


3325 RADBOURNE BV

02748121

1/10/2008

duponbj

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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

**Laboratory Analysis Report**
Report Date: 6/27/2006 11:15 AM

## LABORATORY SERVICES DIVISION

LOCATION: G-259
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/22/2006 10:45
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06060557

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| **AB77219** | **NITRATE/NITRITE** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 6/23/2006 10:32 | EWN |
| **AB77219** | **NITRITE** | **<0.05** | **mg/L** | 0.05 | EPA 353.2 | 6/22/2006 14:15 | EWN |

Comment:

Laboratory Supervisor: _____

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



| | |
|---|---|
| CLIENT: | **Mecklenburg County, LUESA - *Groundwater & Wastewater Services*** |
| FACILITY: | Groundwater **(Potable Water)** |
| ADDRESS: | 3325 W. W.T. Harris Blvd., charlotte NC 28269 |
| 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#:** 06060557

Sampled By (Print Name)
Debra Howell

AB77219

| 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: Hard 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G-259 | DH | 6-22-06 10:45am | N/A | N | 13.4°C | 4.2 | | | | X | 500 ml | | 1 | | | X | | | | X | X | |
| G-259 | DH | 6-22-06 10:45am | N/A | N | 13.4°C | ↓ | | | | X | 125 ml | | 1 | X | | | | | | | | X |

**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 | [signature] | 06 22 06 | 1200 |
| | | | |
| | | | |
| | | | |
| | | | |

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: 6/27/2006 11:18 AM

## LABORATORY SERVICES DIVISION

LOCATION: G-259
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/22/2006 10:45
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06060556

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| **AB77218** | **E. COLI-PA** | **absent** | **P/A** | | SM 9223B | 6/22/2006 12:25 | KEK |
| **AB77218** | **Total Coliform** | **absent** | **P/A** | | SM 9223B | 6/22/2006 12:25 | KEK |

Comment:

Laboratory Supervisor: _____

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: | 3325 W. W.T. Harris Blvd., charlotte NC 28269 |
| 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#:** 06260556

Sampled By (Print Name)
Debra Howell

AB77218

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G-259 | DH | 6-22-06 10:45am | N/A N/A | N | NA | | | | | X | 100 ml | | 1 | | | | | 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.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| Debra Howell | [signature] | 06-22-06 | 1200 |
| 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

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 #:** 10000259 **File #:** 6324B **Tax Parcel #:** 027-481-21
**Property Owner:** Crosland, Inc.
**Job Location Address:** 3325 W W T HARRIS BLVD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28269
**Permit Issuance Date:** 2/15/2006
**Use of Well:** Irrigation
**Type of Facility Served by Well:** Other Residential
**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 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:**

Cina Buchanan, RS
Authorized Agent Print Name

Cina Buchanan, RS
Signature:

Allison Price-D.L Mullis Well Drilling, Inc
Owner/Legal Agent: Print Name

Signature: Allison Price

Mecklenburg County Health Department
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**Other Conditions of This Permit:**

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Owner/Legal Agent: Print Name

Signature:

FAXED 3-14-06 1:56

# RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION #

1. WELL CONTRACTOR:
John M Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704-5455694
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 3-8-06
TIME COMPLETED 4:00 AM ☐ PM ☒

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
3325 LOT Harris Blvd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE 35° 20.012N
LONGITUDE 80 47.208W
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 Grasland Inc
STREET ADDRESS 3325 LOT Harris Blvd
Charlotte NC
City or Town State Zip Code
704-426-8537
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 450'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40 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 .0118.
e. YIELD (gpm): 50 METHOD OF TEST

f. DISINFECTION: Type HTH Amount 1pt

g. WATER ZONES (depth):
From 265 To 328' From ____ To ____
From 396 To 435' From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

| | Depth | Diameter | Thickness/ Weight | Material |
|---|---|---|---|---|
| From 0 | To 42 Ft. | | | steel |
| From ____ | To ____ Ft. | | | |
| From ____ | To ____ Ft. | | | |

7. GROUT:

| | Depth | Material | Method |
|---|---|---|---|
| From 0 | To 20 Ft. | Cement | pumped |
| From ____ | To ____ Ft. | | |
| From ____ | To ____ Ft. | | |

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

| From | To | Formation Description |
|---|---|---|
| 0 | 20 | Red Clay |
| 20 | 34' | Brown Sandstone |
| 34 | 110' | Blue Grey, White purple Granite |
| 110 | 450' | Black Black granite |

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

D. L. Mullis 3-8-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John Mullis
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a Rev. 7/05

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

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10000259 **File #:** 6324B **Tax Parcel #:** 027-481-21
**Property Owner:** Crosland, Inc.
**Job Location Address:** 3325 W W T HARRIS BLVD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28269
**Permit Issuance Date:** 2/2/2006
**Use of Well:** Irrigation
**Type of Facility Served by Well:** Other Residential
**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:**

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☐ 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:**

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Mecklenburg County Health Department
Groundwater & Wastewater Services
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Charlotte, NC 28202
Phone: (704) 336-5103
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☐ 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:***

Authorized Agent: Print Name

Signature:

*Owner/Legal Agent:* Print Name

Signature:

Application #259 COPY Visa $400.00 V.M.

GWS – RES APP 12/04

1/30/06

[redacted]

[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**

FILE # 63248

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 #: 02748121

STREET ADDRESS: 3325 Radbourne Blvd.

CITY: Charlotte

STATE: NC ZIP: 28269

SUBDIVISION OR MOBILE HOME PARK NAME: Radbourne

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:

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: 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: Crosland, INC

ADDRESS: PO BOX 11231

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

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

NAME: DL Mullis Well Drilling, INC

ADDRESS: PO Box 691446

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 545-5694

MOBILE PHONE: FAX: 545-9449

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.

Allison Price/DL Mullis 1-24-06

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

*Please call for credit card*

COPY 6324B

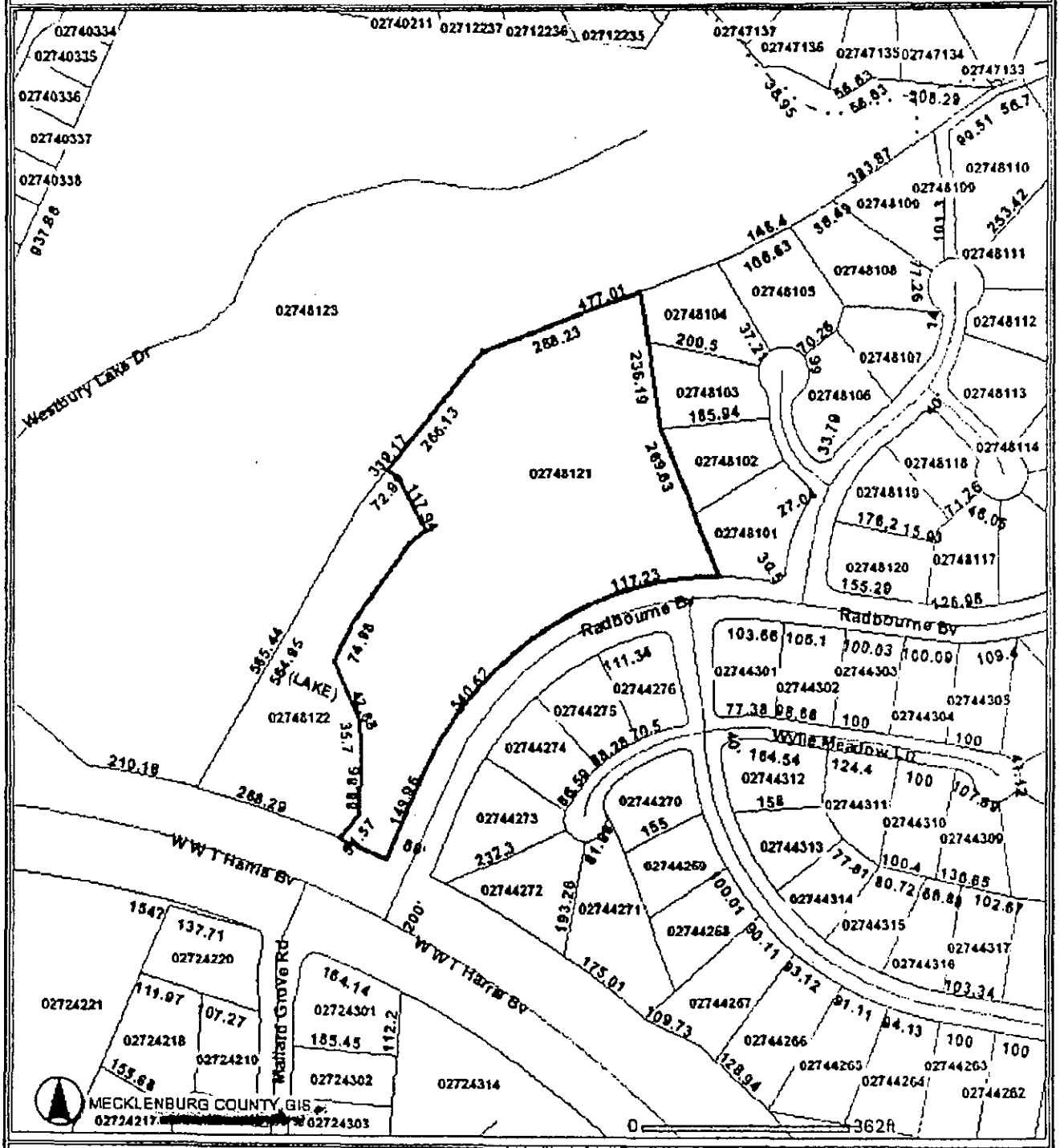
Mecklenburg County, North Carolina

# POLARIS

**Property Ownership Land Records Information System**

Date Printed: Mon Jan 23 10:29:09 EST 2006

## 027-48-121




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.

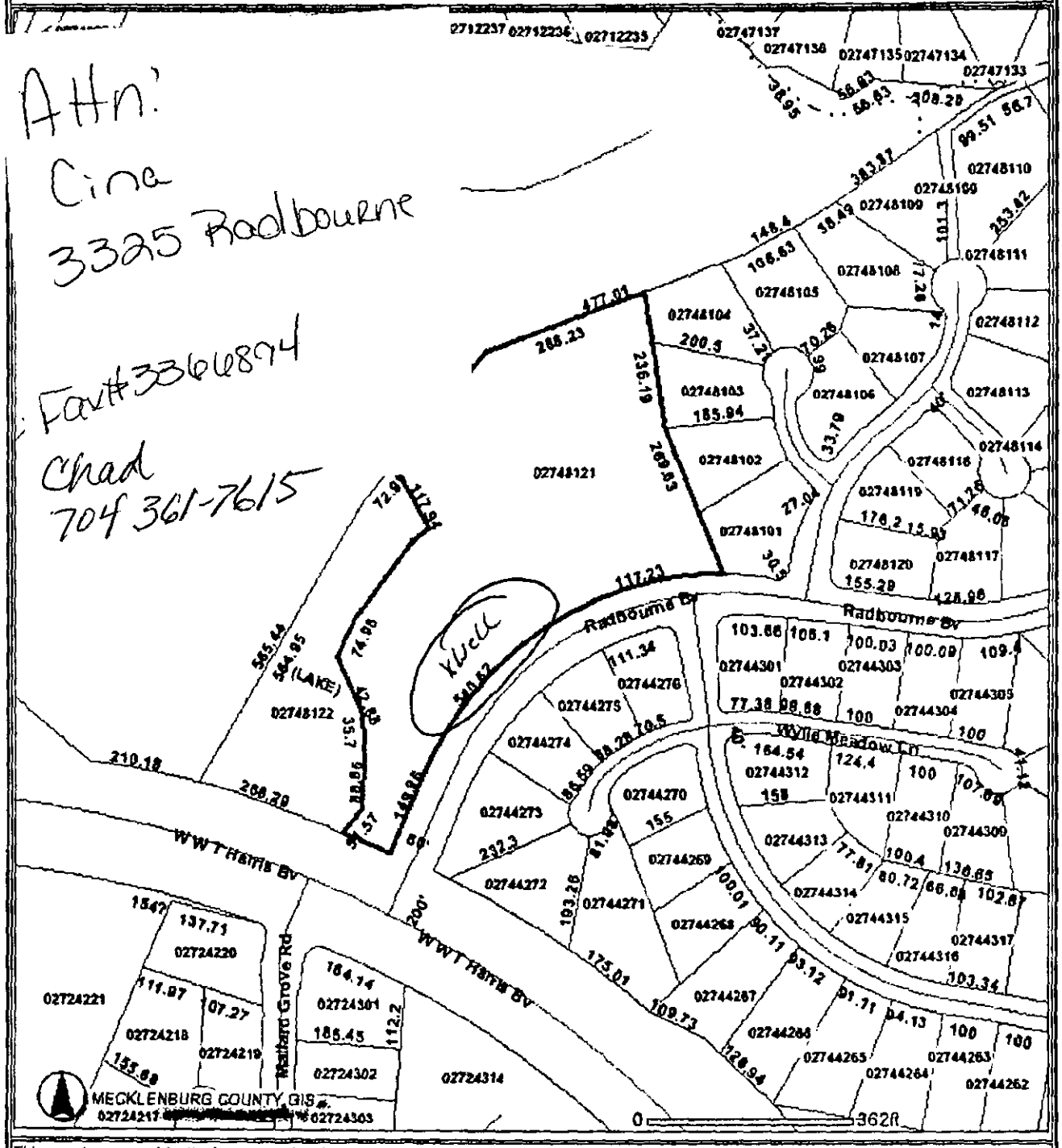
Mecklenburg County, North Carolina

# POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Jan 23 10:29:09 EST 2006

## 027-48-121




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Application #259 Visa $400.00 V.W.

GWS - RES APP 12/04

1/30/06

[redacted]

[redacted]

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FILE # 63248

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 #: 02748121

STREET ADDRESS: 3325 Radbourne Blvd.

CITY: Charlotte

STATE: NC ZIP: 28269

SUBDIVISION OR MOBILE HOME PARK NAME: Radbourne

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:

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: 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: Crosland, INC

ADDRESS: PO BOX 11231

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

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

NAME: DL Mullis Well Drilling, INC

ADDRESS: PO Box 691446

CITY Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE 545-5694

MOBILE PHONE: FAX 545-9449

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.

Allison Phillips/DL Mullis 1-24-06

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

*Please call for credit card*

6324B

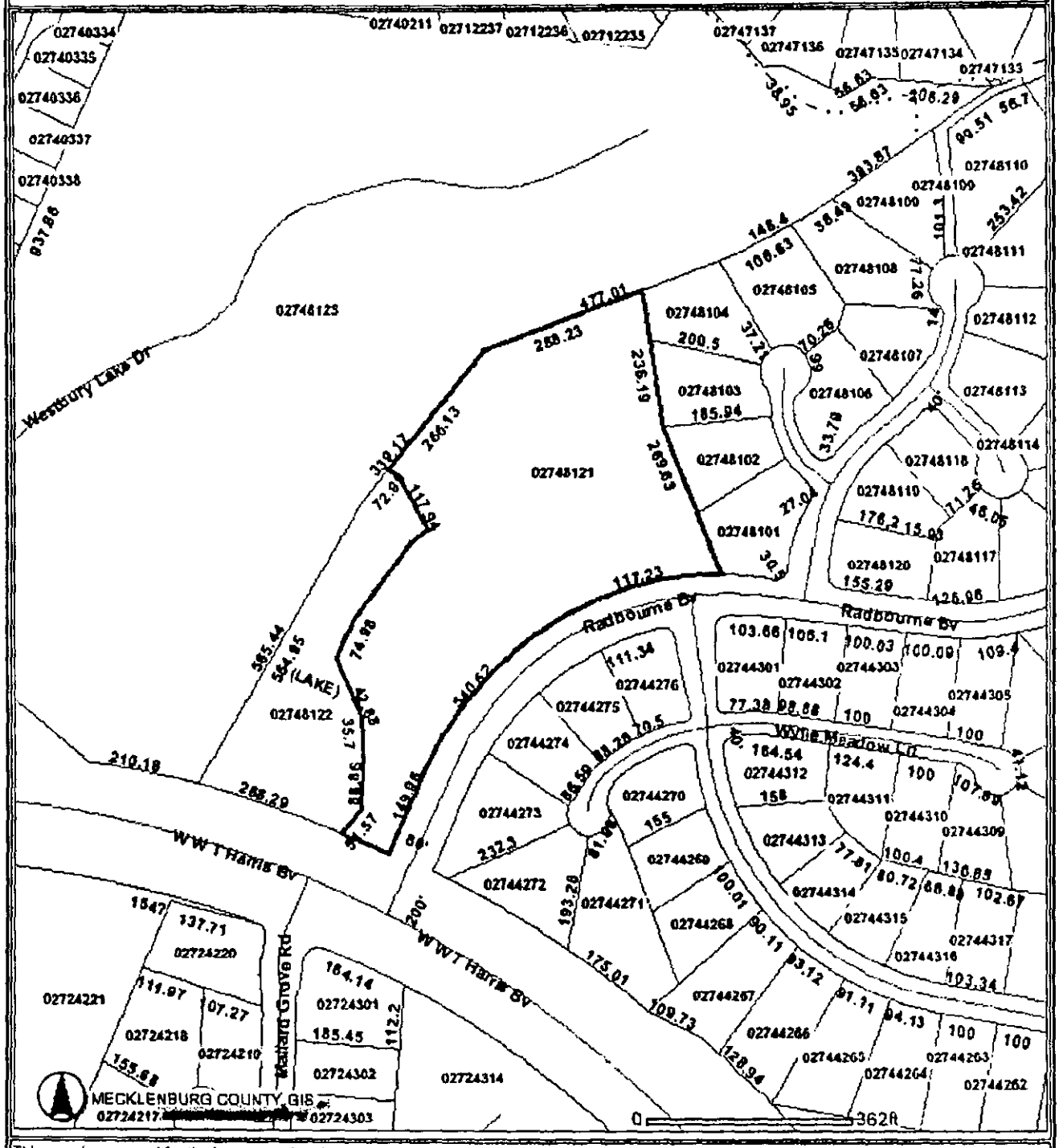
Mecklenburg County, North Carolina

# POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Jan 23 10:29:09 EST 2006

## 027-48-121




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.

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

**Date:** 01/30/06
**Receipt #:** 40548
**Check / Auth #:** VISA 091464
**Received By:** WALKEVA

**Amount:** 400.00
**Tendered:** 0.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** PRICE ALLISON
**Attn:**
**Address:** PO BOX 691446
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>3325 RADBOURNE | | 1 | 400.00 | 400.00 |

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

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