

15333 THOMAS RD

21725209

8/12/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 16687 WASPS App #: 3551

Primary ES assigned to project: Kim Cammett

Secondary ES assigned to project: _____

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

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

Comments: 6/2/08 - Please send ~~fax~~ e-mail for signature

Items requiring correction/modification: _____

II. WASPS Review:

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

Comments:

Items requiring correction/modification: _____

Application received date: 5/30/08 ES assigned date: _____ Permit issued date: 6/2/08

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: _____

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 #: 10003551 **File #:** 16687 **Tax Parcel #:** 217-252-09
Property Owner: DALE & DENNIS MEYER
Job Location Address: 15333 THOMAS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 6/2/2008
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

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

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

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock
☐ Initial water sample to be taken and analyzed for (check all that apply):
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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

Other Conditions of This Permit:

Kim Garrett, RSI
Authorized Agent: Print Name
Kim Garrett, RSI
Signature:

Dale Meyer
Owner/Legal Agent: Print Name
Dale Meyer
Signature:

Well Permit # 10003551

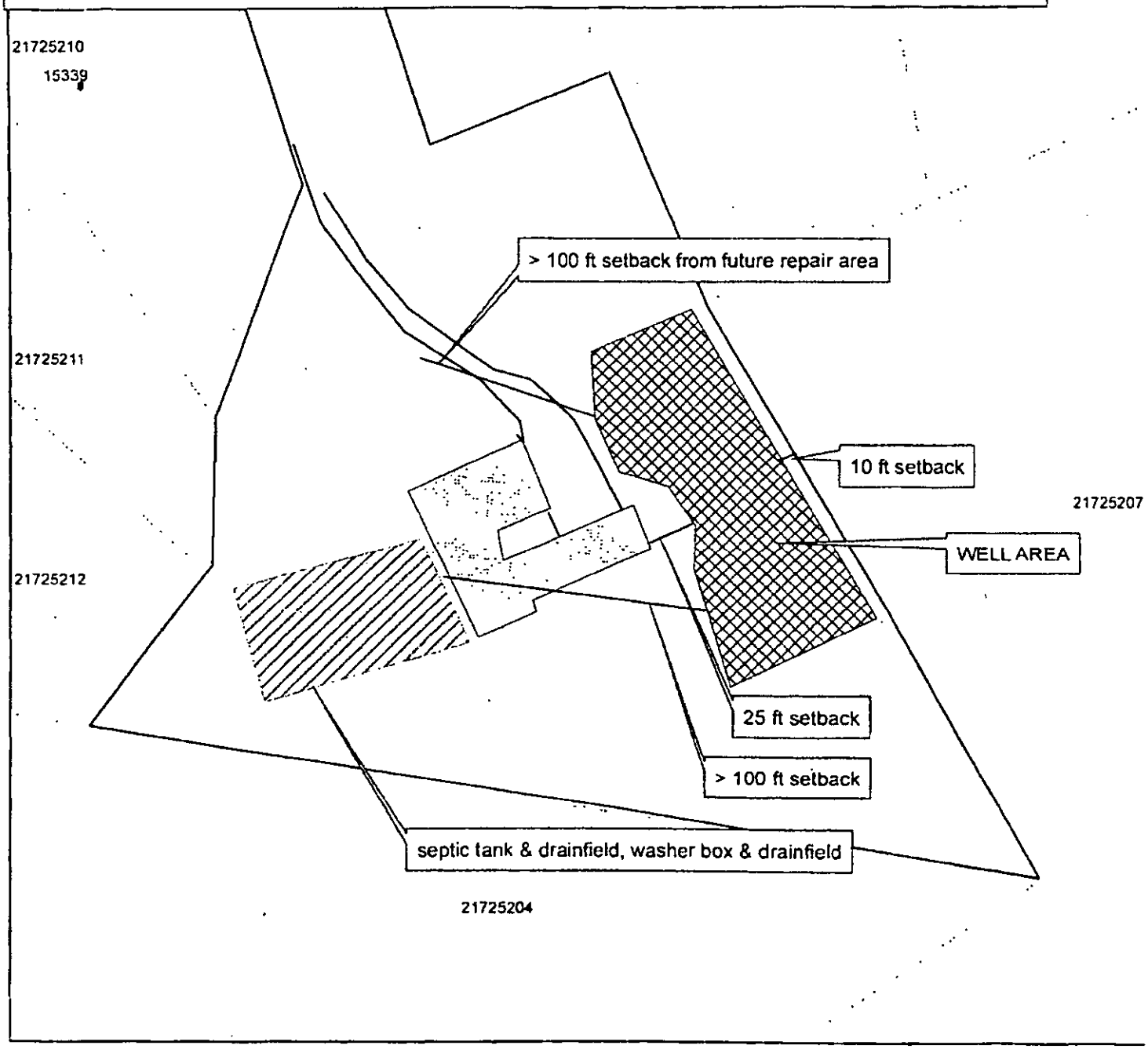
Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

10' from property boundary
25' from building foundations
100' from public sewer line/septic tank, drainfield and repair areas
50' from surface water bodies,

and shall not be located in any SWIM Buffer, easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kim Garrett Date: 6/2/08

Owner/Legal Agent: Date: 6/2/08



PID #217-252-09
File: # 16687

Mecklenburg County Health Department
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Job Location Address: 15333 THOMAS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 6/2/2008
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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

General Conditions of This Permit:

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

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

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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

Other Conditions of This Permit:

Kim Garrett, RSI
Authorized Agent: Print Name

Kim Garrett, RSI
Signature:

Owner/Legal Agent: Print Name

Signature:

Well Permit # 10003551

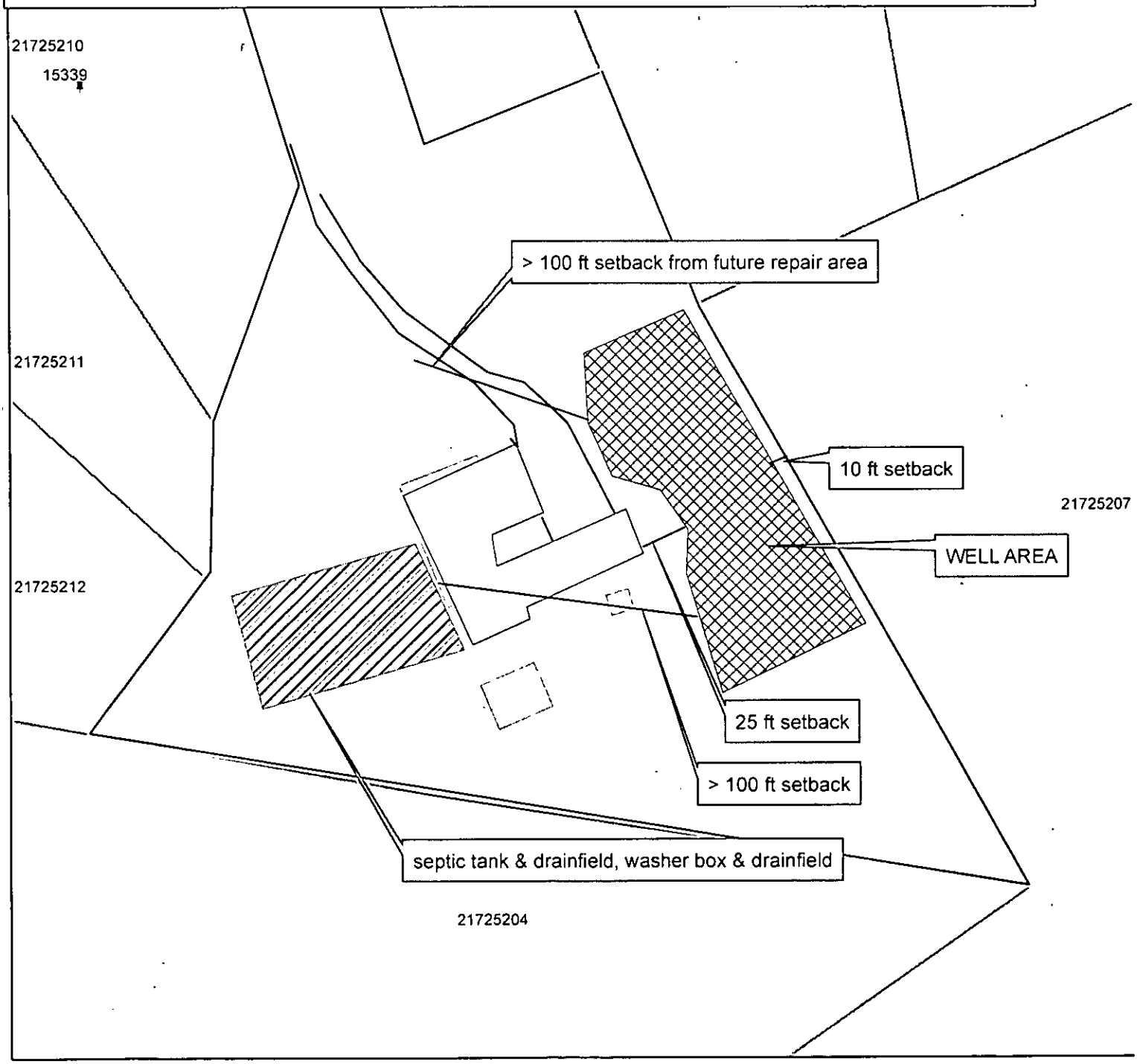
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10' from property boundary
25' from building foundations
100' from public sewer line/septic tank, drainfield and repair areas
50' from surface water bodies,

and shall not be located in any SWIM Buffer, easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kim Garrett Date: 6/2/08

Owner/Legal Agent: _____ Date: _____



PID #217-252-09
File: # 16687



No Sewer service

Please scan & email
permit & map to

Dale.meyer@xcenda.com

SCANNED & emailed
6/26/08 @ 2:30

SC thru KC for DH

FILE NUMBER: 16687

Revised On: August 31, 2007

APPLICATION NUMBER: 3551

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 400.00
DATE 5/30/08

cc app 045978

gc

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN
2. **WELL / TYPE APPLICATION:** ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 217-252-09
STREET ADDRESS: 15333 Thomas Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: N/A
LOT #: 217252 09 LOT SIZE (acres): 3.265 Acres
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

8A. **RANK:** ☐ ANY TYPE ____ ☐ CONVENTIONAL ____ ☐ ACCEPTED ____ ☐ INNOVATIVE ____ ☐ ALTERNATIVE ____ ☐ OTHER ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. **PROPERTY OWNER:**
NAME: Dale + Dennis Meyer
ADDRESS: 15333 Thomas Rd
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-504-1617 WORK PHONE: 704 504 1500
MOBILE PHONE: 704 564 3419 FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 12/8/1998
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** N/A

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature Date

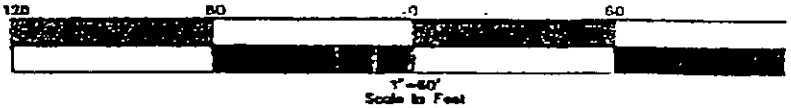
15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Dale Pope Meyer 5/22/08
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

File 16687

THE PROPERTY OF RAMIE E. & JANETTE B. CUSHM
STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, N
TAX NUMBER: 217-041-09



DATE: OCTOBER 6, 1998
SCALE: 1"=60'
JOB NUMBER: 46207

MAP PREP.
R.B.PHARR
420 HAWTI
CHARLOTTE
TEL. (704)

A.L. THOMAS, JR.
3882-54

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

N 86° 49' 54" W 640.16' (TOTAL)
526.05'

Proposed #15333 New well 75' from existing Current well

FRAME BLDG

30.4
24.5
FRAME GARAGE

120.7
approx 100'

LOT 5
AREA: 142,215.94 SQ.FT.
OR 3.2650 ACRE

EXISTING

Septic

SEE DETAIL

Approx. 142'

147.9

N.I.P.

S 29° 4' 10" W
108.39'

114.77'

N.I.P.

Add 2 4x 3's addition with 10'x3' stairpack and 10 x 3 [illegible]

Potential repair

S 4° 1'47" E
85.33'

N.I.P.

S 11° 53' 15" W
143.83'

LOT
AREA: 89,484
OR 2.0543

60° 46' 45" W
106.76'

N.I.P.

N.I.P.

LOT 1
24,351.33 SQ.FT.
OR 0.5590 ACRE

N 23° 2' 3" W
58.16'

RIVE

3" E

LOT 2
AREA 45,536.96 SQ.FT.
OR 1.0454 ACRE

N 39° 39' 54" E
375.12

LOT 3

N 53° 56' 36" W

Hydrogeologist Permit Application Review

Application #: 3551
Permit File #: 16687

Permit Type: New Well (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

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

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

EHS Review | Update

Time Spent (hours):
☐ Change: 2.50

The application has been forwarded to Debra Howell for review.

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

WORK ORDER

Work Order Information

Work Order Number: **76625**
Work Order Type: **ARGU Well Review**
Submitted To: STUTTS, JACK
Date Initiated: 6/5/08 11:04:29 AM
Date Completed: 6/5/08 11:04:00 AM
Date Closed:
Unattached WO: N
Associated SR Number:

Priority: **3**
Status: IP

Initiated By: CALDWELL, SHAWNA
Completed By: CALDWELL, SHAWNA
Closed By:

Location

Address: **15333 THOMAS ROAD**
Location:

Instructions

1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comments

Create one work order per ARGU Review
By CALDWELL, SHAWNA: 6/5/08 11:06:12 AM
Based on review of our files, the permit for a new well installation at 15333 Thomas Road, Charlotte, PID#217-252-09 is approved for installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

App. #: 3551

Septic Fee: 0.00 Date: CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 16687

Well Fee: 400.00 Date: 5/30/2008 CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 217-252-09 ☐ PO

STREET ADDRESS: 15333 THOMAS RD

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☑ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	( ) Yes (•) No	GRADING/SOIL REMOVAL PERFORMED	( ) Yes (•) No
EXISTING WASTEWATER SYSTEMS	(•) Yes ( ) No	JURISDICTIONAL WETLANDS	( ) Yes (•) No
WELLS, SPRINGS, OR WATER LINES	(•) Yes ( ) No	APPROVAL REQ'RD BY OTHER AGENCY	( ) Yes (•) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (•) No	WASTEWATER OTHER THAN DOM. SEWAGE	( ) Yes (•) No

PROPERTY OWNER:

NAME: DALE & DENNIS MEYER

ADDRESS: 15333 THOMAS RD

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:	CHARLOTTE	CITY:			
STATE:	NORTH CAROLINA	ZIP: 28278	STATE:		ZIP:
HOME PHONE:	704-504-1617	WORK: 704-504-1500	HOME PHONE:		WORK:
MOBILE:	704-564-3419	FAX:	MOBILE:		FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT | Update | Go to Front Counter | Duplicate

Report for ARGU Review
15333 Thomas Road, Charlotte
PID#217-252-09
File # 16687B
Appl.#3551

Public water supplied by CMU is NOT available at this site.

6/2/08 (Mon.) – Received request for ARGU review for new water supply well located at 15333 Thomas Road, Charlotte, PID#217-252-09.

6/2/08 (Mon.) – Identified one landfill within 1,500 feet of the subject parcel:

MPL# 1127 S.S. Giles/Blythe Industries
14816 Thomas Rd., Charlotte
LCIDP LF
Status: Closed

File review of S.S. Giles/Blythe Industries Landfill file indicates:
Closed Permitted Land Clearing and Inert Debris Landfill-private operation for disposal of land clearing debris generated onsite.

NOTE: Mandatory setback for a new well is 100-ft from the waste disposal boundary for a LCIDP landfill. The closest parcel boundary of the landfill is approximately 800' from the closest property boundary for the subject site.

Based on review of our files, the permit for a new well installation at 15333 Thomas Road, Charlotte, PID#217-252-09 is approved for installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

END.

Date:6/2/08
Reviewed By:_SWC___

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 217-252-09 File # 16687

Street Address: 15333 Thomas Rd., Charlotte

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 217-031-02 MPL # S.S. Giles/Blythe Ind. LF

Street Address: 14816 Thomas Rd., Charlotte, NC

DENR Incident #: None Assigned

Current Status: Closed LCIDP LF Why? _____

Responsible Party: _____

Responsible Party Contact Info: _____

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).	No 2L Violations
Attach copies of groundwater flow maps. (Watch of seasonal change)	
Attach a copy of the most recent summary table for soil/groundwater laboratory analysis Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map. Based on this information, answer the following questions:	Y
Has the extent of contamination been defined or partially defined for all constituents-of-concern?	
If Yes — ARGU is a 1500-foot buffer around the maximum extent of contamination	Y
If No, is the source area defined?	
If Yes — ARGU is a 1500-foot buffer around the source area	
If No — ARGU is a 1500-foot buffer around the contamination site property boundary.	
Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?	N
If No — Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.	
If Yes — Is the well within the first 1000 feet of the ARGU?	
If No — Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.	
If Yes — Permit denied.	

Reviewer Comments: Subject property is outside of the 100' of setback for the waste disposal boundary for the LF, so permit can be approved with no special conditions. .

ARGU Review for File#16687



Yellow-LCIDP LF
Gray shaded area-100' buffer around LF boundary
Black line-1,500' radius around 15333 Thomas Rd.

0 0.05 0.1 0.2 Miles

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

SUBSURFACE INVESTIGATION APPLICATION AND PERMIT

Application Information

Well Owner Information

Name of Well Owner: (•) Bill To: Teeter Properties — **Well Owner's Telephone #:** 704-394-0133

Well OwnerAddress: 45 Arundel Lane — **City, State ZIP:** Columbia, SC 29209

Agent Information (if different than Well Owner)

Name of Agent: ( ) Bill To: Excel — **Agent's Telephone #:** 704-853-0800

AgentAddress: 625 Huntsman Court — **City, State ZIP:** Charlotte, NC 28054 — **Agent's Fax #:** 704-853-3949

Location

Name of Site being Investigated: (Former) M&M Enterprises — **Parcel ID:** 117-011-09

Address of Site: 2511 Wilkinson Blvd. — **City, State ZIP:** Charlotte, NC

Permit

General Conditions of This Permit:

- This permit shall be VALID for a period not to exceed 12 months from the date of issuance.
- This permit is VALID for the site specified in the above application and must be on-site during the course of the investigation and made available to a Department representative upon request.
- A Certified Well Contractor that is currently registered with the Department must perform any well contractor activites associated with this permit.
- All wells shall be constructed to the standards of Chapter VI, Section V of the *Mecklenburg County Groundwater Well Rules*.
- All temporary wells must be abondoned to the standards of Chapter VI, Section VI of the *Mecklenburg County Groundwater Well Rules*.
- Registration information for all wells must be submitted to the Department within thirty (30) days of well completion.

Specific Conditions of This Permit:

Date of Issuance: 6/5/2008

Permit Number: **70001247**

Please print this permit for your records.