | 3-6-07 | 1555 |
| 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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

**Laboratory Analysis Report**
Report Date: 3/13/2007 01:43 PM

## LABORATORY SERVICES DIVISION

LOCATION: GWO-72347
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/6/2007 13:45 CHAIN OF CUSTODY #: 070306160600
SAMPLE DESCRIPTION: Grab

| | Parameter | Result | Units | RL | Method | Start Date/ | Time | Analyst |
|---|---|---|---|---|---|---|---|---|
| **AC08304** | **NITRATE** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 3/7/2007 | 15:22 | EWN |
| ***AC08304*** | ***NITRITE*** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 3/7/2007 | 14:11 | EWN |

Comment:

Laboratory Supervisor: Rhonda L. Hudson

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

PAGE 1 OF 1

| | |
|---|---|
| CLIENT: | **Mecklenburg County, LUESA - Groundwater & Wastewater Services** |
| FACILITY: | Groundwater **(Potable Water)** |
| ADDRESS: | 1816 Craigmore Drive, Charlotte, NC 28226 |
| 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# 070306160600

Sampled By (Print Name)
Debra Howell

| 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 | Nitrite |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GWQ-72347 AC08304 | DH | 3/6/07 1:45 pm | N/A N/A | N | 16.8°C | | | | | X | 500 ml | | 1 | | | X | | | | | X | |
| GWQ-72347 AC08304 | DH | 3/6/07 1:45 pm | N/A N/A | N | 16.8°C | | | | | X | 125 ml | | 1 | X | | | | | | | | X |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | |

**Instructions:**
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End 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 |
|---|---|---|---|
| Debra Howell | | 3-6-07 | 1555 |
| 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

6615B

# WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) JASON STEELE CERTIFICATION # 2020

WELL CONTRACTOR COMPANY NAME STEELE WELL CO., INC. PHONE # (704) 278-4849

STATE WELL CONSTRUCTION PERMIT# 10001035 (if applicable) ASSOCIATED WQ PERMIT# (if applicable)

1. WELL USE (Check Applicable Box): Residential ☒ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use

2. WELL LOCATION:
Nearest Town: CHARLOTTE County MECKLENBURG
CRAIGMORE
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

3. OWNER: FRANCIS WELL AND PUMP/RONALD AND BETTY JO
Address 1501 MT. ZION CH. RD.
(Street or Route No.)
IRON STATION NC 28080
City or Town State Zip Code
(704) 506-9373
Area code- Phone number

4. DATE DRILLED 8-7-06

5. TOTAL DEPTH: 265'

6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

7. STATIC WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" if Above Top of Casing)

8. TOP OF CASING IS 2 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 30 METHOD OF TEST AIR

10. WATER ZONES (depth):

11. DISINFECTION: Type HTH Amount 1 CUP

12. CASING:

| | Depth | Diameter | Wall Thickness or Weight/Ft. | Material |
|---|---|---|---|---|
| From 0 | To 50 | Ft. 6 1/4" | 27.6 | PVC |
| From | To | Ft. | | |
| From | To | Ft. | | |

13. GROUT:

| | Depth | Material | Method |
|---|---|---|---|
| From 0 | To 20 | Ft. SANDMIX | MIXED |
| From 50 | To 48 | Ft. SANDMIX | MIXED |

14. SCREEN:

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

15. SAND/GRAVEL PACK:

| | Depth | Size | Material |
|---|---|---|---|
| From | To | Ft. | |
| From | To | Ft. | |

Topographic/Land setting
☐Ridge ☒Slope ☐Valley ☐Flat
(check appropriate box)

Latitude/longitude of well location
N35D08.260 W80D47.715
(degrees/minutes/seconds)

Latitude/longitude source: ☒GPS ☐Topographic map
(check box)

DEPTH / DRILLING LOG

| From | To | Formation Description |
|---|---|---|
| 0 | 30 | CLAY |
| 30 | 40 | SANDSTONE |
| 40 | 265 | GRANITE |

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.

Lat / Long provided

16. 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

SIGNATURE OF PERSON CONSTRUCTING THE WELL 8-7-06 DATE

**Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.**

GW-1 REV. 07/2001

6615B

# WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) _____ CERTIFICATION # _____

WELL CONTRACTOR COMPANY NAME _____ PHONE # ( ) _____

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☒ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION: Nearest Town: Charlotte County Meck
Creighton Ct
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☒Slope ☐Valley ☐Flat
(check appropriate box)

Latitude/longitude of well location _____
(degrees/minutes/seconds)

Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: _____
Address _____
(Street or Route No.)
City or Town State Zip Code
( )- _____
Area code- Phone number

4. DATE DRILLED 5-7-06

5. TOTAL DEPTH: 165

6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

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

8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 30 METHOD OF TEST Air

10. WATER ZONES (depth): 90-120 120-140 140-165

11. DISINFECTION: Type Flush Amount 1 Cup

12. CASING:

| | Depth | | Diameter | Wall Thickness or Weight/Ft. | Material |
|---|---|---|---|---|---|
| From 0 | To 30 | Ft. | 6 | Sch 40 | PVC |
| From ____ | To ____ | Ft. | | | |
| From ____ | To ____ | Ft. | | | |

13. GROUT:

| | Depth | | Material | Method |
|---|---|---|---|---|
| From 0 | To 20 | Ft. | Sandmix | Mix |
| From 30 | To 58 | Ft. | | |

14. SCREEN:

| | Depth | | Diameter | Slot Size | Material |
|---|---|---|---|---|---|
| From ____ | To ____ | Ft. | ____ in. | ____ in. | |
| From ____ | To ____ | Ft. | ____ in. | ____ in. | |

15. SAND/GRAVEL PACK:

| | Depth | | Size | Material |
|---|---|---|---|---|
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |

16. REMARKS: Hole at 120 20Ve

DRILLING LOG

| DEPTH From | To | Formation Description |
|---|---|---|
| 0 | 30 | Clay |
| 30 | 90 | Sandy Stone |
| 90 | 165 | Granite |

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.

N 35° 08.260

W 080° 47.715

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

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

TOTAL P.02
Permit To Construct A Water Supply Well
Page 1 of 1

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 #:** 10001036 **File #:** 66158 **Tax Parcel #:** 167-381-08
**Property Owner:** RONALD & BETTY JONES
**Job Location Address:** 1816 CRAIGMORE DR
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28226
**Permit Issuance Date:** 11/9/2006
**Use of Well:** Irrigation
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:** NO

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

**General Conditions of This Permit:**

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

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

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

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

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

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

**Other Conditions of This Permit:**

Chris Sherrill, RS, CSS
Authorized Agent: Print Name
Signature:

Ronald E Jones
Owner/Legal Agent: Print Name
Signature: Ronald E Jones

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 #:** 10001036 **File #:** 6615B **Tax Parcel #:** 187-381-08
**Property Owner:** RONALD & BETTY JONES
**Job Location Address:** 1816 CRAIGMORE DR
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28226
**Permit Issuance Date:** 11/9/2006
**Use of Well:** Irrigation
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:** NO

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☐ 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:**

Chris Sherrill, RS, CSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

*Mecklenburg County, North Carolina*

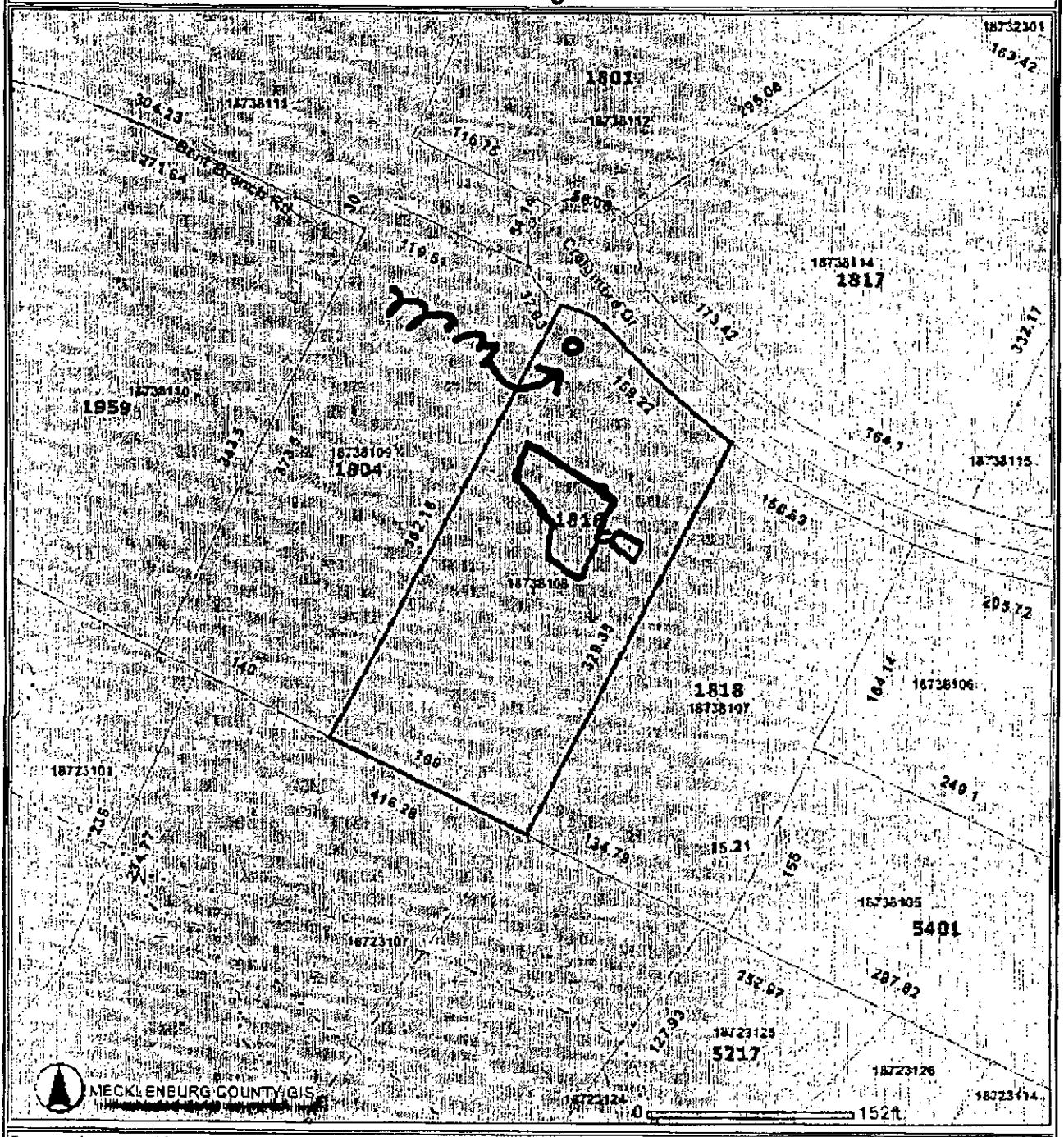
# *POLARIS*

*Property Ownership Land Records Information System*

Date Printed: Mon Jun 26 09:46:59 EDT 2006

66158

## 1816 Craigmore




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

#1036

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

FILE # 606153

WELL FEE: X32054 400.00
DATE: 6/27/06
CRT [ ] gc

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

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

CMS

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 18738108
STREET ADDRESS: 1816 Craigmore Dr
CITY: Charlotte
STATE: NC ZIP: 28226
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 18
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☑ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL 2005

**BUILDING INFORMATION:**

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 9500
NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: No Certificate of Occupancy yet

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: Home will be sold upon completion

**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: Ronald and Betty Jones
ADDRESS: 7804 Fairview Rd PMB 311
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: (704) 366-3999 WORK PHONE: (704) 366-3999
MOBILE PHONE: (704) 366-3999 FAX: (704) 323-7327

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

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

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?**

**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?**

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

Owner's/Agent's Signature 6/21/2006 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 6/26/2006 Date

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