

8310 MCALPINE PARK DR

18920126

1/9/2008

duponbj

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

4105302 #2

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Gary N. Stovall CERTIFICATION # 2220

WELL CONTRACTOR COMPANY NAME McCall Bros INC PHONE # 704 399 1526

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 Irrigation

2. WELL LOCATION: Nearest Town: Charlotte County Meck
The McAlpines
(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: Levine Properties
Address 8310 McAlpine RD
(Street or Route No.)
Charlotte NC
City or Town State Zip Code
( ) _____
Area code- Phone number

DEPTH From	DEPTH To	DRILLING LOG Formation Description
	0	8 Red Clay
	8	31 Brown Clay
	31	64 gravel
	64	900 granite

4. DATE DRILLED 6-13-05
5. TOTAL DEPTH: 900
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 15 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): 15 METHOD OF TEST Air Lift
10. WATER ZONES (depth): 160, 680
11. DISINFECTION: Type HTH Amount 2 cups
12. CASING:

	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
From 0	920 Ft.	8	320	GALV
From ____	____ Ft.	____	____	____
From ____	____ Ft.	____	____	____

13. GROUT:

	Depth To	Material	Method
From 0	65 Ft.	Cement	Gravity
From ____	____ Ft.	____	Flow

14. SCREEN:

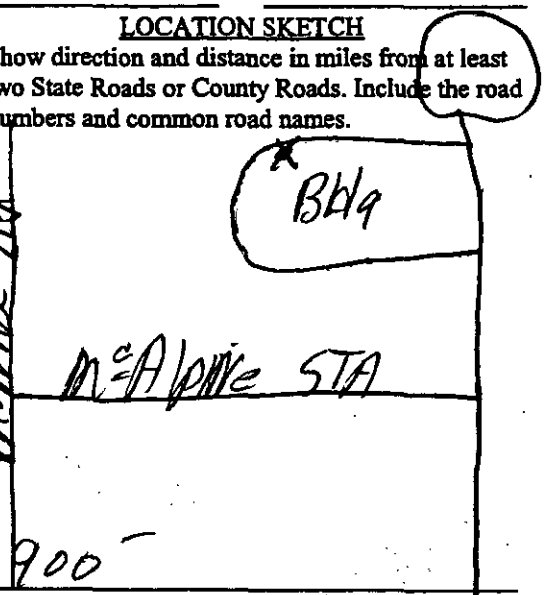
	Depth To	Diameter	Slot Size	Material
From ____	____ Ft.	____ in.	____ in.	____
From ____	____ Ft.	____ in.	____ in.	____

15. SAND/GRAVEL PACK:

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

16. REMARKS: Drilled 650' rock to 900'

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.



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

Gary N. Stovall 6-13-05
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

4051307

WELL CONSTRUCTION RECORD #3

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Carl H. Sherrill CERTIFICATION # 2220

WELL CONTRACTOR COMPANY NAME McCall Bros INC PHONE # 704 399 5026

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 Irrigation

2. WELL LOCATION: Nearest Town: Charlotte County Meck.
The McAlpines
(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: Levine Properties
Address 3710 McAlpine Park Dr.
(Street or Route No.)
Charlotte NC.
City or Town State Zip Code
( ) -
Area code- Phone number

4. DATE DRILLED 6-20-05
5. TOTAL DEPTH: 715
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 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 Lift
10. WATER ZONES (depth): 172, 660
11. DISINFECTION: Type HTH Amount 2 cups
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 85	Ft.	8	.322	Galv.
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 65	Ft.	Concrete	gravity flow
From	To	Ft.		

14. SCREEN:

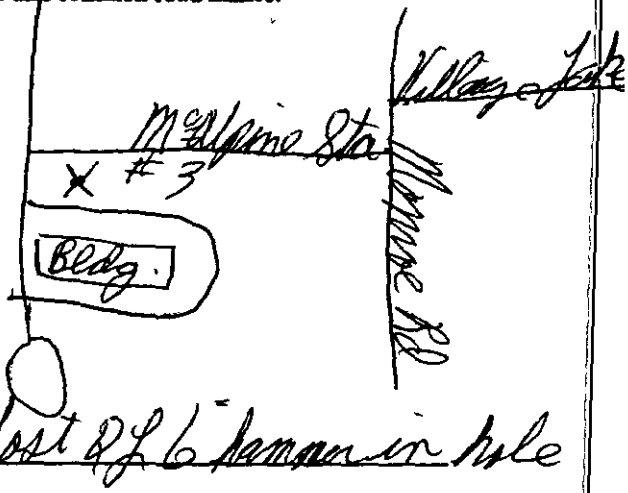
	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

DEPTH From	To	DRILLING LOG Formation Description
0	23	Red clay
23	61	Brown clay
61	78	Gravel
78	85	Granite
85	715	Blue 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.



16. REMARKS: Drilled 6.50" rock to 715'. Lost all of 6" hammer in hole

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

Carl H. Sherrill CWD 6-20-05
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

AD51302 **WELL CONSTRUCTION RECORD** Well #4

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Gary H. Sherrill CERTIFICATION # 2220

WELL CONTRACTOR COMPANY NAME McCall Bros INC PHONE # 704 399 1506

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 Mck
The McAlpines
(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: Levine Properties
Address 8310 McAlpine Park Dr.
(Street or Route No.)
Charlotte N.C.
City or Town State Zip Code
( ) _____
Area code- Phone number

4. DATE DRILLED 7-1-05
5. TOTAL DEPTH: 1000'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
7. STATIC WATER LEVEL Below Top of Casing: 14 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): 10 METHOD OF TEST Air Lift
10. WATER ZONES (depth): 10 gpm @ 420'
11. DISINFECTION: Type HTH Amount 2 CUPS
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 42	Ft.	6	SCH 40	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 25	Ft.	Ready Mix	Gravity Flow
From ____	To ____	Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

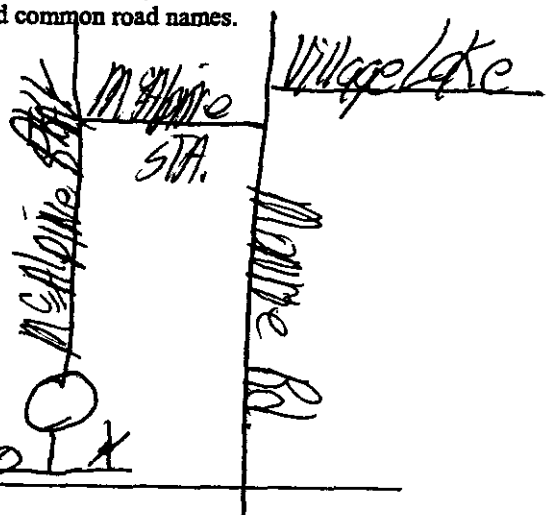
	Depth		Size	Material
From ____	To ____	Ft.		
From ____	To ____	Ft.		

16. REMARKS: Drilled 6.5D - rock to 1000

DRILLING LOG

From	To	Formation Description
0	14	Red Clay
14	22	Brown Clay
22	28	Weathered rock
28	42	Granite
42	1000	Blue 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.



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

Gary H. Sherrill CWD 7-1-05

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

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

6019B

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000064 **Tax Parcel #:** 189-201-26
Property Owner: Levine Properties, Inc.
Job Location Address:8310 MCALPINE PARK DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28211
Permit Issuance Date: 5/26/2005
Use of Well: Irrigation
Type of Facility Served by Well:
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:NO
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

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

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

Grout must be placed the full extent of the casing.

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

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

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

Other Conditions of This Permit:

Phil S. Walker RS
Authorized Agent: Print Name
Phil S. Walker RS 5/26/05
Signature:

McCall Brothers Inc
Owner/Legal Agent: Print Name
J. Michael Floyd
Signature:

File#: 60198

Permit#: 10000064

Well Activity Checklist

		Date
1. Application & Well Siting		
☑	Complete application on file	5/26/05
☑	Site plan and other appropriate documentation submitted	5/26/05
☐	Registered well driller Certification Number: 2557 McCall	
☑	Proposed well location meets required setbacks	5/26/05
☐	**ARGU** restrictions satisfied (if applicable)	5/26/05
☑	Well permit issued	
☐	Septic system permit issued (if applicable)	NA
2. Onsite Inspection		
Observed / Driller		
☑ / ☐	Valid permit on site with registered well driller	5/26/05
☑ / ☐	Required setbacks satisfied, approved location per permit	5/26/05
Appropriate Materials Used for Construction:		
Observed / Driller		
☐ / ☑	Drilling fluids/additives	6/13/05
☐ / ☑	Casing materials/Joint compounds	6/13/05
Source of Water:		
Observed / Driller		
☐ / ☑	Greater than 40 ft. below land surface	6/13/05
☐ / ☑	Water NOT from a known contamination zone	6/13/05
Well Casing:		
Observed / Driller		
☐ / ☑	Casing > than 40 ft. below land surface	6/13/05
☐ / ☑	Non-potable zones effectively sealed	6/13/05
☐ / ☑	Casing properly seated	6/13/05
☐ / ☑	Casing terminated at least 12 inches above land surface	6/13/05
☐ / ☑	All ASTM/NSF standards met	6/13/05
☐ / ☑	Drive shoe used	6/13/05
Grouting:		
Observed / Driller		
☑ / ☐	Approved grouting materials used	6/13/05
☑ / ☐	Grouted to a minimum of 20 ft. below land surface	6/13/05
☑ / ☐	Grouted within 5 days of casing being set	6/13/05
☑ / ☐	Proper depth to seal non-potable zones	6/13/05
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

Date

Well Disinfection:

- ☐ 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._____	_____	_____

16. REMARKS: _____

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.

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

05/26/2005 07:23 MCCALL BROTHERS → 7043366894 189-201-19 NO. 178 D002

McCall Brothers, Inc. - Account # X2710

GWS-COM. APP 12/04

704-336-6894 FAX

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

SEPTIC FEE: PAID / CHECK # / CASH

FILE # 6098 Permit # 64

WELL FEE: 400.00 PAID $400.00 CHECK # 1766

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

Acct # X2710

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:

TAX/PARCEL #: ~~189~~ 18924301

STREET ADDRESS: 8310 McAlpine Park Drive

CITY: Charlotte

STATE: NC ZIP:

LOT #:

TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☑ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY:

NUMBER OF EMPLOYEES PER SHIFT:

NUMBER OF SHIFTS:

TYPE OF WASTEWATER:

☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

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

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: Levine Properties, Inc

ADDRESS: P.O. Box 2439

CITY: Matthews

STATE: NC ZIP: 28106

HOME PHONE: WORK PHONE: 704 366-1981

MOBILE PHONE: FAX: 704 366-1878

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers, Inc - Well Contractor

ADDRESS: 6700 Brookshire Blvd

CITY: Charlotte

STATE: NC ZIP: 28216

HOME PHONE: WORK PHONE: 704-399-1506

MOBILE PHONE: 704-309-0063 FAX: 704-398-2605

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

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 5/25/05 Date

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

Mecklenburg County, NC
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 5/26/2005 8:26:35 AM

COPY

Parcel ID #: 18924301 GIS ID #: 18924301	
Owner Name:	MCALPINES LLC THE AND % LEVINE PROPERTIES INC
Mailing Address:	PO BOX 2439 MATTHEWS, NC 28106
Property Characteristics	
Legal Desc.:	M23-196
Land Area:	13.063AC
Fire District:	00-CITY OF CHARLOTTE
Special District:	NA
Account Type:	NC CORP
Municipality:	1-CHARLOTTE
Property Use:	VACANT
Deed Reference(s) and Sales Price	
09169-181 (7/24/1997) $0.00	
Situs Addresses Tied to This Parcel	
8310 MCALPINE PARK DR	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 20.03	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701590229E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	McALPINE
Watershed Class:	

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and 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 responsibility for the information contained herein.