

12271 MCCOY RD

01531268

1/7/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 49578 DATE: 1/27/05

TC: 015-312-65 ☐ PP ☑ CRT

SERIAL 19612 X

Name of Owner KELLY DAVIS Juris.: _____

Address of Property 12271 McCoy Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source WELL

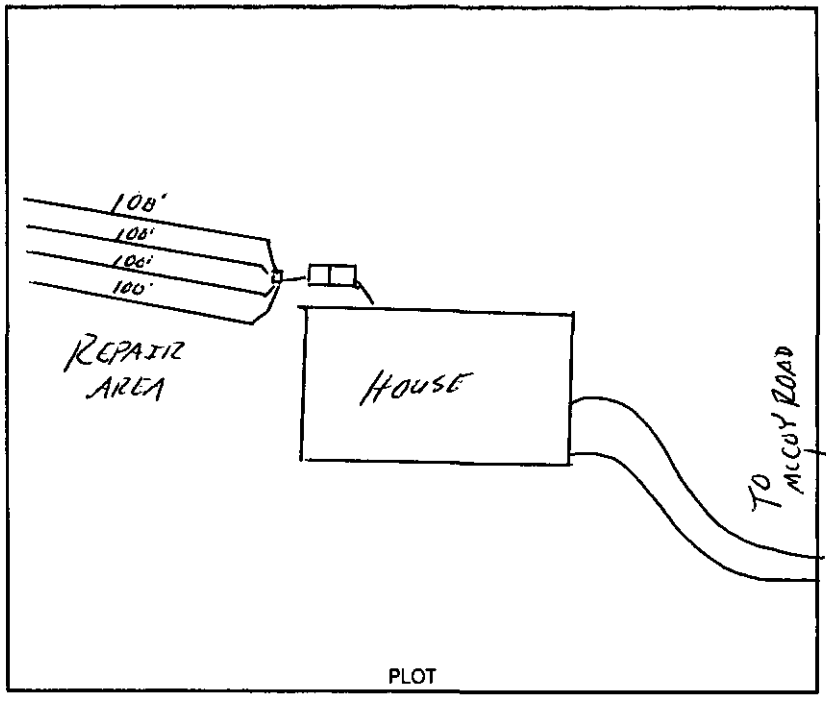
Distance to Water Source NOT DRILLED

Excavation Inspected 1/27/05

Tank(s) Inspected 1/27/05

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, 1200SFT CON, 12" STONE CTR# K+K GRADING

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ 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 I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: THREE BEDROOM HOUSE

4 LINES X 100' X 3' X 12" STONE

TYPE II CONVENTIONAL SYSTEM

System installed without an installation permit.

Tommy Mock R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

dLK #F3225 ACS

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/23/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** LD 93885

DATE: _____ PERMIT NO: 4957B
PARCEL NO: 015-312-65 PO

JOB LOCATION ADDRESS: McCoy Road
PROPERTY OWNER: [redacted] Kelly Davis 12271
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Jimmy F. Mudd R.S. DATE: 5/23/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4957B, 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions of I.P.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

[redacted] Davis 5/23/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4957B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 015-312-65 P0

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
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: 4 lines x 100' x 3' x 12" Stone

Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

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. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal 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.

Jimmy Nichols R.S. 5/23/02
DEHNR Authorized Agent Date

Owner/Agent Signature 5/23/02
Date

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

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

PERMIT # 20050323S/M01

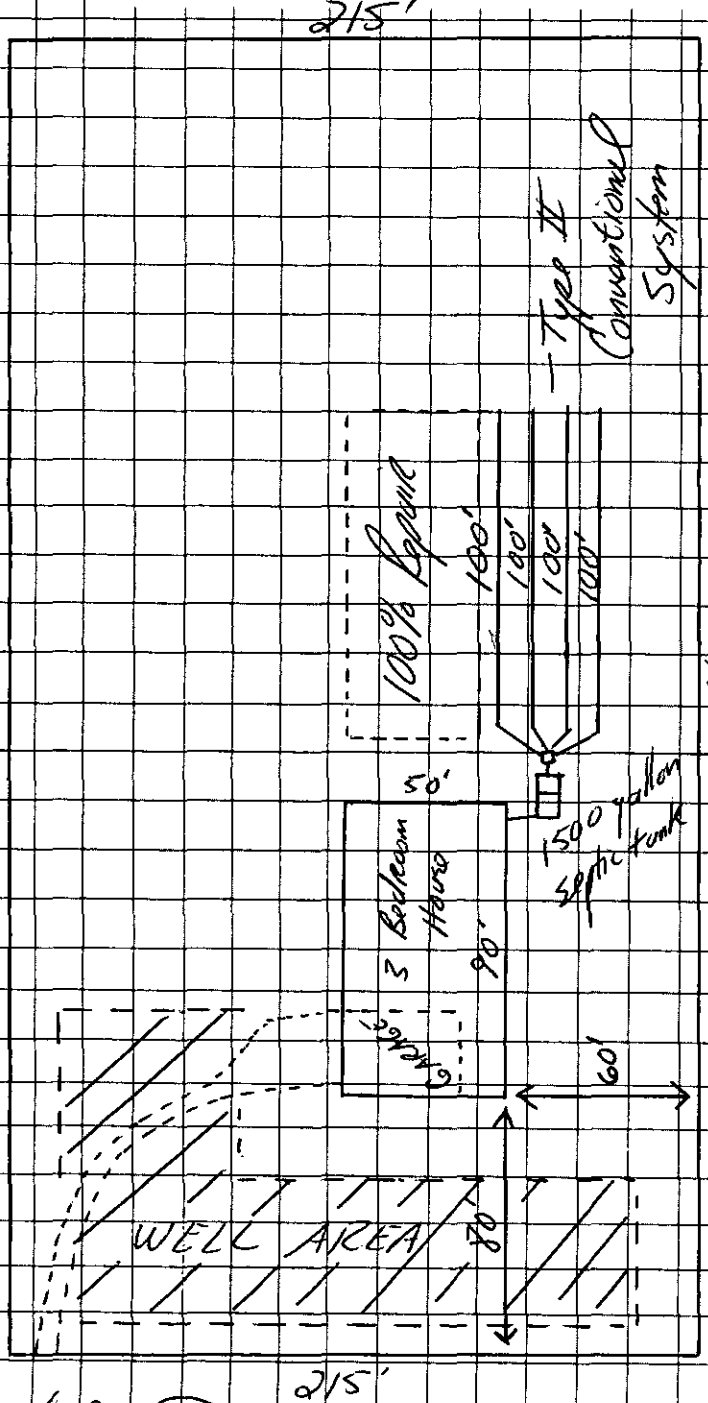
PROPOSED PLOT PLAN

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

FILE: 4957B

TC: 015-312-65 PO

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.



Comments

→ Scale = 1" = 60'
→ 3 Bedroom Residence
→ Type II Conventional System
→ 1500 gallon septic tank
→ City Water
→ Install 4 lines x 100' x 3' x 12" stone
→ Keep plumbing shallow to ground
→ Keep well the minimum distances from the following:
→ >10' from property lines
→ >25' from foundation
→ >100' from septic system

OWNER/AGENT SIGNATURE

DATE 5/23/02

APPROVAL DATE Jenny P. Mickle R.S. 5/23/02

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
Property ID: PO 015-312-65
Lot #: 1
File #: 4957B
Code: 1

A e J

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: William F. Flanagan
Applicant: Kelly F. Davis
Address: 12265 McCoy Road, Huntersville, N. C. 28078
Date Evaluated: 05/23/2002
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .5a. Inv.
Location of Site: Off McCoy Road
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6-8	0-6	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49+	N/A	NONE	PS, IV
		6-49+	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-5	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50+	"	"	"
		5-50	SBK/C	FI/SEXP/S/P					
3	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-50+	SBK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49+	"	"	"
		5-49+	SBK/C	FI/SEXP/S/P					
5	"	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	"
		3-48+	SBK/C	FI/SEXP/S/P					
6	"	0-7	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50+	"	"	"
		7-40	SBK/C	FI/SEXP/S/P					
		40-50+	SBK/CL	FR/SEXP/SS/SP					
7	"	0-16	GR/CL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	"
		16-38	SBK/C	FI/SEXP/S/P					
		38-45	SBK/CL	FR/SEXP/SS/SP					

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

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 5/23/02, W. R. Marlin
Others Present: J. Michelone, K. Davis

FILE # 49578

COMMENTS 1007b Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

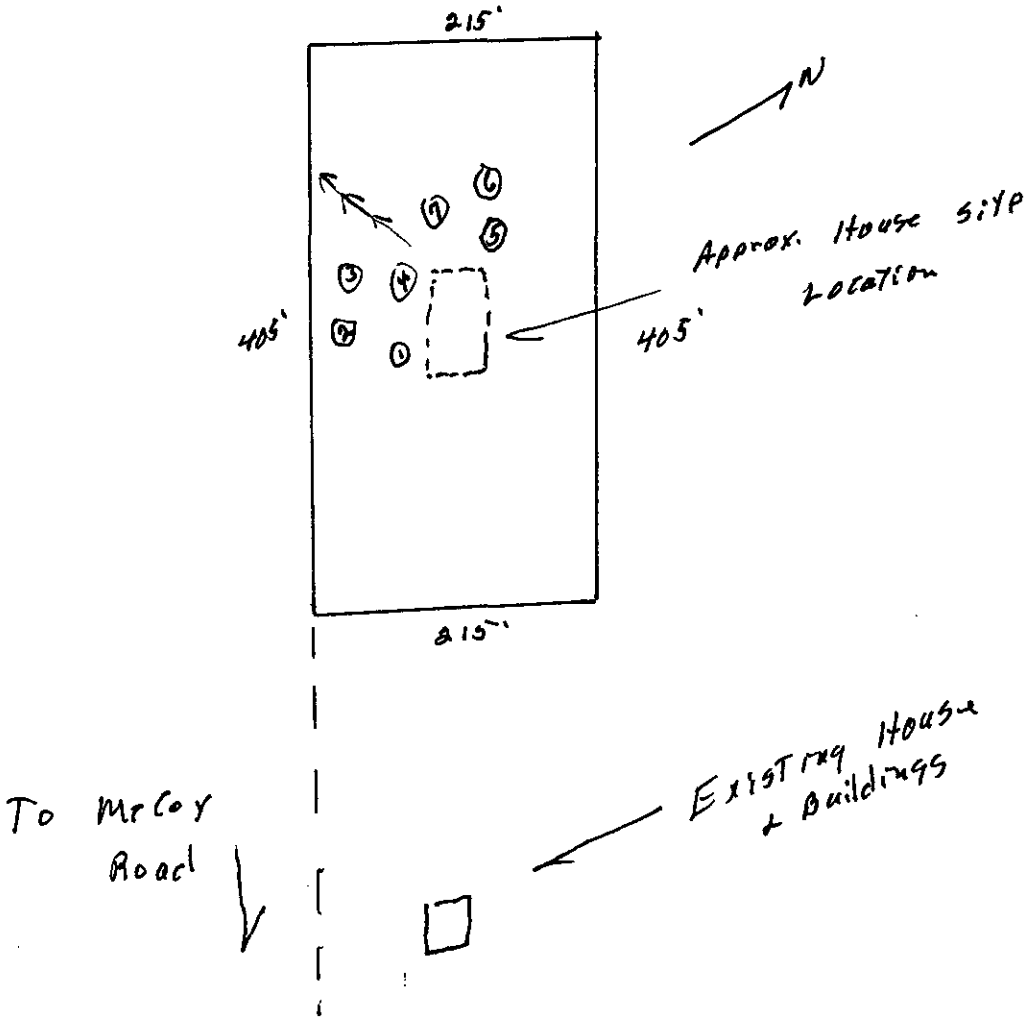
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 CK# 3217
DATE: 5/14/02

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

[ ] CRT

TYPE APPLICATION: X 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 #: 49578

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: /

TAX/PARCEL NUMBER: Parent ID # 01531265[illegible]

STREET ADDRESS: [redacted] McCoy Rd. 12271

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #1

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

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)
__ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
↘ PRIVATE WELL (P)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Flanagan William F (LAST) (FIRST) (MI)	NAME: Davis Kelly F. (LAST) (FIRST) (MI)
ADDRESS: 12265 McCoy Rd.	DAYTIME PHONE: (704) 454-4076
CITY: Huntersville STATE: NC ZIP: 28078	
DAYTIME PHONE: (704) 948-6061	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: William Franklin Flanagan DATE: 5/13/02

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

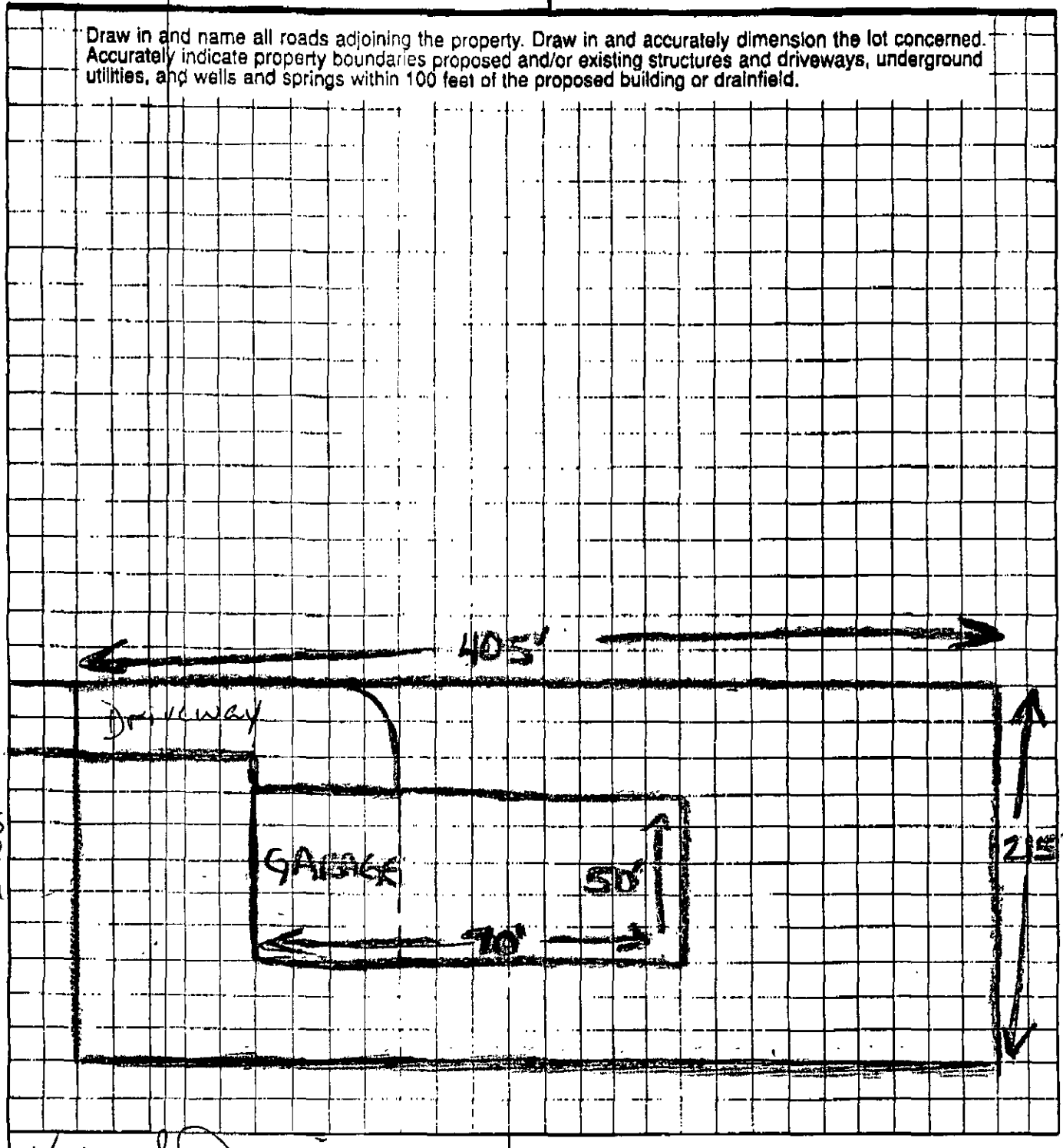
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4957B

TC: 015-312-65 PP

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.



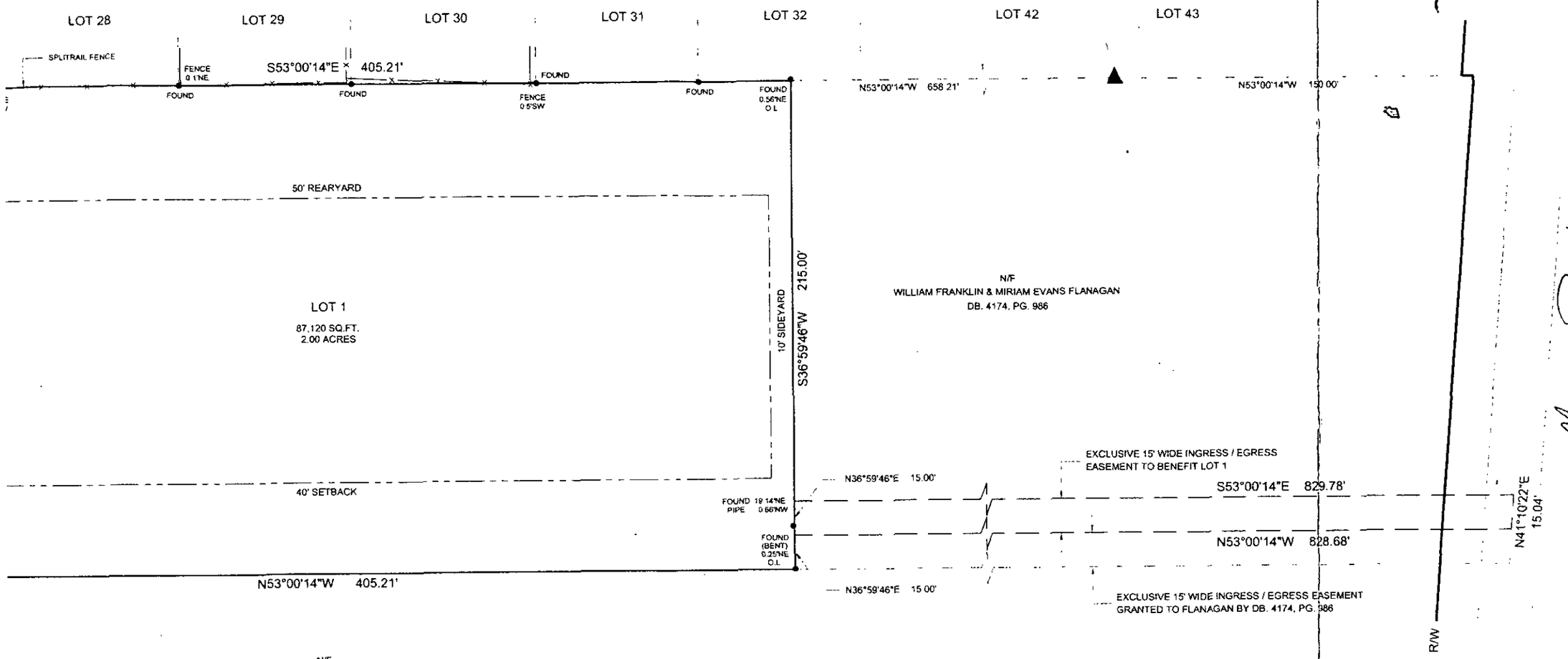
12865 McCoy Rd.

Kelly L. Barnes
OWNER/AGENT SIGNATURE

DATE 5/13/02

APPROVAL DATE _____

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



4195 D

Mc Coy Road

PHYSICAL SU
FLANAGAN PROPERT
MAP BOOK 37, PAG
LOT 1
HUNTERSVILLE TOWNSHIP MI
NORTH CAROL

PREPARED F
KELLY DA

SUMMIT LAND SURVE
18716 WEST C/
SU
CORNELIUS, NOR
(704) 8

)K 37, PAGE 445.
CEL OF LAND.
1:20,000.
:OMETRY METHOD.
HIN 2000 FEET OF THIS SITE.

I, JOHN W. BALZER, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECT SUPERVISION, IS CORRECT TO THE BEST OF MY KNOWLEDGE.

NORTH CAROLINA PROFESSIONAL SEAL L-3888

GRAPHIC SCALE

40 0 20 40 80

File#: 4957B

Permit#: 20050323SPM01

Well Activity Checklist

		Date
1. Application & Well Siting		
☑	Complete application on file	3/21/05
☑	Site plan and other appropriate documentation submitted	3/21/05
☐	Registered well driller Certification Number: BHK	
☑	Proposed well location meets required setbacks	3/23/05
☑	**ARGU** restrictions satisfied (if applicable)	3/23/05 (NA)
☑	Well permit issued	3/23/05
☑	Septic system permit issued (if applicable)	5/23/02
2. Onsite Inspection		
Observed / Driller		
☒ / ☐	Valid permit on site with registered well driller	4/6/05
☒ / ☐	Required setbacks satisfied, approved location per permit	4/6/05
Appropriate Materials Used for Construction:		
Observed / Driller		
☒ / ☐	Drilling fluids/additives	4/6/05
☒ / ☐	Casing materials/Joint compounds	4/6/05
Source of Water:		
Observed / Driller		
☒ / ☐	Greater than 40 ft. below land surface	4/6/05
☒ / ☐	Water NOT from a known contamination zone	4/6/05
Well Casing:		
Observed / Driller		
☒ / ☐	Casing > than 40 ft. below land surface	4/6/05
☒ / ☐	Non-potable zones effectively sealed	4/6/05
☒ / ☐	Casing properly seated	4/6/05
☒ / ☐	Casing terminated at least 12 inches above land surface	4/6/05
☒ / ☐	All ASTM/NSF standards met	4/6/05
☐ / ☒	Drive shoe used	4/6/05
Grouting:		
Observed / Driller		
☒ / ☒	Approved grouting materials used	4/11/05
☒ / ☒	Grouted to a minimum of 20 ft. below land surface	4/11/05
☒ / ☒	Grouted within 5 days of casing being set	4/11/05
☐ / ☒	Proper depth to seal non-potable zones	4/11/05
Well Head:		
☒	Well casing extended at least 12 inches above land surface	5/13/05
☒	Vented, sanitary well cover in place	5/13/05
☒	Access port in place	5/13/05
☒	Sample tap between pump and pressure tank properly constructed	5/13/05

Well Activity Checklist Continued

		Date
Well Disinfection:		
☒	Notification of disinfection	5/12/05
Well Contractor Identification Plate:		
☒	Plate installed securely on well casing	5/13/05
☒	Information not obscured	5/13/05
☒	Information accurately completed	5/13/05
Pump Installer Identification Plate:		
☒	Plate installed securely	5/13/05
☒	Information not obscured	5/13/05
☒	Information accurately completed	5/13/05
3. Well Sampling		
☒	Appropriate water samples collected as required by permit	5/16/05
4. Approval		
☒	Well construction form (GW-1) on file	5/24/05
☒	Well construction approval granted	5/24/05
☐	Well construction approval denied	

5. Additional Comments / Observations

18.6c sample temperature on 5/13/05. Chlorine still detected in well.

5-16-05 Well sampled

Jeremy Mickelson, R.S.

GWS Inspector (Print Name)

Jeremy Mickelson, R.S. — 5/24/05

GWS Inspector (Signature) — Date

PERMIT #
20050323SM01

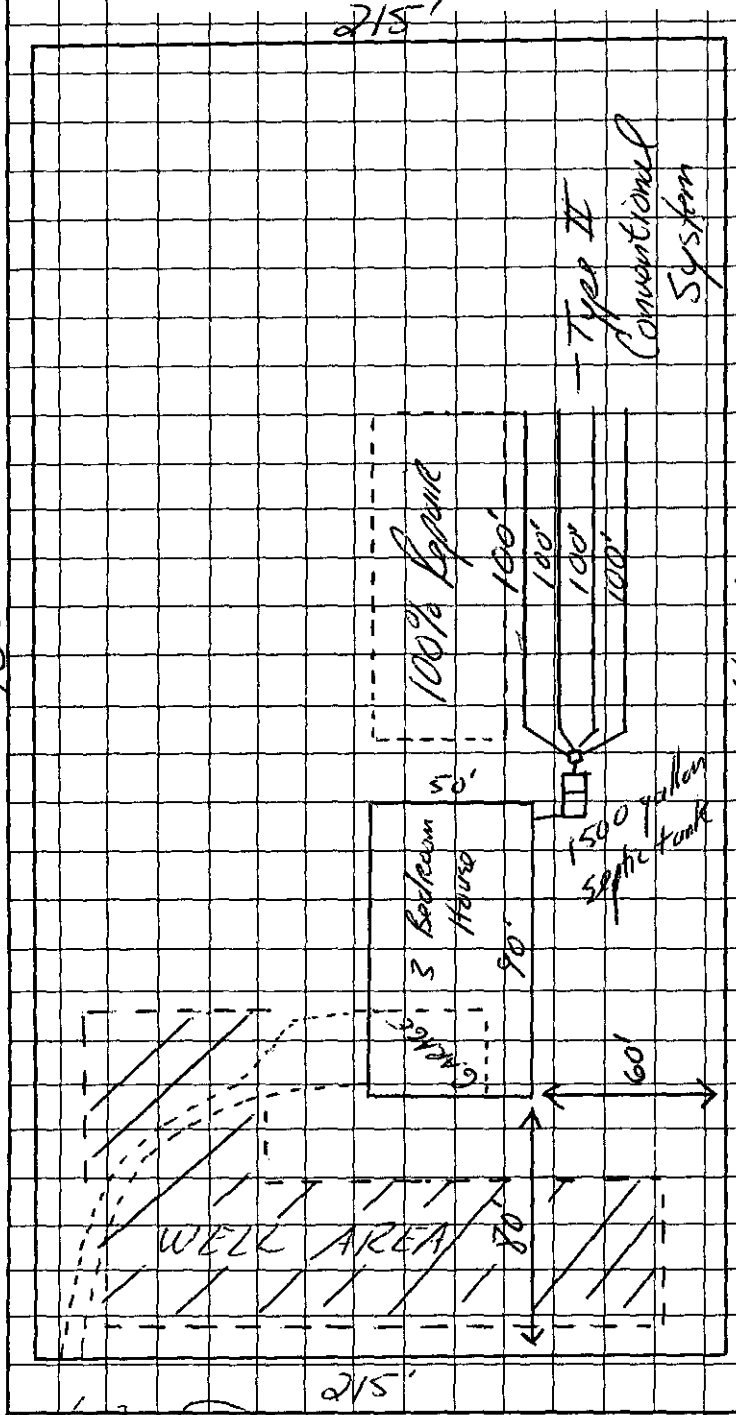
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FILE: 4957B

TC: 015-312-65 PO

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Comments

→ Scale = 1" = 60'
→ 3 Bedroom Residence
→ Type II Conventional System
→ 1500 gallon septic tank
→ City Water
→ Install 4 lines x 100' x 3' x 12" Stone
→ Keep plumbing stacks to front
→ Keep well the minimum distances from the following:
→ > 10' from property lines
→ > 25' from foundation
→ > 100' from septic system

OWNER/AGENT SIGNATURE

DATE 5/23/02

APPROVAL DATE 5/23/02

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

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 # 4957B

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050323JPM01 **Tax Parcel #:** 01531268

Property Owner: Dwight & Kelly Davis

Job Location Address: 12271 McCoy Road

City/ETJ: Huntersville **State:** NC **Zip Code:** 28078

Permit Issuance Date: 03/23/2005

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Single Family House

Sewage System Type: Private On-site

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: Jeremy Nicholson, R.S. Owner/Legal Agent: _____
Print Name

Signature: Jeremy Nicholson, R.S. Signature: _____

JLS 12/13/04 Final

49576

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Ralph E. Bailey CERTIFICATION # 3265

WELL CONTRACTOR COMPANY NAME B & K Well Drilling Inc PHONE # 704 892-4696

STATE WELL CONSTRUCTION PERMIT# (if applicable) ASSOCIATED WQ PERMITS (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: Huntersville County Meck.
12271 McCoy Rd
(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: Dwight & Kelly Davis
Address 12271 McCoy Rd
(Street or Route No.)
Huntersville NC
City or Town State Zip Code
( ) -
Area code - Phone number

4. DATE DRILLED 4/8/05
5. TOTAL DEPTH: 185
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
7. STATIC WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 12inches FT. Above Land Surface*
*Top of casing terminated at/or below land surface required in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 8 METHOD OF TEST open flow
10. WATER ZONES (depth): 80/150/175
11. DISINFECTION: Type: CHT-Tabs Amount 4oz.

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.

12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 110	Ft	6"	18	PVC
From	To	Ft			
From	To	Ft			

13. GROUT:

	Depth		Material	Method
From 8	To 20	Ft	Sand mix	hand mix
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		

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.

Ralph E. Bailey 4/11/05
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

North Carolina
Department of Health and Human Services
Division of Public Health
State Laboratory of Public Health
306 North Wilmington Street ▪ Post Office Box 28047 ▪ Raleigh, North Carolina 27611-8047

FAX MESSAGE

PAGE: 1 OF 2 DATE: 5/25/05

TO: Jeremy

LOCATION: Meck. Co. Env. Hlth

FAX NUMBER: 704 336-6894

FROM: Earl Hazelton

SECTION: ENVIRONMENTAL SCIENCES

TELEPHONE: (919)-733-7308

FAX: (919)-715-8611

MESSAGE: Per your request.

DHHS Fax:919-715-8611 May 25 2005 8:52 P.01

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Davis, Dwight & Kelly
Address: 12271 McCoy Road
Huntersville, NC **Zip:** 28078
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:**
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: Chlorinated
Type of Analysis: Nitrate
Category: Other

Collected By: J. MICHELONE **Date:** 5/16/2005 **Time:** 4:35:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	5/18/2005
Nitrate as N	<1.0	mg/l	5/18/2005

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 9.5 °C
Date Received: 5/18/2005 **Report Date:** 5/24/2005 **Reported By:**
Today's Date: 5/24/2005 **Reference:** 5893 **Login Batch** [redacted] **Sample Number:** AB26992

DHHS Fax:919-715-8611 May 25 2005 8:52 P.02

CHARLOTTE.

Laboratory Analysis Report
Report Date: 5/19/2005 09:06 AM

LABORATORY SERVICES DIVISION

LOCATION: gws-12271
LOC ID: G-GWS
SAMPLE DATE-TIME: 5/16/2005 16:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB36656
CHAIN OF CUSTODY #: 05050327

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB36656	E. COLI-PA	Absent	P/A		SM 9223B	5/17/2005 9:00	RDW
AB36656	Total Coliform	Absent	P/A		SM 9223B	5/17/2005 9:00	RDW

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
ANALYSIS REPORT

Date: 5/19/05

To: Jeremy Michelle

Thank you.

Masika T. Edwards
CMU-Lab Services

Office: (704) 336-5588
edwarmt@co.mecklenburg.nc.us

12/07/04

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 12271 McCoy Road, Huntersville, NC 28078

LAB CODE (circle one): REAL (PRIV) (NEW) TNC MPL PME OTHER

Send Report To: Jeremy Michelone
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 0507327

Sampled By (Print Name): Jeremy Michelone

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-12271	JPM	16:35	5/16/05	N		5.8			X		100 ml		2-1pm						X		X												
				N																													
				N																													
				N																													
				N																													

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: **3-DAY TAT REQUESTED**

RICK 309-9260 (LAB)

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Jeremy Michelone		5/17/05	0845
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 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

CHARLOTTE.

Laboratory Analysis Report
Report Date: 5/17/2005 12:42 PM

LABORATORY SERVICES DIVISION

LOCATION: 12271 McCoy
LOC ID: G-GWS
SAMPLE DATE-TIME: 5/13/2005 9:48
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB36388
CHAIN OF CUSTODY #: 05050271

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB36388	E. COLI-PA	Absent	P/A		SM 9223B	5/13/2005 14:25	RDW
AB36388	Total Coliform	Absent	P/A		SM 9223B	5/13/2005 14:25	RDW

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES
LABORATORY SERVICES DIVISION
ANALYSIS REPORT

Date: 5/18/05
To: Jeremy Michelone

Thank you.

Masika T. Edwards
CMU-Lab Services
Office: (704) 336-5588
edwarmt@co.mecklenburg.nc.us

12/07/04

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 12271 McCoy Road

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To:
Jeremy Michelone
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 05050277

Sampled By (Print Name)
Jeremy Michelone

AB36388

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-12271 McCoy	JM	5/13/05 9:48	N/A	N	18.4	5.6				X	100 ml		2 1						X	X	X												
				N																													
				N																													
				N																													
				N																													
				N																													

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	05/13/05	1038
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 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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 # 4957B

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050323JPM01 **Tax Parcel #:** 01531268

Property Owner: Dwight & Kelly Davis

Job Location Address: 12271 McCoy Road

City/ETJ: Huntersville **State:** NC **Zip Code:** 28078

Permit Issuance Date: 03/23/2005

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Single Family House

Sewage System Type: Private On-site

GROUT INSPECTION
4/11/05 11 AM
B&K

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: Jeremy Nicholson, R.S. Owner/Legal Agent: _____
Print Name

Signature: Jeremy Nicholson, R.S. Signature: _____

JLS 12/13/04 Final

File#: 4957B

Permit#: 20050325PM01

Well Activity Checklist

		Date
1. Application & Well Siting		
☑	Complete application on file	3/21/05
☑	Site plan and other appropriate documentation submitted	3/21/05
☐	Registered well driller Certification Number: _____	
☑	Proposed well location meets required setbacks	3/23/05
☑	**ARGU** restrictions satisfied (if applicable)	3/23/05 (NA)
☑	Well permit issued	3/23/05
☑	Septic system permit issued (if applicable)	5/23/02
2. Onsite Inspection		
Observed / Driller		
☒ / ☐	Valid permit on site with registered well driller	4/6/05
☒ / ☐	Required setbacks satisfied, approved location per permit	4/6/05
Appropriate Materials Used for Construction:		
Observed / Driller		
☒ / ☐	Drilling fluids/additives	4/6/05
☒ / ☐	Casing materials/Joint compounds	4/6/05
Source of Water:		
Observed / Driller		
☒ / ☐	Greater than 40 ft. below land surface	4/6/05
☒ / ☐	Water NOT from a known contamination zone	4/6/05
Well Casing:		
Observed / Driller		
☒ / ☐	Casing > than 40 ft. below land surface	4/6/05
☒ / ☐	Non-potable zones effectively sealed	4/6/05
☒ / ☐	Casing properly seated	4/6/05
☒ / ☐	Casing terminated at least 12 inches above land surface	4/6/05
☒ / ☐	All ASTM/NSF standards met	4/6/05
☐ / ☒	Drive shoe used	4/6/05
Grouting:		
Observed / Driller	SAND MIX CONCRETE	
☒ / ☐	Approved grouting materials used	4/11/05
☒ / ☐	Grouted to a minimum of 20 ft. below land surface (25 ft.)	4/11/05
☒ / ☐	Grouted within 5 days of casing being set	4/11/05
☐ / ☒	Proper depth to seal non-potable zones	4/11/05
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	

PERMIT # 20050323PM01

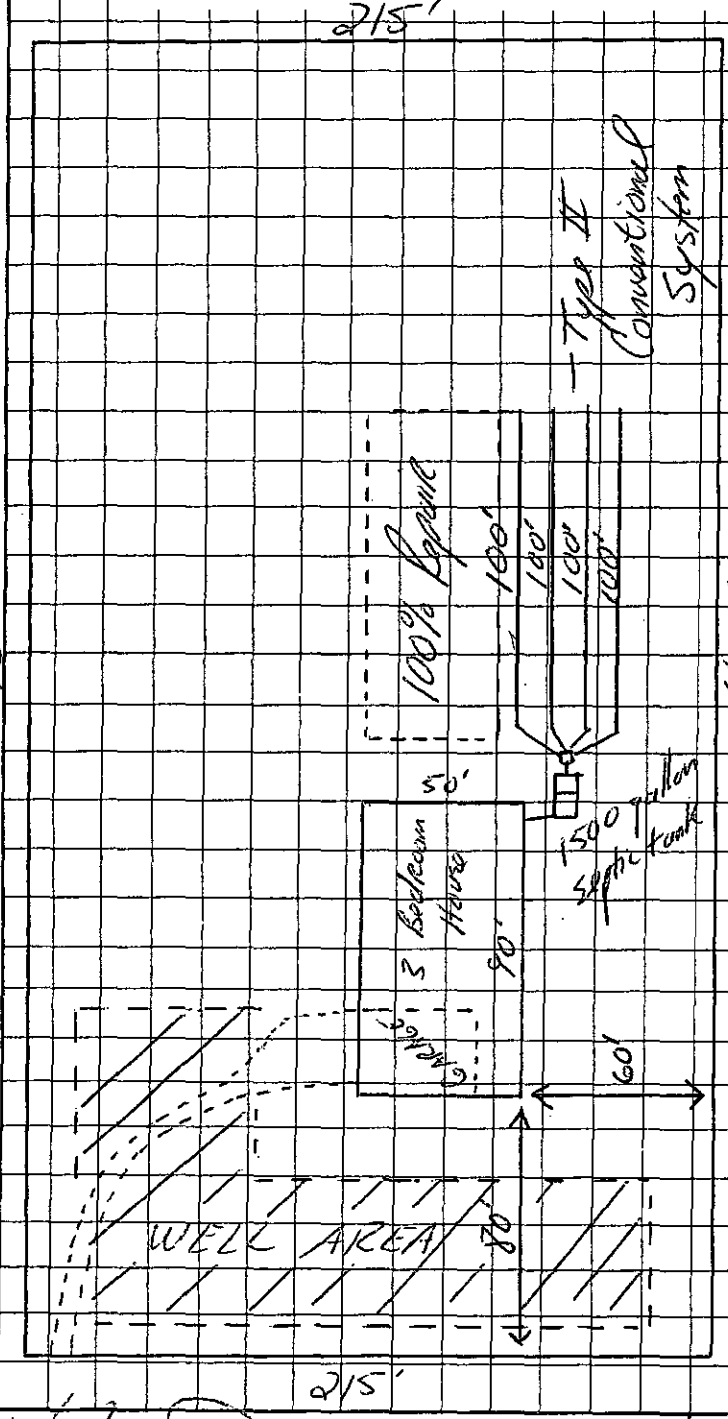
PROPOSED PLOT PLAN

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

FILE: 4957B

TC: 015-312-65 PO

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.



Comments

→ Scale = 1" = 60'
→ 3 Bedroom Residence
→ Type II Conventional System
→ 1500 gallon septic tank
→ City Water
→ Install 4 lines x 100' x 3' x 12" S/a
→ Keep plumbing shallow to ground
→ Keep well the minimum distances from the following:
→ >10' from property lines
→ >25' from foundation
→ >100' from septic system

Kelley A. Reis
OWNER/AGENT SIGNATURE

DATE 5/23/02

APPROVAL DATE Jeremy P. Medlock R.S. 5/23/02

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

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 # 4957B

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050323JPM01 **Tax Parcel #:** 01531268

Property Owner: Dwight & Kelly Davis

Job Location Address: 12271 McCoy Road

City/ETJ: Huntersville **State:** NC **Zip Code:** 28078

Permit Issuance Date: 03/23/2005

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Single Family House

Sewage System Type: Private On-site

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: Jeremy Nicholas, R.S. Owner/Legal Agent: _____
Print Name

Signature: Jeremy Nicholas, R.S. Signature: _____

JLS 12/13/04 Final

PERMIT # 20050323SM01

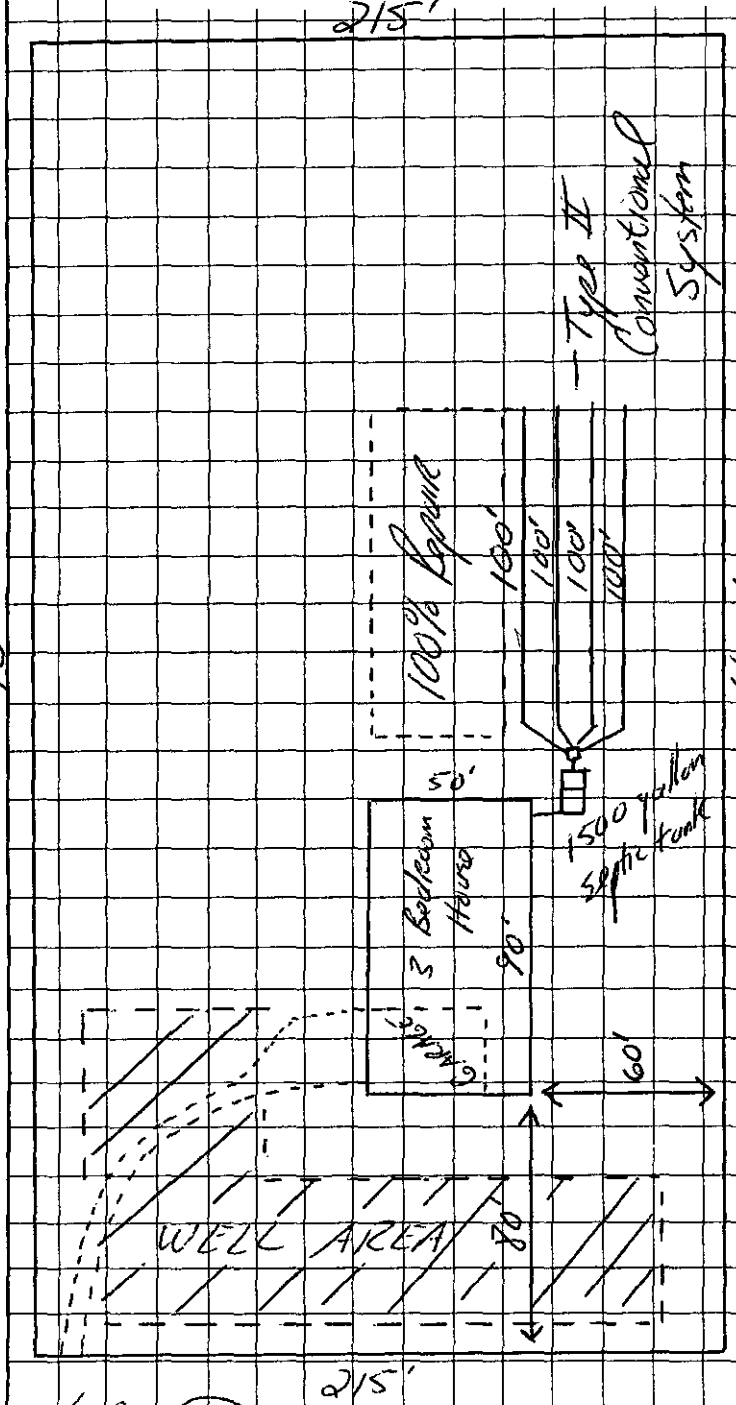
PROPOSED PLOT PLAN

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

FILE: 4957B

TC: 015-312-65 PO

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.



Comments

→ Scale: 1" = 60'
→ 3 Bedroom Residence
→ Type II Conventional System
→ 1500 gallon septic tank
→ City Water
→ Install 4 lines x 100' x 3' x 12" S/a
→ Keep plumbing shallow to gravel
→ Keep well the minimum distances from the following:
→ > 10' from property lines
→ > 25' from foundation
→ > 100' from septic system

OWNER/AGENT SIGNATURE [signature]

DATE 5/23/02

APPROVAL DATE [signature] 5/23/02

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

$400.00
3/21
Visa
Card

[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 # 49578

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 #: 01531208

STREET ADDRESS: 12271 McCoy Rd.

CITY: Huntersville

STATE: NC ZIP: 28078

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: 1900

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
EXISTING WASTEWATER SYSTEMS ☒ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☐ NO
WELLS, SPRINGS, OR WATER LINES ☐ YES ☐ NO
DESIGNATED WETLANDS ☐ YES ☐ NO
GRADING/SOIL REMOVAL PERFORMED ☐ YES ☐ NO

PROPERTY OWNER:

NAME: Dwight + Kelly Davis
ADDRESS: 12503 Lewis Hall Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704-948-8814 WORK PHONE: 704-764-1020
MOBILE PHONE: 704-562-4661 FAX: 704-875-3395

12503 Lewis Hall
Hunt. 28078

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? August 2004

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? End of April 2005

*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

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.

Kelly Davis 3/21/05
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

Kelly Davis
EVENT SALES ADMINISTRATOR

Home
704-948-9844

ACTION - CHARLOTTE
A Member of the Action Performance Companies Fam

6301 Performance Drive
Concord, NC 28027

704 454-4076
704 454-4006 Fax

kdavis@action-performance.com

47x70

10' front

50' rear

setback