

3747 MOORLAND DR

21115145

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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$400.00 Philo
Meck Co.

Check 3882 HKF
GWS - RES. APP 12/04
400.00 3/9/05

CREDITS AND SUR

FEE
DATE
REC

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

FILE # 5894B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 211 151 45
STREET ADDRESS: 3747 Moorland Dr
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 10
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:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COPY

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: N 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: MICHELE & GREG COLLINS
ADDRESS 3747 MOORLAND DRIVE
CITY: CHARLOTTE
STATE: NC ZIP 28226
HOME PHONE (704) 541-6622 WORK PHONE (704) 367-8428
MOBILE PHONE: FAX (704) 3678441

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CAROLINA WELL DRILLING
ADDRESS: PO BOX 813 NA
CITY: MONROE
STATE: NC ZIP: 28111-0813
HOME PHONE: WORK PHONE: 704-764-8085
MOBILE PHONE: FAX: (704) 764-2179

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature Date

"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

3/11/05

Owner's/Agent's Signature Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211
CHARLOTTE, NC 28202

File#: 5894B

Permit#: 20050315PSW01

Well Activity Checklist

		Date
1. Application & Well Siting		
☑	Complete application on file	3/11/05
☑	Site plan and other appropriate documentation submitted	3/11/05
☐	Registered well driller Certification Number: _____	
☑	Proposed well location meets required setbacks	3/15/05
☐	**ARGU** restrictions satisfied (if applicable)	
☑	Well permit issued	3/15/05
☐	Septic system permit issued (if applicable)	

2. Onsite Inspection

Observed	Driller		
☐	☑	Valid permit on site with registered well driller	9/22/05
☐	☑	Required setbacks satisfied, approved location per permit	9/22/05

Appropriate Materials Used for Construction:

Observed	Driller		
☐	☑	Drilling fluids/additives	9/22/05
☐	☑	Casing materials/Joint compounds	9/22/05

Source of Water:

Observed	Driller		
☐	☑	Greater than 40 ft. below land surface	9/22/05
☐	☑	Water NOT from a known contamination zone	9/22/05

Well Casing:

Observed	Driller		
☐	☑	Casing > than 40 ft. below land surface	9/22/05
☐	☑	Non-potable zones effectively sealed	9/22/05
☐	☑	Casing properly seated	9/22/05
☐	☑	Casing terminated at least 12 inches above land surface	9/22/05
☐	☑	All ASTM/NSF standards met	9/22/05
☐	☐	Drive shoe used	

Grouting:

Observed	Driller		
☑	☐	Approved grouting materials used	9/22/05
☐	☑	Grouted to a minimum of 20 ft. below land surface	9/22/05
☐	☑	Grouted within 5 days of casing being set	9/22/05
☐	☑	Proper depth to seal non-potable zones	9/22/05

Well Head:

☐	Well casing extended at least 12 inches above land surface	
☐	Vented, sanitary well cover in place	
☐	Access port in place	
☐	Sample tap between pump and pressure tank properly constructed	

Well Activity Checklist Continued

Well Disinfection: **Date**

- ☐ Notification of disinfection _____

Well Contractor Identification Plate:

- ☐ Plate installed securely on well casing _____
- ☐ Information not obscured _____
- ☐ Information accurately completed _____

Pump Installer Identification Plate:

- ☐ Plate installed securely _____
- ☐ Information not obscured _____
- ☐ Information accurately completed _____

3. Well Sampling

- ☐ Appropriate water samples collected as required by permit _____

4. Approval

- ☐ Well construction form (GW-1) on file _____
- ☐ Well construction approval granted _____
- ☐ Well construction approval denied _____

5. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

WELL CONSTRUCTION RECORD

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

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:_____ County_____
   _____
   (Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

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

4. DATE DRILLED_____
5. TOTAL DEPTH:_____
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: _____FT.
   (Use "+" if Above Top of Casing)
8. TOP OF CASING IS _____ 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): _____ METHOD OF TEST_____
10. WATER ZONES (depth): _____
    _____
11. DISINFECTION: Type_____ Amount _____
12. CASING:

	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From_____	To_____ Ft._____		_____	_____
From_____	To_____ Ft._____		_____	_____
From_____	To_____ Ft._____		_____	_____

13. GROUT:

	Depth	Material	Method
From_____	To_____ Ft._____		_____
From_____	To_____ 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._____		_____

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)

DEPTH From	To	DRILLING LOG Formation Description
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

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.

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 DATE

Submit the original to the Division of Water Quality, Attn: Information Management, 1617 Mail Service Center - Raleigh, NC 27699-1617, Phone No. (919) 733-7015, within 30 days.

GW-1 REV. 09/2004

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 5894B

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050315 PSW 01 **Tax Parcel #:** 211 151 45

Property Owner: Michele + Greg Collins

Job Location Address: 3747 Moorland Drive

City/ETJ: Charlotte **State:** NC **Zip Code:** 28226

Permit Issuance Date: 3/15/05

Use of Well: Irrigation

Type of Facility Served by Well: Residence

Sewage System Type: Municipal

Area of Regulated Groundwater Usage Restrictions Apply: NO If Yes, see requirements in Specific Conditions of This Permit.

Replacement for Existing Well: No 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 be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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:

Authorized Agent: Philo S. Walker

Signature: Philo S. Walker PS

Owner/Legal Agent: Michele Harvey Collins
Print Name

Signature: Michele Harvey Collins

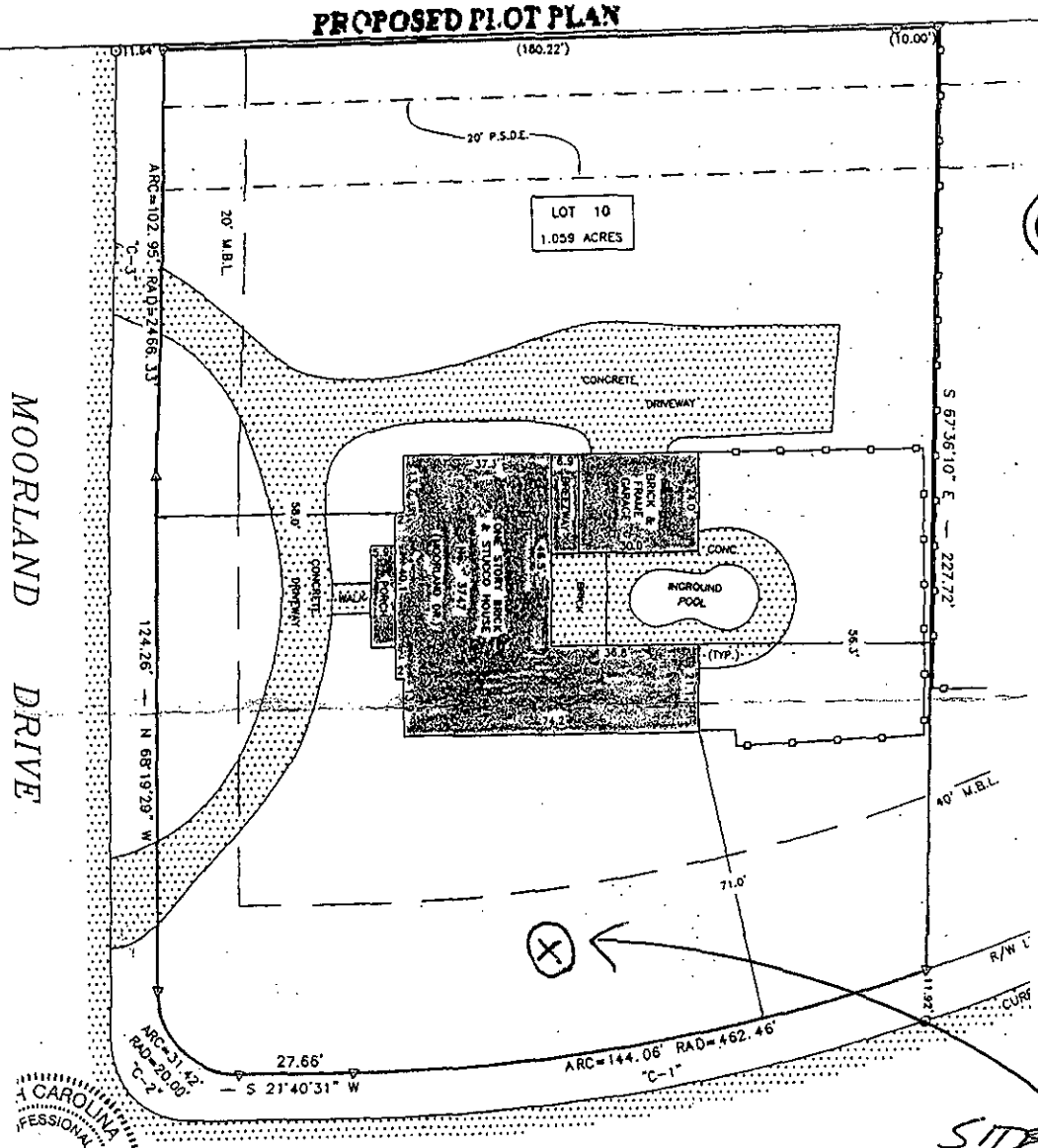
JLS 12/13/04 Final

DEC-30-04 11:47 MFI

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5894

File # 5894
Date 3/11/05

PROPOSED PLOT PLAN



COPY

CAROLINA
PROFESSIONAL
SEAL
-3143
SURVEYOR
S. HLADUN

ENCES:
T MAP RECORDED IN PLAT BOOK 21, PAGE 125.
) - RECORDED IN D.B. 8727, PG. 79.

AL NOTES:
EL IS NOT LOCATED IN A REGULATED FLOOD HAZARD ZONE BY F.E.M.A.
PLAT DOES NOT MEET REQUIREMENTS FOR RECORDATION.

Y CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE
Y SUPERVISION ON: THE DATE SHOWN BELOW; THAT THE RATIO OF
N OF THE UNADJUSTED SURVEY IS 1:21,500 AND THAT THIS SURVEY AND
MPLIES WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN

FOR GREGORY V. COLLINS
MICHELE H. COLLINS (WIFE)

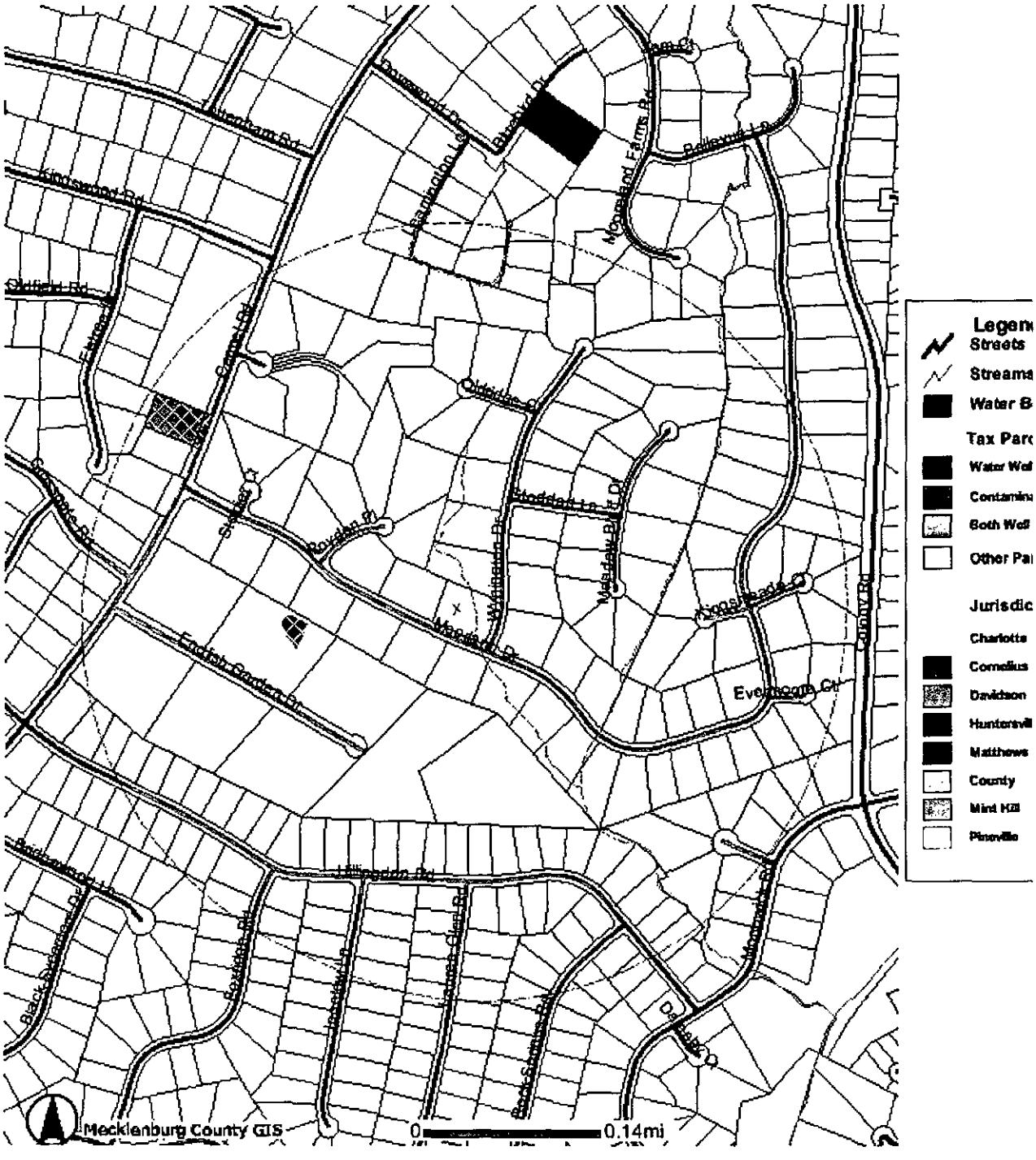
OF LOT No. 10
"ROYDEN SUBDIVISION" MAP 2
CITY OF CHARLOTTE
MECKLENBURG CO., NO. CAROLI

Owner/Agent Signature
Date 3/3/05

LDC 12/15/04

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

moreland dr



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal

TRANSACTION REPORT

APR-01-05 02:33 PM

FOR:

SEND

DATE	START	RECEIVER	PAGES	TIME	NOTE
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Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Dr. Collins TELECOPIER # 704-367-8441

FROM: Lisa Corbitt DATE 4/1/05

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:

Please call if you have any questions
704-336-5103 TODAY
704 336-5789 Monday

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

WELL CONSTRUCTION RECORD # 47032592

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# 5894 B (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 Irrigation

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
3747 Moorland Dr
(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: Greg Collins
Address 3747 Moorland Dr
(Street or Route No.)
Charlotte NC 28226
City or Town State Zip Code
(704)-541-6622
Area code- Phone number

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0'	40'	overburden
40'	440'	dark grey rock

4. DATE DRILLED 9-22-05
5. TOTAL DEPTH: 440'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 7' FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.50 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): 20 METHOD OF TEST blw
10. WATER ZONES (depth): 3 gpm - 65 3gpm - 240 14gpm - 425'
11. DISINFECTION: Type HTH Amount 2½ lbs
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +1.50'	To 45½	Ft.	6"	SRD 21	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0'	To 23'	Ft.	neat cement	tremie
From	To	Ft.		

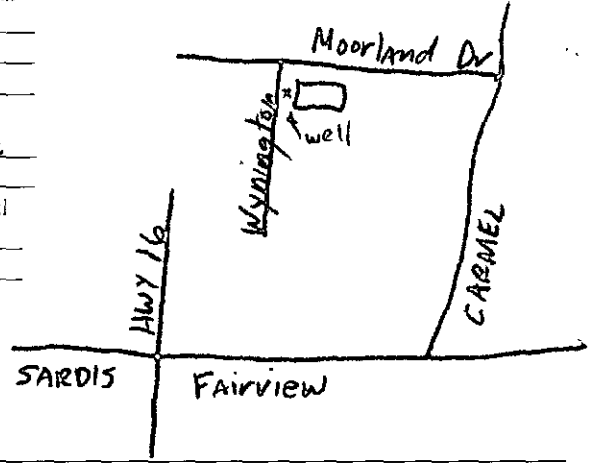
14. SCREEN:

	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.		

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.



16. REMARKS: _____

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Matt Eden 9-22-05
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

$400.00 Philo MECK CO.

Check 3882 HKA

GWS - RES. APP 12/04 400.00 3/9/05

[redacted]

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

[redacted]

FILE # 58948

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 211 151 45

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CITY:

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 10

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:

NUMBER OF BEDROOMS:

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: N 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: MICHELE & GREG COLLINS
ADDRESS 3747 MOORLAND DRIVE
CITY: CHARLOTTE
STATE: NC ZIP 28226
HOME PHONE (704) 541-6622 WORK PHONE (704) 367-8428
MOBILE PHONE: FAX (704) 3678441

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CAROLINA WELL DRILLING
ADDRESS: PO BOX 813 NA
CITY: MONROE
STATE: NC ZIP: 28111-0813
HOME PHONE: WORK PHONE: 704 764-8085
MOBILE PHONE: (704) FAX: 764-2177

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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Owner's/Agent's Signature Date

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Owner's/Agent's Signature 3/1/05 Date

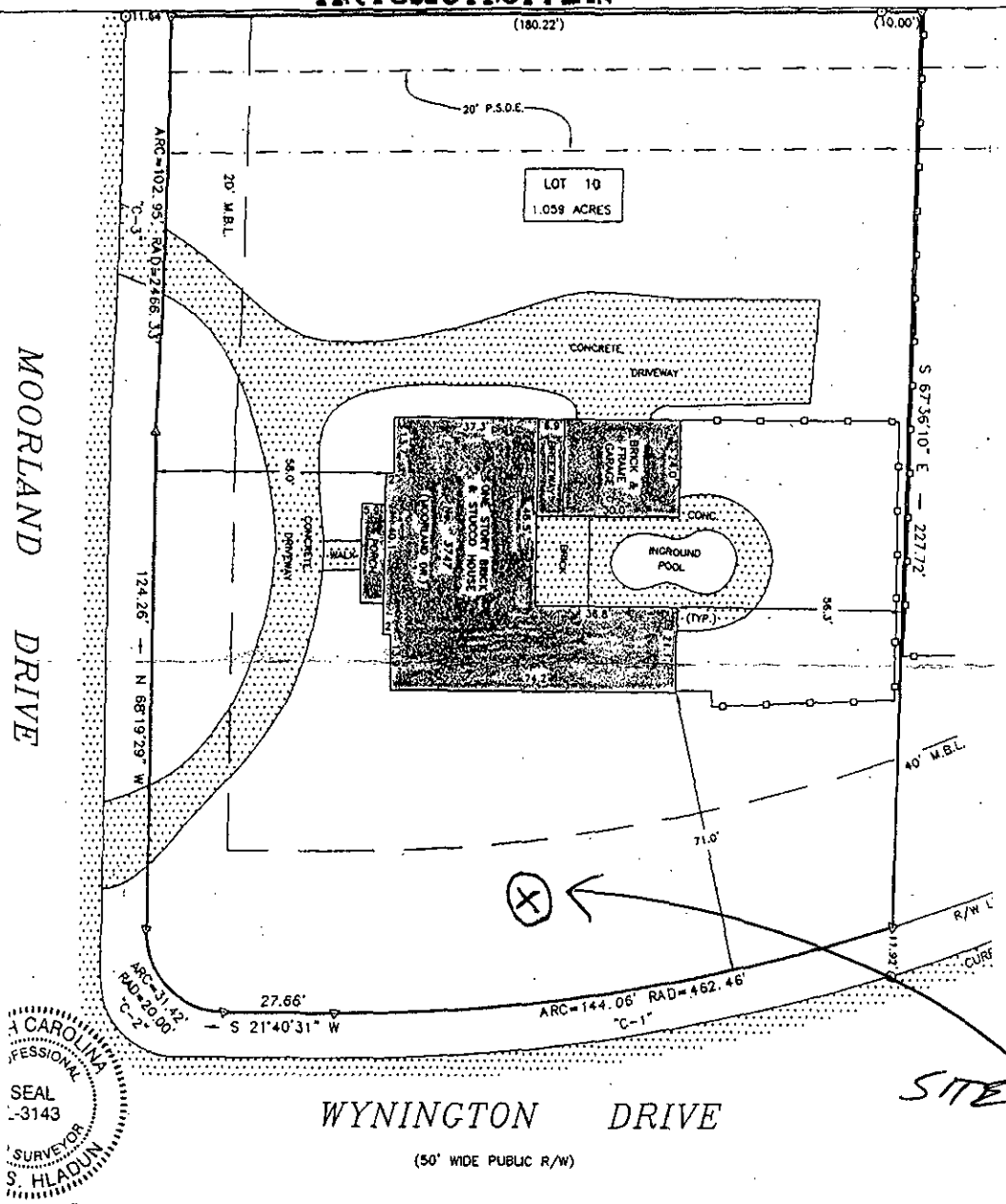
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211
CHARLOTTE, NC 28202

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5894

File # 5894
Date 3/4/03

PROPOSED PLOT PLAN



SITE OF WELL

NORTH CAROLINA PROFESSIONAL SEAL L-3143 SURVEYOR S. HLADUN

ENCES:
T MAP RECORDED IN PLAT BOOK 21, PAGE 125.
) - RECORDED IN D.B. 8727, PG. 79.

AL NOTES:
CEL IS NOT LOCATED IN A REGULATED FLOOD HAZARD ZONE BY F.E.M.A.
PLAT DOES NOT MEET REQUIREMENTS FOR RECORDATION.

Y CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE
Y SUPERVISION ON THE DATE SHOWN BELOW; THAT THE RATIO OF
N OF THE UNADJUSTED SURVEY IS 1:21,500 AND THAT THIS SURVEY AND
MPLIES WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN

FOR GREGORY V. COLLINS
MICHELE H. COLLINS (WIFE)

OF LOT No. 10
"ROYDEN SUBDIVISION" MAP 2
CITY OF CHARLOTTE
MECKLENBURG CO., NO. CAROLI

Owner/Agent Signature

Date 3/3/05

LBC 12/15/04