

14504 HENRY HARRISON STILLWELL DR

01322115

1/8/2008

duponbj

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5316B Permit #: 30001475 Tax Parcel #: 013-221-15

Property Owner: BRYAN & DAWN RUSSELL

Job Location Address: 14504 HENRY HARRISON STILLWELL DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 12/18/06 Contractor Name: R & H

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 28 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 10 @ 50 feet

Depth of Media: 12 inches (Type) E-2 FLOW

Depth of Cover: 12 inches

Distribution Device: DROP BOXES

Inspection Dates

Tank(s) Inspected: 12/18/06

Excavation Inspected: 12/18/06

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

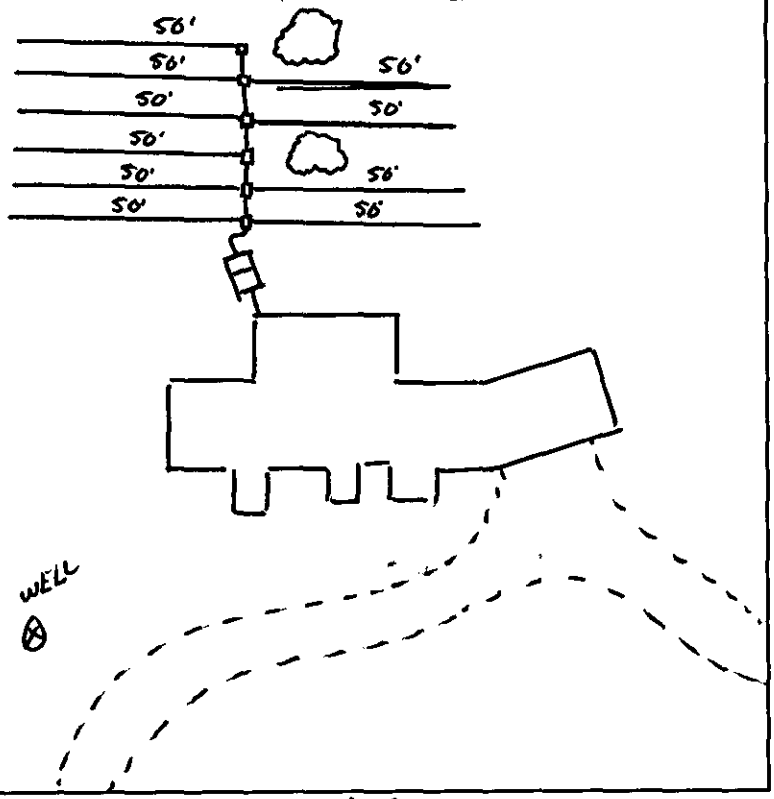
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: IIIg 25% Reduction System

DENR Authorized Agent: Jeremy Nicholas R.S. Signature: Jeremy Nicholas R.S.

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5316B Permit #: 30001475 Tax Parcel #: 013-221-15

Property Owner: BRYAN & DAWN RUSSELL

Job Location Address: 14504 HENRY HARRISON STRICKLAND DRIVE

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 12/12/06

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 1/12/07, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An ***Operation Permit*** *must be obtained from* the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) INN.

Distribution Device: DROP BOXES

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

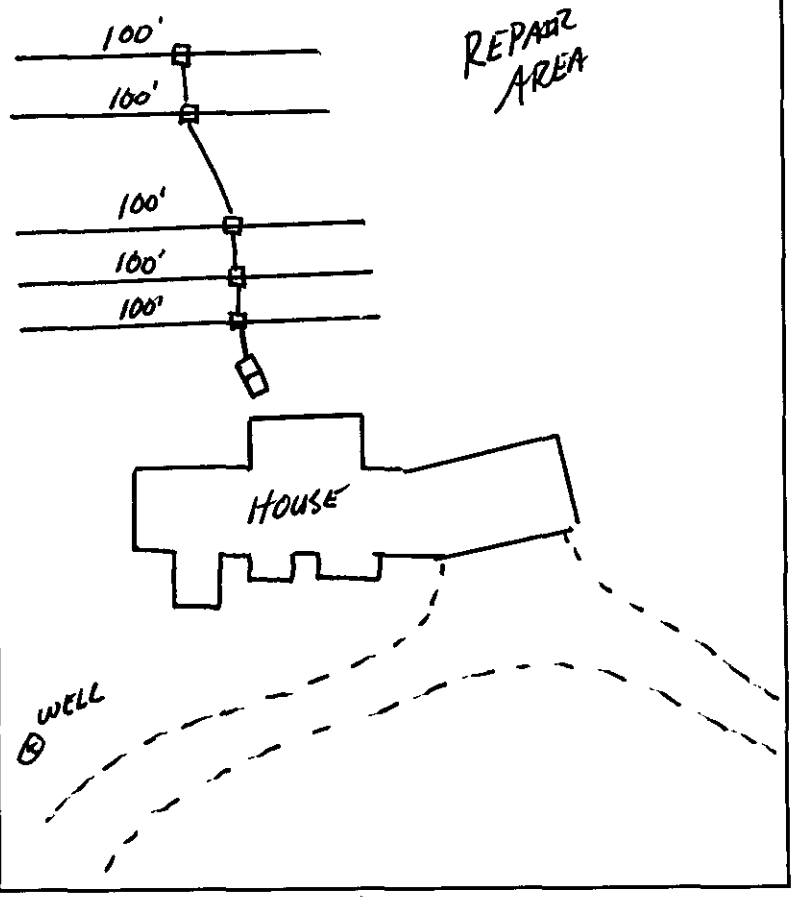
Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III g APPROVED ACCEPTED

DENR Authorized Agent: Jeremy Micklare, R.S. Signature: Jeremy Micklare, R.S.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001475** GWS File #: **5316B** Tax Parcel #: **013-221-15**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 9/21/2011

Type of Installation: *Residential - Modified Plot Plan* Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5800 # Bedrooms: 5 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. *Initial System Type:* Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	12	*Distribution Device:*	*Distribution Box*		

III. Repair System Type: Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	*Pump Tank Size (gal):*	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	*Absorption Area (ft^2):*	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

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

Date Issued: 9/21/2006

700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30001475 GWS File #: 5316B Tax Parcel #: 013-221-15

- This 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.

I. This Improvement Permit Shall: Expire In Five (5) Years **Expiration Date (If Applicable):** 9/21/2011

Type of Installation: Residential - Modified Plot Plan Lot Number: 6

Structure Type: HOUSE Size (ft^2): 5800 # Bedrooms: 5 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	8	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	8	Absorption Area (ft^2):	1800	Total Trench Length (ft):	600
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Heinz P. Sinclair

Signature: Jeremy Michelone, R.S. Signature: HP Sinclair Jr 9/22/06

Print Name

Date Issued: 9/21/2006

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001475** GWS File #: **5316B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 9/21/2006

Owner/Legal Agent: _____
Print Name

Signature: _____

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Phone: (704) 336-5103 Fax: (704) 336-6894

Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30001475 GWS File #: 5316B

IV. Permit Conditions/Comments:

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The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued *in accordance with the Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

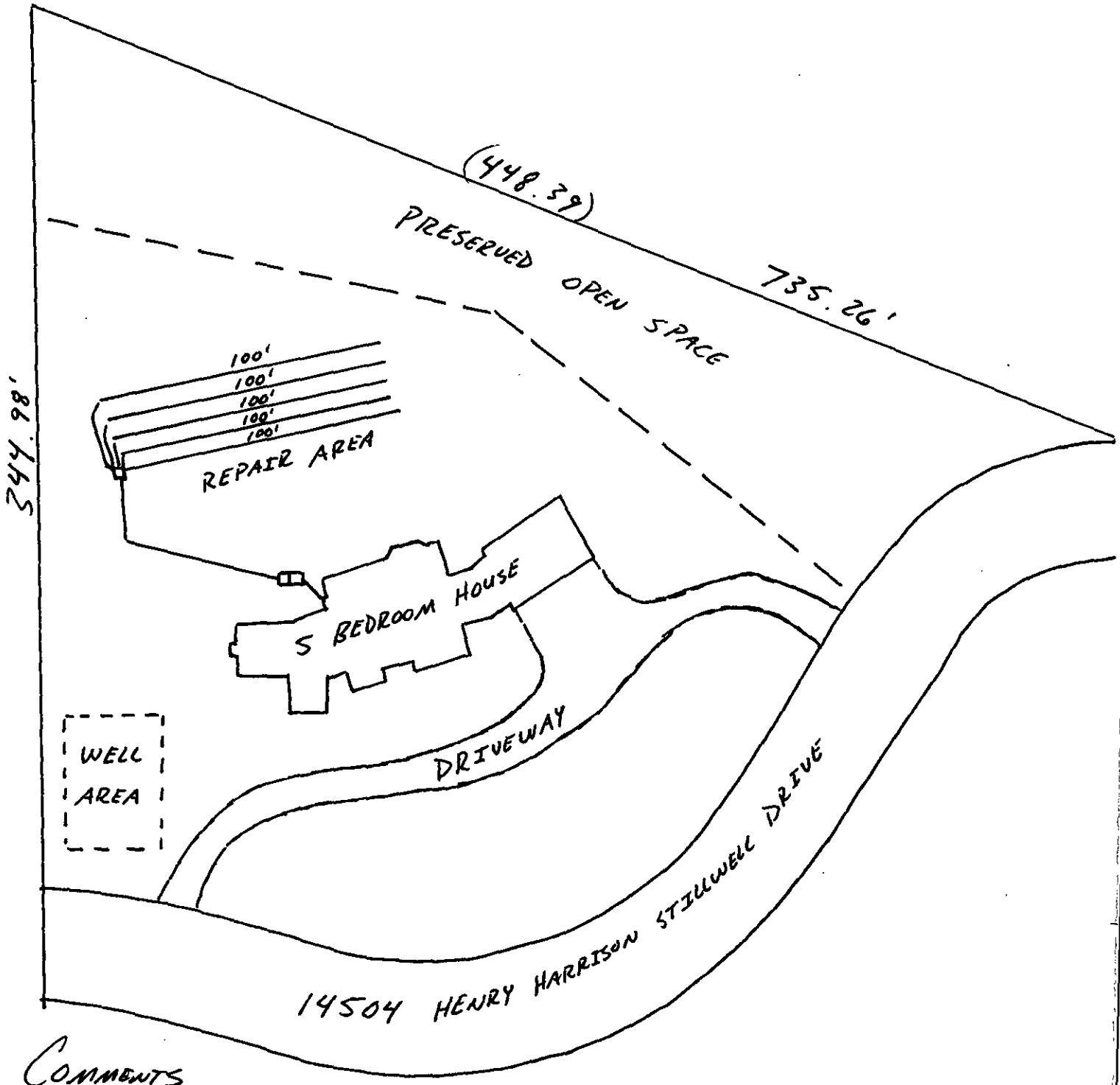
Signature: Jeremy Michelone, RS

Date Issued: 9/21/2006

Owner/Legal Agent: Heinz P. Sinderman
Print Name

Signature: HP Sinderman 9/22/06

14504 HENRY HARRISON STILLWELL DRIVE
FILE # 53168
PARCEL # 013-221-15

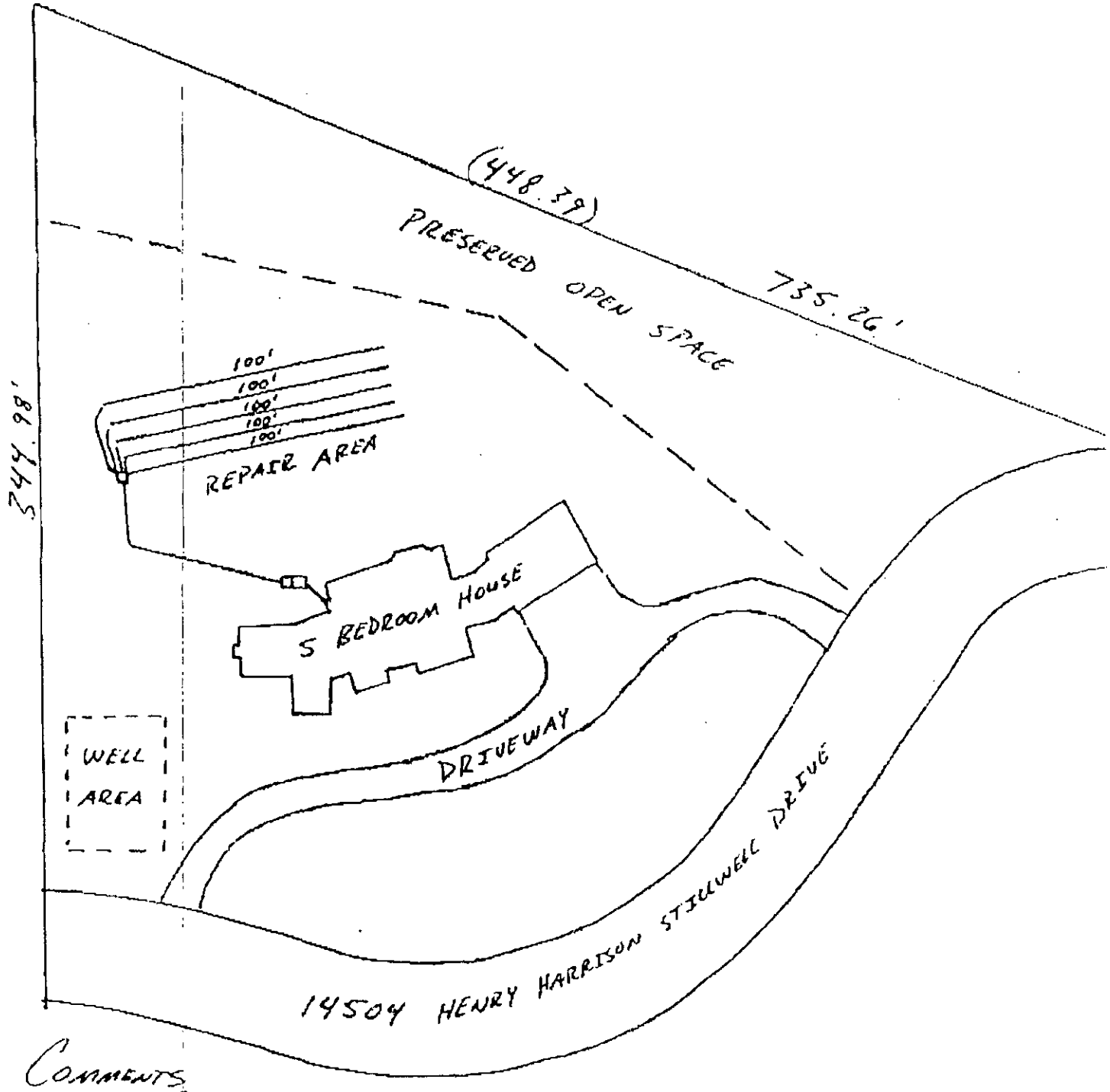


COMMENTS

→ FIVE BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 5 X 100' x 3
→ 500 TLF
→ TYPE IIIg INNOVATIVE SYSTEM & REPAIR

Jerry Mucklo, R.S. 9/21/06

14504 HENRY HARRISON STILLWELL DRIVE
FILE # 53168
PARCEL # 013-221-15

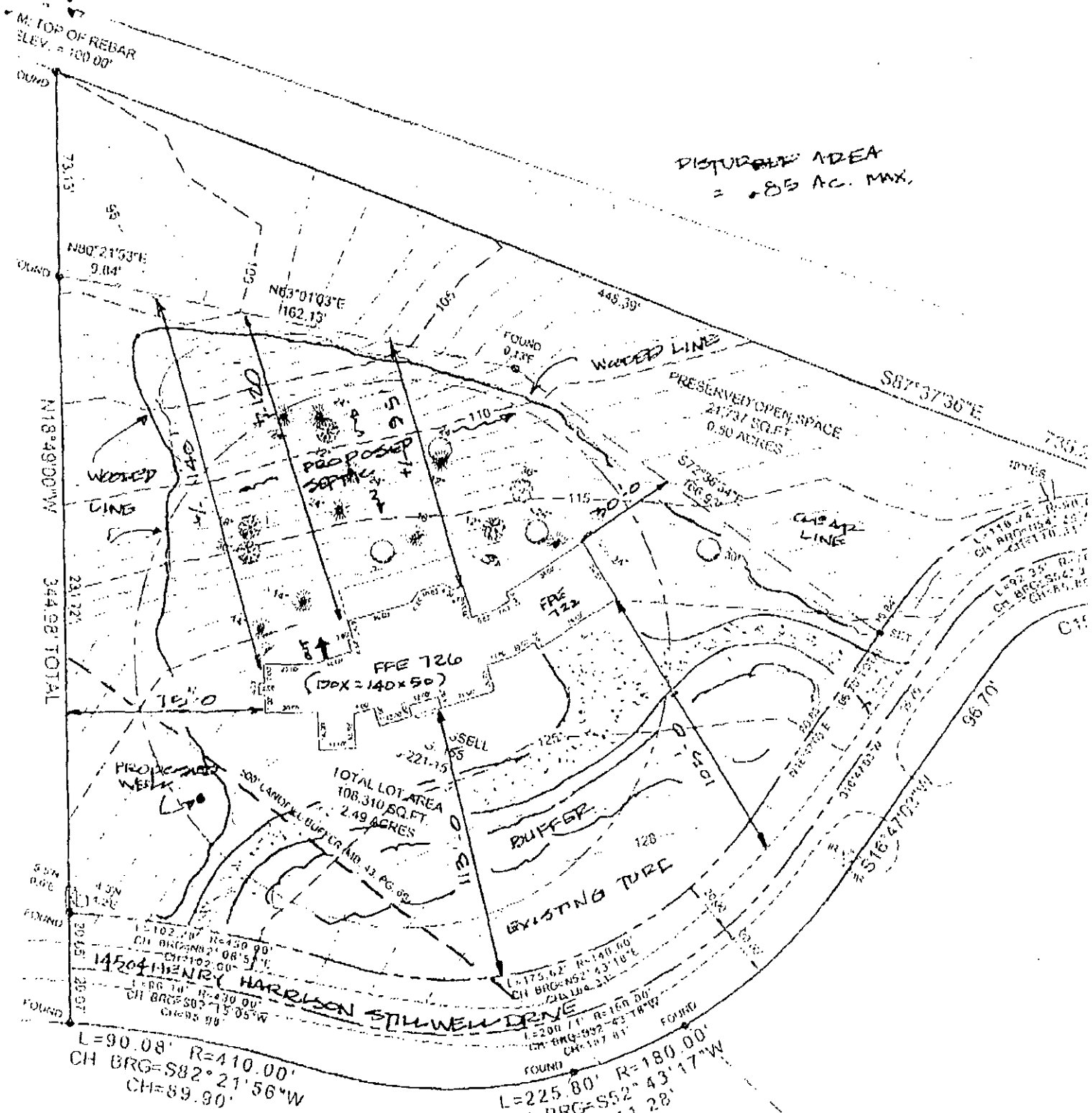


Comments

→ FIVE BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 5 X 100' X 3
→ SOIL TEX
→ TYPE III g INNOVATIVE SYSTEM & REPATH

Tammy Hatchett, RS 9/21/06
Health Program Supervisor
OWNER AGENT 9/22/06

TOTAL P.02



"HEINZ" JOB 20624
HUNTERSVILLE, NC.

9/22/06

HP Gordon

AGENT

New Owner # 1475 001411

GWS – RES. APP 07/05

SEPTIC FEE: 500.00
DATE: 9/18/06
CRT: [ ]

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

WELL FEE:
DATE:
CRT: [ ]

FILE # 5316B

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☑ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #:
STREET ADDRESS: 14504 HENRY HARRISON STILLWELL DRIVE
CITY: HUNTERSVILLE, N.C.
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1-6
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: 5800
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

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: BRYAN & DAWN RUSSELL
ADDRESS: 17011 WINGED OAK WAY
CITY: DAVIDSON
STATE: N.C. ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704.236.1508 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: HEINZ BUILDER, H. PAUL SINDERMAN DBA
ADDRESS: 7914 GILEAD ROAD
CITY: HUNTERSVILLE, N.C. 28078
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704 9401955
MOBILE PHONE: 704.400.2271 FAX: 704 " 95560
NEXTEL 522772

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.

H. Paul Sinderman 9-18-06
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.

H. Paul Sinderman 9/18/06
~~Owner's~~/Agent's Signature Date

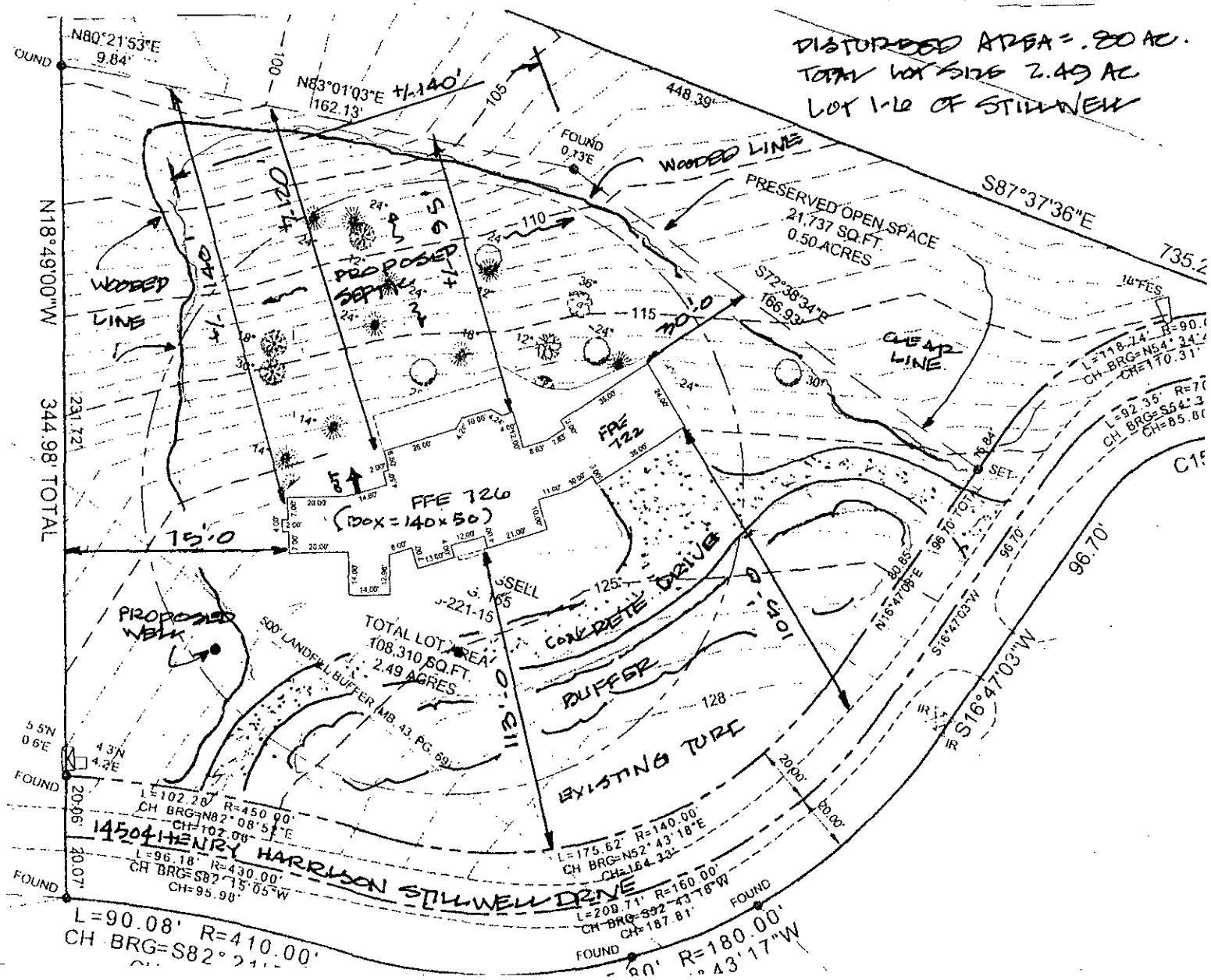
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	HP Smdmr DBA "HEINZ" BUILDER
Date	SEPTEMBER 18, 2006

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/18/06	**Amount:**	400.00
Receipt #:	46030	**Tendered:**	400.00
Check / Auth #:	CHARGE	**Returned:**	400.00
Received By:	MULLIVR		

Account Information

Account #: B60150
Contractor: SINDERMAN H PAUL T/A HEINZ II
Attn:
Address: 7914 GILEAD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 14504 HENRY HARRISON STILLWELL DR		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/18/06	**Amount:**	200.00
Receipt #:	46031	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	200.00
Received By:	MULLIVR		

Account Information

Account #: B60150
Contractor: SINDERMAN H PAUL T/A HEINZ II
Attn:
Address: 7914 GILEAD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14504 HENRY HARRISON STILLWELL DR		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/18/06	**Amount:**	150.00
Receipt #:	46032	**Tendered:**	150.00
Check / Auth #:	CHARGE	**Returned:**	150.00
Received By:	MULLIVR		

Account Information

Account #: B60150
Contractor: SINDERMAN H PAUL T/A HEINZ II
Attn:
Address: 7914 GILEAD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 14504 HENRY HARRISON STILLWELL DR		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
750.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/18/06
Receipt #: 46033
Check / Auth #: CHARGE
Received By: MULLIVR

Amount: 150.00
Tendered: 150.00
Returned: 150.00

Account Information

Account #: B60150
Contractor: SINDERMAN H PAUL T/A HEINZ II
Attn:
Address: 7914 GILEAD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 14504 HENRY HARRISON STILLWELL DR		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
900.00					

HEINZ II, BUILDER

7914 GILEAD ROAD
HUNTERSVILLE, NC 28078
704-948-1995
704-948-9560 Fax
H. PAUL SINDERMAN

BUILDING AGREEMENT

AGREEMENT made this 11TH day of AUGUST, 2006 between H. Paul Sinderman TA HEINZ II, with offices at 7914 Gilead Road, Huntersville, NC 28078 hereinafter referred to as "Contractor" and

BRYAN AND DAWN RUSSELL, 17011 WINGED OAK WAY, DAVIDSON, N.C.

hereinafter referred to as (Owner) (~~Buyer~~).

WITNESSETH:

WHEREAS, (Owner) (~~Buyer~~) is about to have constructed and erected a single residence building on certain land situated in the County of MECKLENBURG, State of North Carolina USA, Lot 6, Section 1, Subdivision STILLWELL AT CASHION ROAD also known as: 14504 HENRY HARRISON STILLWELL DRIVE, HUNTERSVILLE, N.C. 28078

WHEREAS, Contractor has signified its willingness to construct and erect said residence building in accordance with the drawings and specifications attached hereto and in accordance with the terms, agreements, and conditions, and for the consideration hereinafter set forth,

NOW THEREFORE, it is agreed between the parties hereto, in consideration of their mutual agreements herein set forth as follows:

Contractor agrees as follows:

1. To provide all the materials and all of the labor and to perform all of the work for the construction and erection of single residence building for the owner on the above specified lot.

2. That the said construction and erection by Contractor shall be in accordance with the drawings and specifications prepared by HEINZ" AND CONSULTANTS, which are attached hereto and made a part thereof. See Attachment I, II, and III. & "SCHEDULE OF WORKING PLANS & DRAWINGS TO PREPARE", SHEETS 1/2 & 2/2.

HEINZ II, BUILDER

7914 GILEAD ROAD
HUNTERSVILLE, NC 28078
704-948-1995
704-948-9560 Fax

H. PAUL SINDERMAN

ATT. I • CONCEPT SITE DEVELOPMENT PLAN 5-19-06, 1"=20'

ATT. II • " FIRST & 2ND FLOOR PLANS, (2) SHTS, 7-14-06, 1/8"=1'-0"

" • " FRONT, REAR, LEFT & RIGHT ELEVS, (1) SHT. " , "

ATT. III • " SPECIFICATIONS, PAGES 1 THRU 39, 8-11-06

3. To apply for building permit and to furnish materials and labor and work provided for hereunder so as to complete the entire building according to said drawings and specification, conduct a final inspection of building with ~~(Buyers)~~ (Owners) 9 months from the date of the obtaining of * BUILDING PERMIT & OWNER/LENDOR NOTICE TO PROCEED the construction loan hereinafter referred to, and deliver said residence building to (Owner) ~~(Buyer)~~ one week thereafter, unless such day or time shall be extended by mutual agreement of the parties hereto in writing, as hereinafter provided for, or by an agreement endorsed hereon and signed by the parties hereto, and then in such case, on or before such extended day or time. If contractor shall be delayed in the performance of any of its obligations under this agreement by reason of act of God, fire, strike, damage by the elements, unavailability of labor or materials or an unavoidable casualty or any other unforeseen event beyond ** INCLUDING INSPECTOR DELAY OVER 24 HOURS the control of the contractor, the time for the performance of this agreement shall be extended for a reasonable period of time. *** SEPARATE OWNER CONTRACTS FOR POSSIBLE ON SITE WORK SHALL BE DISCLOSED TO HEINZ II, REVIEWED AND COORDINATED TO THE PLANNED JOB SCHEDULE TO MINIMIZE DELAY AND EXTRA JOB COST, IF ANY.

4. To give all requisite notices to the proper authorities, obtain all official inspections, permits, certificates and licenses made necessary by the work in its charge and pay all proper and legal fees for the same.

5. To engage only experienced subcontractors and workmen with respect to and in connection with the construction and erection of said residence building. Contractor shall itself place immediately, pay the premiums for, and keep in force at all times, while said residence building is under construction and erection, public liability and fire insurance with a responsible insurance company authorized to do business in the State of North Carolina. XXX = OWNER SHALL OBTAIN & PROVIDE H.O. OR EQUIVELENT INSURANCE, TO PROTECT HIS INTEREST, THE LENDOR AND THE BUILDER AS COINSURRED AND SHALL PROVIDE A COPY OF INSURANCE CERTIFICATE PRIOR TO START WORK.

6. That (Owner) ~~(Buyer)~~ may make such changes, alterations, deviations, additions or omissions from the aforesaid plans and specification, ***** OR ALLOWANCES or any of them, as the (Owner) ~~(Buyer)~~ may deem proper without affecting or making void this agreement, provided however, that the changes must be initiated within a reasonable period of time (to be determined by the Contractor) after the signing of this agreement, and, provided that the same shall be in writing but the contract price herein stated shall be increased or decreased in such amount as may be agreed upon in writing between contractor and (Owner) ~~(Buyer)~~, with respect to any changes, alterations, deviations, additions or omissions (as the case may be) which may be made and which make change of contract price necessary. In case any changes, alterations, deviations, additions or omissions are made, such further time as may be necessary for completion of the work shall be allowed Contractor. Minor changes, prior to planning the scheduled work shall be performed at cost ~~+20%~~. Minor changes which require tear out and disrupt the planned work schedule shall be performed at cost + 100% markup. (Owner) ~~(Buyer)~~ shall show Contractor evidence of lender approval for changes exceeding 1% of total contract price. Further (Owner) ~~(Buyer)~~ shall pay 50% of non-refundable deposit for any changes exceeding appraisal. ***** COST DIFFERANCES DUE TO ALLOWANCE OVERAGES OR UNDERRUNS WILL BE CONSIDERED A CHANGE.

*, ** = CONTRACT FORM AMENDMENTS 7-1-99

XXX - ***** *

HEINZ II, BUILDER

7914 GILEAD ROAD
HUNTERSVILLE, NC 28078
704-948-1995
704-948-9560 Fax

H. PAUL SINDERMAN

K (16100) Electrical Light Fixtures

1. Standard Recess Lights	____@ 60.0	=	INCL Total
2. Switch Closet Fluorescent Lights	____@ 20.0	=	" Total
3. Switch Under Counter Fluorescent Lights	____@ 20.0	=	" Total
4. Exterior Incandescent Lights	____@ ____	=	" Total
5. Interior Decorative Lights	____@ ____	=	" Total

L. SEE ATTACHED BUDGET SUMMARY PAGES 1/2 & 2/2 8/11/00 SUMMARIZING $682,000 BASE COST FOR THE BUILDING WORK CONTEMPLATED BY THIS AGREEMENT AND THE COLUMN NOTED AS "V/E REDUCE POTENT," WHICH OWNER MAY INSTRUCT PRIOR TO FINAL DESIGN.

We agree to the above

AUGUST 11, 2000 — Ben Russell
OWNER Purchaser

AUGUST 11, 2000 — Dawn Russell
OWNER Purchaser

HEINZ II, BUILDER Heinz Paul Sinderman II

AUGUST 11, 2000 — Heinz Paul Sinderman II
CONTRACTOR Seller

( ) See Buyer Financing Conditions on attached Addendum "C"

M. SEE ATTACHED PAGES 1/3, 2/3, 3/3, 8/11/00, ENTITLED "APPROX. BUDGETS FOR FUTURE CHANGES", TO BE USED FOR OWNER PLANNING. COST NOW EXCLUDED FROM BASE JOB SCOPE.

HEINZ II CONCEPT PRICING 7914 GILEAD ROAD 7/14/06 PLAN HUNTERSVILLE, NC 28078 PHONE: 704-948-1995 FAX: 704-948-9560 HPS 8.11.06	BUY ITEM GENERAL CONDITIONS JOB I.D. 20624 COST CODE 00100	BIDDER: BOB RUSSELL GILLWELL OAKVIEW PLAN

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	
00	132 PERIODIC JOB CLEAN UP	8	MOS	
00	133 POWER WASH CLEAN UP	1	JOB	
00	134 FINAL CLEAN UP INTERIORS, WINDOWS, SCREENS INSTALL	7050	SF	
00	135 GENERAL LIAB. INS	7050	SF	
00	136 BUILDERS RISK INS	7050	SF	
00	140 BUILDING PERMIT	7050	SF	
00	140.1 REINSPECT FEE	7050	SF	
00	141 TOWN ZONING FEE	1	JOB	
00	142 COUNTY WELL PERMIT	1	JOB	
00	143 COUNTY SEPTIC PERMIT	1	JOB	
00	144 TEMP ELEC. FEE	1	JOB	
00	145 HOA APPROVAL FEES	1	JOB	EXTRA FOR 700
00	200 PUNCH LIST	7050	SF	
00	300 WARRANTEE	7050	SF	
	SUBTOTAL			
	DELIVERY COST			
	TAXES			
	COLUMN TOTALS			

BF
BOB HPS 8/11/06

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/21/06	**Amount:**	100.00
Receipt #:	46093	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: B60150
Contractor: SINDERMAN H PAUL T/A HEINZ II
Attn:
Address: 7914 GILEAD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 14504 HENRY HARRISON STILLWELL DRIVE		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
800.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/18/06
Receipt #: 46031
Check / Auth #: CHARGE
Received By: MULLIVR

Amount: 200.00
Tendered: 200.00
Returned: 200.00

Account Information

Account #: B60150
Contractor: SINDERMAN H PAUL T/A HEINZ II
Attn:
Address: 7914 GILEAD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14504 HENRY HARRISON STILLWELL DR		1	200.00	200.00

Credit Issued 9/21/06 by Gigi

Soil Report Still Valid JKM

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00					

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 013-221-15
Lot #: Lot 6 , Pod 1
File #: 5316B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Neighborhoods of Stillwell
Applicant:
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 09/11/2003
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: 3.09a
Location of Site: Off Cashion Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] 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, 8	0-12	GR/SCL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	51	N/A	NONE	PS, IV .3GPD/FT^2
		12-51	SBK/ABK/C	FI/SEXP/S/P					
2	"	0-7	GR/CL	FR/SEXP/SS/SP	>50" TO SOIL WETNESS	50	"	"	"
		7-32	SBK/ABK/C	FI/SEXP/S/P					
		32-50	SBK/CL	FR/SEXP/SS/SP					
3	"	0-9	GR/SCL	"	>55" TO SOIL WETNESS	55	"	"	"
		9-32	SBK/ABK/C	FI/SEXP/S/P					
		32-55	SBK/CL	FR/SEXP/SS/SP					
4	LS, 12	0-8	GR/CL	"	>50" TO SOIL WETNESS	50	"	"	"
		8-36	SBK/ABK/C	FI/SE$XP/S/P					
		36-50	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

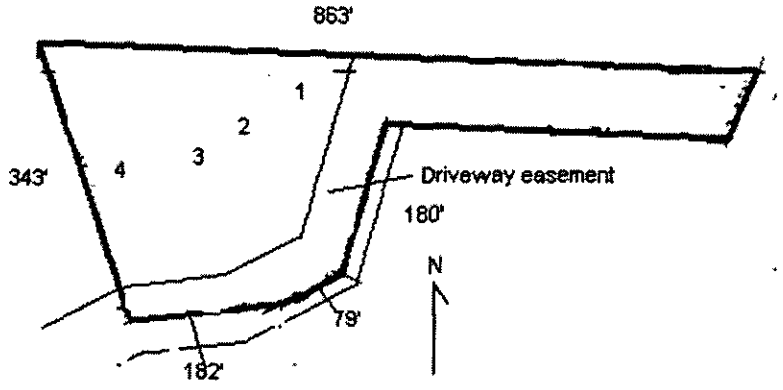
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 9/15/2003, W. R. Marlin
Others Present: A. Rollans

FILE # 5316B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 5316B

PARCEL NO: 015-221-15

JOB LOCATION ADDRESS: Cashion Road lot #6

PROPERTY OWNER: _____

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Neighborhoods at Stillwell

AUTHORIZATION ISSUED BY: Tommy Mackie R.S. DATE: 1/9/04

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5316B, 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: Agreement forms

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.

Angie Bland 1/7/04

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 5316B

Tax Number: 013-221-15

- 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	720 Max gallons/day wastewater flow	1800 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	600 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
6 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement forms SEE ATTACHED PLOT PLAN PROVISIONS				
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	
1800 Absorption Area (Sq ft) 600 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

VOID

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.

Tommy Mickle R.S. 1/9/04
DEHNR Authorized Agent Date

Angie Blount 1/7/04
Owner/Agent Signature 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

IWWS-100195

5316B PLOT PLAN 013-221-15



Comments & PROVISIONS

→ 6 Bedroom House

→ 1500 gallon septic tank

→ 5 lines x 120' x 3' (600 TLF)

→ Type IIIg innovative system + repair

→ 25% Reduction system

Angie Blount 1/7/04

* Any private or public well installed to serve this property as a water supply shall meet all standards of construction for water supply wells as specified in 15A NCAC 02C .0107. Failure to comply with the standards may result in permit revocation.

Jimmy Mitchell R.S. 1/9/04

FEE: [illegible]
DATE: 8/4/03 tkf

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

14

1 1 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

Jeremy

FILE #: 6531 (6)

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01322115

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell

LOT NUMBER: 1-6

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4000 - 6000 SF

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS:

CLOSING DATE: Closed

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X 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 X NO TYPE:

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: (LAST) Jacobus (FIRST) Frank (MI) Neighborhoods at Stillwell, LLC

ADDRESS: PO Box 99

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 895-0556

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Rollans (FIRST) Samuel (MI) Ashley

DAYTIME PHONE: (704) 202-7877 (m)
720-9405 (o)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? May 2003

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: Samuel A Rollans DATE: 8/4/03

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

PROPOSED PLOT PLAN

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

FILE: 5316B

TC: _____

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.

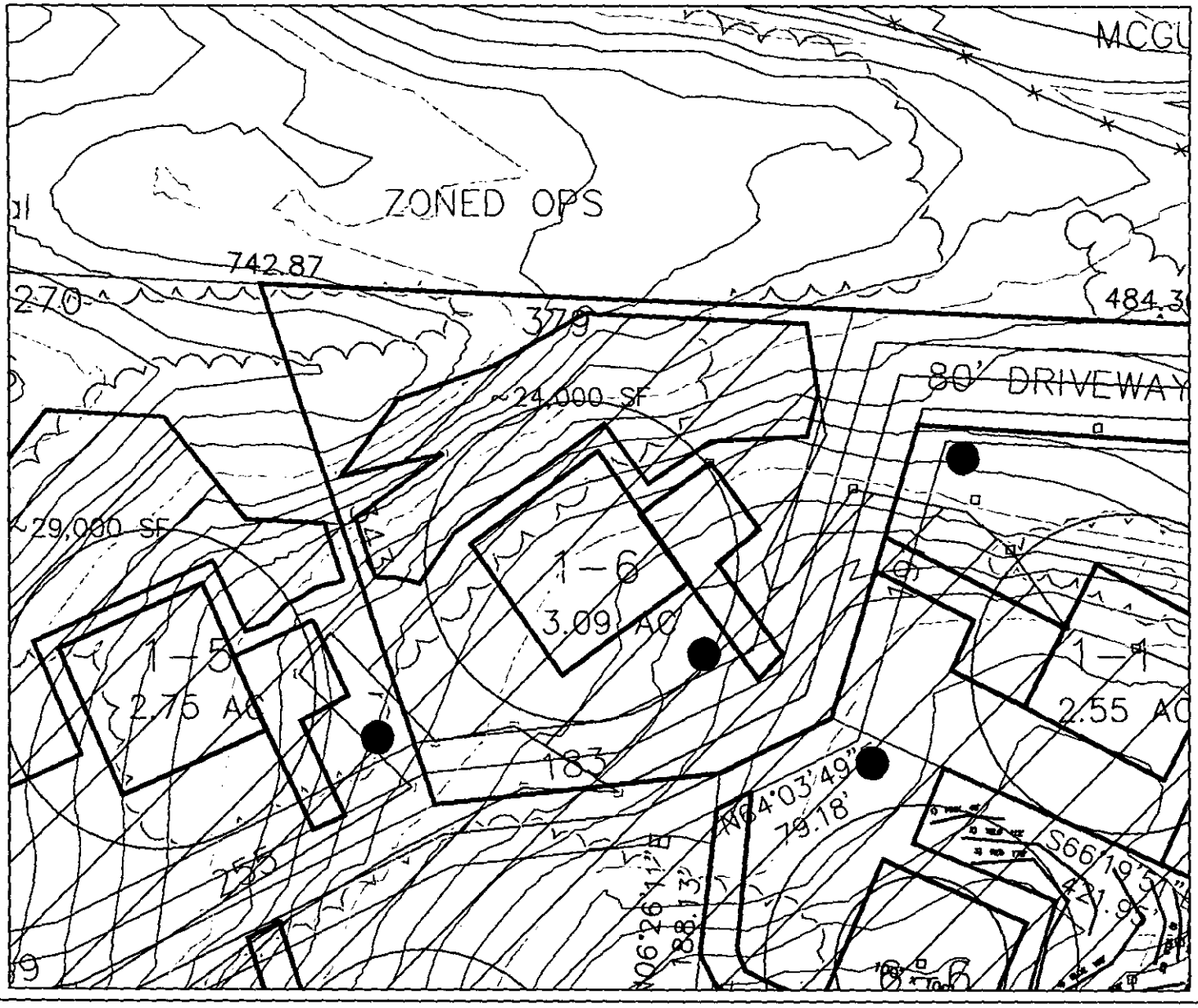
OWNER/AGENT SIGNATURE

DATE 8/4/03

APPROVAL DATE _____

See Attached "Site Plans"

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



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional and modified conventional septic systems.
- UN — Unsuitable areas.
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.

GRAPHIC SCALE
1" = 100'

100 0 100 200

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

SHEET TITLE: SITE PLANS & DRAINFIELD LAYOUTS

PROJECT NAME: WILLIAM BRENNER COMPANY, INC. – CASHION ROAD LOT 1-6 – MECK. COUNTY, NORTH CAROLINA MAY 2003

S&EC Soil & Environmental Consultants, PA
824 LaPhilip Court, Suite C ▪ Gibsonville, North Carolina 27249 ▪ Phone (336)538-9402 ▪ Fax (336) 538-9403

SHEET 1 OF 1

FILE C:\SEC\JOBS\1243

SCALE 1" = 100'

FIELD WORK S.A.R., W.O. # 6.14

DRAWN BY S.A.R.

PROJECT MGR. S.A.R.

PROJECT NO. 03-1243

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5316B WASPS App #: _____

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: Joshua R. Sellers

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 ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

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 ☐	

Items requiring correction/modification: _____

Comments: 7/17/07 - Please release GW's holds for well

_____

_____

_____

_____

Application received date: 9/18/06 ES assigned date: _____ Permit issued date: ~~7/~~/07 9/22/06

Well approval date: 7/19/07 Number of days to complete project: _____

Review performed by: J. L. Sellers Date performed: 7/17/07

CHARLOTTE.

Laboratory Analysis Report
Report Date: 7/12/2007 11:29 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73805
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/10/2007 11:00 CHAIN OF CUSTODY #: 070710134606
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC25906	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	7/10/2007	14:47	SLT
AC25906	**Total Coliform- P/A**	**Present**	**P/A**		SM 9223B	7/10/2007	14:47	SLT

Comment:

Laboratory Supervisor: Rhonda Hutson

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

Resample OK
verified w/ lab.
07-17-07 (RS)

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:	14504 Henry Harrison Stillwell Drive
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To: GWS

700 N. Tryon St., Suite 211

Charlotte, NC 28202

COC#: 070710134606

Sampled By (Print Name)

Joshua R. Sellers R.S.

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
GWO-73805 IAC25906	JRS.	7/10/07 11:00 AM	N/A N/A	N	N/A	22.6				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
Joshua R. Sellers		07-10-07	1:00P.
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

CHARLOTTE.

Laboratory Analysis Report

Report Date: 7/17/2007 12:17 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73805
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/10/2007 11:00
CHAIN OF CUSTODY #: 070710134735
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC25907	Chloromethane	Less Than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Vinyl Chloride	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Bromomethane	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Chloroethane	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Trichlorofluoromethane	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	1,1-Dichloroethene	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Carbon Disulfide	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Iodomethane	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Acrolein	Less than	ug/L	50	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Methylene Chloride	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Acetone	Less than	ug/L	10	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	trans-1,2-Dichloroethene	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Methyl-tert-butyl-ether (MTBE)	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	1,1-Dichloroethane	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Acrylonitrile	Less than	ug/L	50	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Vinyl acetate	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	cis-1,2- Dichloroethene	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Bromochloromethane	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Chloroform	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Carbon Tetrachloride	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	1,1,1-Trichloroethane	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	2-Butanone (MEK)	Less than	ug/L	10	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Benzene	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	1,2-Dichloroethane	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Trichloroethene	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Dibromemethane	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	1,2-Dichlorpropane	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Bromodichloromethane	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	2-Chloroethyl vinyl ether	Less than	ug/L	10	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	cis-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Toluene	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	4-Methyl-2-pentanone	Less than	ug/L	10	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	trans-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	Tetrachloroethene	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	1,1,2-Trichloroethane	Less than	ug/L	3	SW846 / 8260B	7/12/2007	17:11	SDA

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 7/17/2007 12:17 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73805
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/10/2007 11:00 CHAIN OF CUSTODY #: 070710134735
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC25907	**Dibromochloromethane**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,2-Dibromoethane**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**2-Hexanone**	**Less than**	**ug/L**	10	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**Ethylbenzene**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**Chlorobenzene**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,1,1,2-Tetrachloroethane**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**Total Xylenes**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**Styrene**	**Less than**	**ug/L**	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**Bromoform**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**trans-1,4-Dichloro-2-butene**	**Less than**	**ug/L**	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,1,2,2-Tetrachloroethane**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,2,3-Trichloropropane**	**Less than**	**ug/L**	5	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,3-Dichlorobenzene**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,4-Dichlorobenzene**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,2-Dichlorobenzene**	**Less than**	**ug/L**	3	SW846 / 8260B	7/12/2007	17:11	SDA
AC25907	**1,2-Dibromo-3-chloropropane**	**Less than**	**ug/L**	10	SW846 / 8260B	7/12/2007	17:11	SDA

Comment:

Laboratory Supervisor: Rhonda K Hutson

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	14504 Henry Harrison Stillwell Drive
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To: GWS
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 07071013473S

Sampled By (Print Name): Joshua R. Sellers R.S.

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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: VOA, EPA 8260
GWO-73805 AC25907	JRS	7/10/07 11:00 A.M.	N/A N/A	N		13.2				X		40 ml	2					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:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers		07-10-07	1:00P.
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

Close Print

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

COLIFORM ANALYSIS - PRIVATE WATER SYSTEM

Name of Owner/Tenant:	GWO-71799	**Source of Sample:**	Well
Address:	14504 Henry Harisson S. Dr. Hunt., NC 28078	**Type of Sampling Point:**	
		Type of Analysis:	Priva

County:	MECKLENB		
Report To:	Mecklenburg Co. Env. Health 700 North Tryon St., Suite 208 Charlotte, NC 28202	**Attn:**	Sellers, Joshua (704) 336-5101
		Courier:	05-16-21

Signed By: Sellers, Joshua
Collected By: JRS **Date:** 1/17/2007 **Time:** 11:00:00 AM
Comments:

Bacteriologic Analysis

Contaminants	**Result**
Fecal/E. coli	Absent
Total Coliform (ColilertRoutine)	Present

Date Received:	1/18/2007	**Report Date:**	1/19/2007	**Reported By:**	
Today's Date:	7/9/2007	**Login Batch:**	07010021	**Sample Number:**	AA99046

Close Print

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

INORGANIC CHEMICAL ANALYSIS

Name of System: GWO - 71799
Address: 14504 Henry Harrison Stillwell
Huntersville, NC 28078

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate

County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202

Attn:
(704) 336-5101
Courier: 05-16-21

Collected By: JOSHUA SELLERS **Date:** 1/17/2007 **Time:** 11:00:00 AM
Location of Sampling Point: Well Head
Remarks:

Test Results

Parameters	Results	Units	Date Analyzed
Nitrate as N	<1.0	mg/l	1/18/2007
Nitrite as N	<0.10	mg/l	1/18/2007

Date Received: 1/18/2007 **Report Date:** 1/31/2007 **Reported By:**
Today's Date: 7/9/2007 **Ref:** 794 **Login Batch:** 07010041 **Sample Number:** AB520

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2901

1. WELL CONTRACTOR:

CHAD HARTNESS
Well Contractor (Individual) Name

AIR DRILLING COMPANY
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD.

STATESVILLE, NC 28625
City or Town State Zip Code

(704) 872-7614
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 09-30-06

TIME COMPLETED 2:55 AM ☐ PM ☒

3. WELL LOCATION:

CITY: HUNTERSVILLE COUNTY MECKLENBURG

14504 HENRY HARRISON STILLWELL DRIVE
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 3 ___ ___

LONGITUDE ___ ___ ___

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 HEINZ II CONSTRUCTION (RUSSELL)

STREET ADDRESS 7914 GILEAD ROAD

HUNTERSVILLE, NC 28078
City or Town State Zip Code

( )
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 425 FT.

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 1/2 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): 12 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount

g. WATER ZONES (depth):

From 407 To 408 From To

From To From To

From To From To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 148	Ft.	6 1/4"		GALV.
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From	To	Ft.		
From 0	To 148	Ft.	GROUT	PUMPED
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'	148'	DIRT
148'	425'	ROCK

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.

Chad Hartness 9/30/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Chad Hartness
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

531613

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 #: 10001475 **File #:** 5316B **Tax Parcel #:** 013-221-15
Property Owner: BRYAN & DAWN RUSSELL
Job Location Address: 14504 HENRY HARRISON STILLWELL DR
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 9/22/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type:

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 6 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):

[X] Grout must be placed the full extent of the casing. [X] Casing to bedrock

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

[X] Volatile Organic Compounds (VOC's) [X] Semi-volatile Compounds [X] 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:

Well must be located outside the 500' setback from the waste disposal boundary for the Duke Power Co. Landfill. Metals to be sampled: As, Ba, Cd, Cr, Pb, Hg, Se, & Ag

Jeremy Mechenbier P.E. HEINZ R. SINTERMAN 9/22/06

Authorized Agent: Print Name Owner/Legal Agent Print Name

Signature: Signature:

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 #: 10001475 **File #:** 5316B **Tax Parcel #:** 013-221-15
Property Owner: BRYAN & DAWN RUSSELL
Job Location Address: 14504 HENRY HARRISON STILLWELL DR
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 9/22/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type:

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):

[X] Grout must be placed the full extent of the casing. [X] Casing to bedrock

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

[X] Volatile Organic Compounds (VOC's) [X] Semi-volatile Compounds [X] 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:

Well must be located outside the 500'setback from the waste disposal boundary for the Duke Power Co. Landfill. Metals to be sampled: As, Ba, Cd, Cr, Pb, Hg, Se, & Au

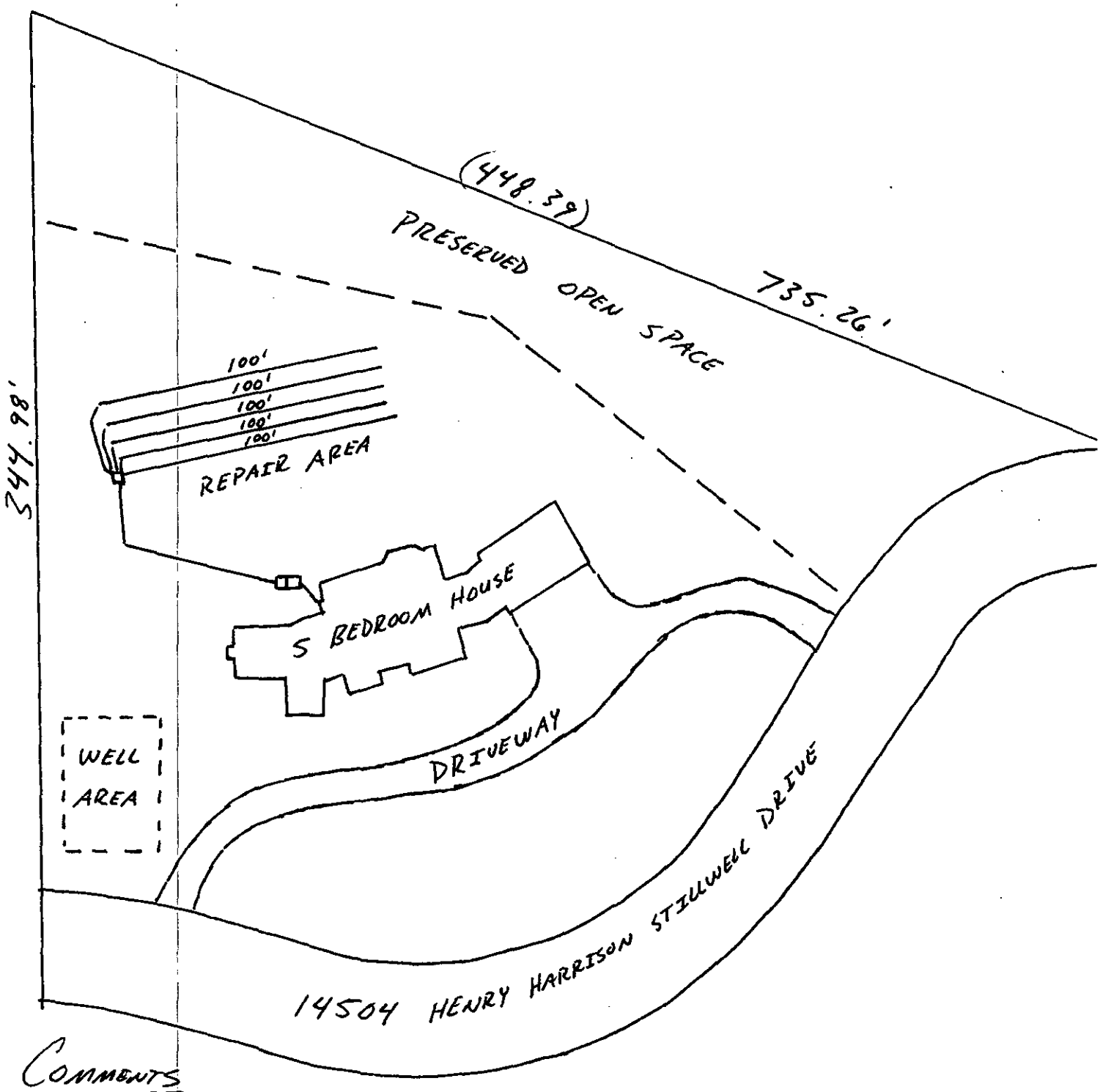
Jeremy McKeown, R.S.
Authorized Agent: Print Name

Jeremy McK, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

14504 HENRY HARRISON STILLWELL DRIVE
FILE # 53163
PARCEL # 013-221-15



COMMENTS

→ FIVE BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 5 X 100' X 3
→ 500 TLF
→ TYPE IIIg INNOVATIVE SYSTEM & REPAIR

Jenny Michels, R.S. 9/21/06

ACTIVITY REPORT

LOG NUMBER: 2006-00564 **ACTIVITY DATE:**09/21/2006
TYPE OF ACTIVITY: Office Report
FILE DESCRIPTOR: GW-MONIT-CO-

SITE INFO

SITE: DUKE POWER MCGUIRE LANDFILL **PARCEL ID:**01315102B
ADDRESS: 13568 N.C. 73 HY
HUNTERSVILLE NC 28078- -

CONTACT: ALLEN STOWE
BUSINESS PHONE NO: (704) 382-4309

ACTIVITY

EPIC Report for ARGU Review
14504 Henry Harrison Stillwell Dr., Huntersville
Tax Parcel ID # 013-221-15
File # 5316B

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

09/21/06 (Thurs.) - Received request for ARGU review for new water supply well located at 14504 Henry Harrison Stillwell Dr., Huntersville. Well location marked on plot reviewed.

09/21/06 (Thurs.) - Identified two MPL sites within 1,500 feet of the subject parcel:

MPL# 884 Duke Power McGuire Landfill (Closed Sanitary Landfill)

File review of Duke Power McGuire Landfill file indicates:
No violations of 2L Standard in monitoring well samples.
Chromium and Barium detected in monitoring network below 2L Standard at levels considered naturally occurring.
Groundwater gradient shown on map in file is generally to the NW away from subject property.

NOTE: Mandatory setback for a new well is 500-ft from the waste disposal boundary for a sanitary landfill. A review of the plot plan and survey of the Duke Power Co landfill site indicates that only the southwest corner of Parcel #013-221-15 falls outside the 500-ft exclusion zone. The closest parcel boundary is within approximately 200' of the waste disposal boundary for the landfill.

MPL#1149 Stephens, Kathleen Residence
4918 Cashion Rd., Huntersville, NC
NCDENR UST Inc. # 27491
Source: Home heating oil UST

File review indicates high risk soil only heating oil UST incident. On-site WSW sampled as part of 2003 MPL investigation for Duke Power McGuire Landfill with no detections.
Extent of soil contamination has been defined on-site, but contaminated soil remains in place.

Referenced site is within 250'.

Based on this review this permit application is approved with the following conditions:
Well must be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application.
Full grouting of well casing.
In addition to other required sampling an initial sample for and bi-annual sampling thereafter for:
VOCs
Semi-volatiles
Metals: As, Ba, Cd, Cr, Pb, Hg, Se & Au.

END.

VIOLATIONS

VIOLATION COMMENTS:

VIOLATION # DESCRIPTION

SAMPLES

SUMMARY

STATUS: CLOSED
DATE CLOSED: 11/14/2006
MISC EXPENSES: 0.00

TIME ON SITE: :
TRAVEL TIME: :
ADMIN TIME: 3:00
MILEAGE:

STATE REPORT FORM:
SUMMARY:

SIGNATURES

ENVIRONMENTALIST: _____ **DATE** 09/21/2006
Shawna Caldwell

REVIEWED BY: _____ **DATE** 10/16/2006
Jack L. Stutts

Date:9/21/06
Reviewed By:_SWC___

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 013-221-15 File # 5316B

Street Address: 14504Henry Harrison Stillwell Dr., Huntersville

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 #: 013-151-02 MPL # 884

Street Address: 13568 HWY 73 Huntersville NC 28078

DENR Incident #: None Assigned

Current Status: Post closure landfill monitoring and reporting per 15A NCAC 13B NC Solid Waste Management Rules

Why? Required for all closed sanitary landfills closing after 1979.

Responsible Party: Duke Power Company

Responsible Party Contact Info: 13568 HWY 73
Huntersville, NC 28078
(704) 373-4947

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. Y
Based on this information, answer the following questions:

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: Grout full length of casing and initial sample and bi-annual sampling thereafter for VOC's and toxic metals (As, Be, Cd, Cr, Pb, Hg, Se & Au).

EPIC Report for ARGU Review
14504 Henry Harrison Stillwell Dr., Huntersville
Tax Parcel ID # 013-221-15
File # 5316B

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

09/21/06 (Thurs.) – Received request for ARGU review for new water supply well located at 14504 Henry Harrison Stillwell Dr., Huntersville. Well location marked on plot reviewed.

09/21/06 (Thurs.) – Identified two MPL sites within 1,500 feet of the subject parcel:

MPL# 884 Duke Power McGuire Landfill (Closed Sanitary Landfill)

File review of Duke Power McGuire Landfill file indicates:
No violations of 2L Standard in monitoring well samples.
Chromium and Barium detected in monitoring network below 2L Standard at levels considered naturally occurring.
Groundwater gradient shown on map in file is generally to the NW away from subject property.

NOTE: Mandatory setback for a new well is 500-ft from the waste disposal boundary for a sanitary landfill. A review of the plot plan and survey of the Duke Power Co landfill site indicates that only the southwest corner of Parcel #013-221-15 falls outside the 500-ft exclusion zone. The closest parcel boundary is within approximately 200' of the waste disposal boundary for the landfill.

MPL#1149 Stephens, Kathleen Residence
4918 Cashion Rd., Huntersville, NC
NCDENR UST Inc. # 27491
Source: Home heating oil UST

File review indicates high risk soil only heating oil UST incident. On-site WSW sampled as part of 2003 MPL investigation for Duke Power McGuire Landfill with no detections. Extent of soil contamination has been defined on-site, but contaminated soil remains in place.

Referenced site is within 250'.

Based on this review this permit application is approved with the following conditions:
Well can only be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application.
Full grouting of well casing.

In addition to other required sampling an initial sample for and bi-annual sampling thereafter for:
VOCs
Semi-volatiles
Metals: As, Ba, Cd, Cr, Pb, Hg, Se & Au.

END.

Hydrogeologist Permit Application Review

Application #: 1475

Permit File #: 5316B

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:

Well must be located outside of the mandatory setback of 500' from the waste disposal boundary for the Duke Power Co. Landfill site as indicated on the plot submitted with the application.
Full grouting of well casing.
In addition to other required sampling an initial sample for and bi-annual

EHS Review | Update

The application has been forwarded to Jeremy Michelone for review.

App. #: 1475

Septic Fee: 0.00

Date: 9/18/2006

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 # 5316B

Well Fee: 400.00

Date: 9/18/2006

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 #: 013-221-15 ☐ PO

STREET ADDRESS: 14504 HENRY HARRISON STILLWI

CITY: HUNTERSVILLE

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 06

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: 5800

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 4

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

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: BRYAN & DAWN RUSSELL

ADDRESS: 17011 WINGED OAK WAY

CITY: DAVIDSON

STATE: NORTH CAROLINA ZIP: 28036

HOME PHONE: WORK:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

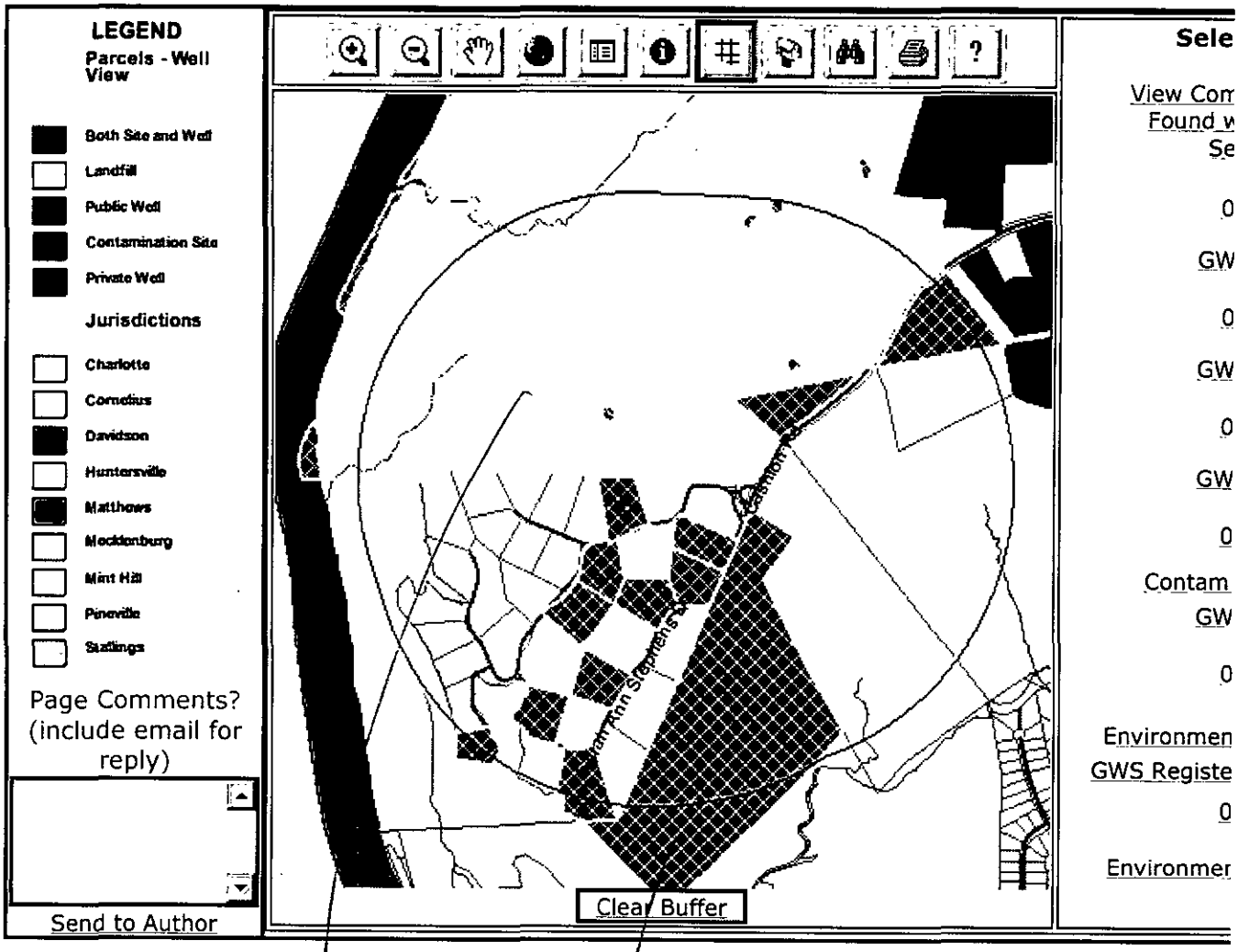
NAME: HEINZ BUILDER, H PAUL SINDERMAN

ADDRESS: 7914 GILEAD ROAD

CITY: HUNTERSVILLE

STATE: NORTH CAROLINA ZIP: 28078

HOME PHONE: WORK: 704-948-1995



MPL 884

MPL 1149

Mecklenburg County, NC Groundwater & Wasterwater Services
Landfill Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 01315102
Name: DUKE POWER MCGUIRE LANDFILL
Street No.: 13568
Street Direction:
Street Name: N.C. 73
Street Type: HY
City: HUNTERSVILLE
Zip: 28078
Code: SANP
Status: Open
Permit Number: 60-04
Date Issued:

* Link to GIS Real Estate System

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 01322102
Name: STEPHENS, KATHLEEN RESIDENCE
House No: 4918
Street Dir:
Street Name: CASHION
Street Type: RD
City: HUNTERSVILLE
State: NC
Zip: 28078
NC Incident Number: 0 EXIT Well Information System

* Link to GIS Real Estate System

Date:9/21/06
Reviewed By:_SWC___

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 013-221-15 File # 5316B

Street Address: 14504Henry Harrison Stillwell Dr., Huntersville

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 #: 013-221-02 MPL # 1149

Street Address: 4918 Cashion Rd., Huntersville NC 28078

DENR Incident #: 27491

Current Status: High risk soil only Heating Oil UST release Why? Soil> soil to gw remains in place.

Responsible Party: Kathleen Stephens

Responsible Party Contact Info: Same as above.

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

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. Y
Based on this information, answer the following questions:

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: Grout full length of casing and initial sample and bi-annual sampling thereafter for VOC's and semi-volatiles.

013 221-15

#1469

001411

GWS – RES. APP 07/05

SEPTIC FEE:
DATE:
CRT:

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 # 5316B

WELL FEE: $ 400.00
DATE: 9-18-06
CRT: 1

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 013-221-05
STREET ADDRESS: 14504 HENRY HARRISON STILLWELL DRIVE
CITY: HUNTERSVILLE, N.C.
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1-6
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: 5800
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

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: BRYAN & DAWN RUSSELL
ADDRESS: 17011 WINGED OAK WAY
CITY: DAVIDSON
STATE: N.C. ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704.236.1508 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: HEINZ" BULLOCH, H. PAUL SINDERMAN DBA
ADDRESS: 7914 GILEAD ROAD
CITY: HUNTERSVILLE, N.C. 28078
STATE: NC ZIP: 28078
HOME PHONE: WORK PHONE: 704 948 1995
MOBILE PHONE: 704.400.2271 FAX: 704 - 948 1960
NEXTEL 522772

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.

H. Paul Sinderman 9-18-06

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.

H. Paul Sinderman 9/18/06

Owner's/Agent's Signature Date

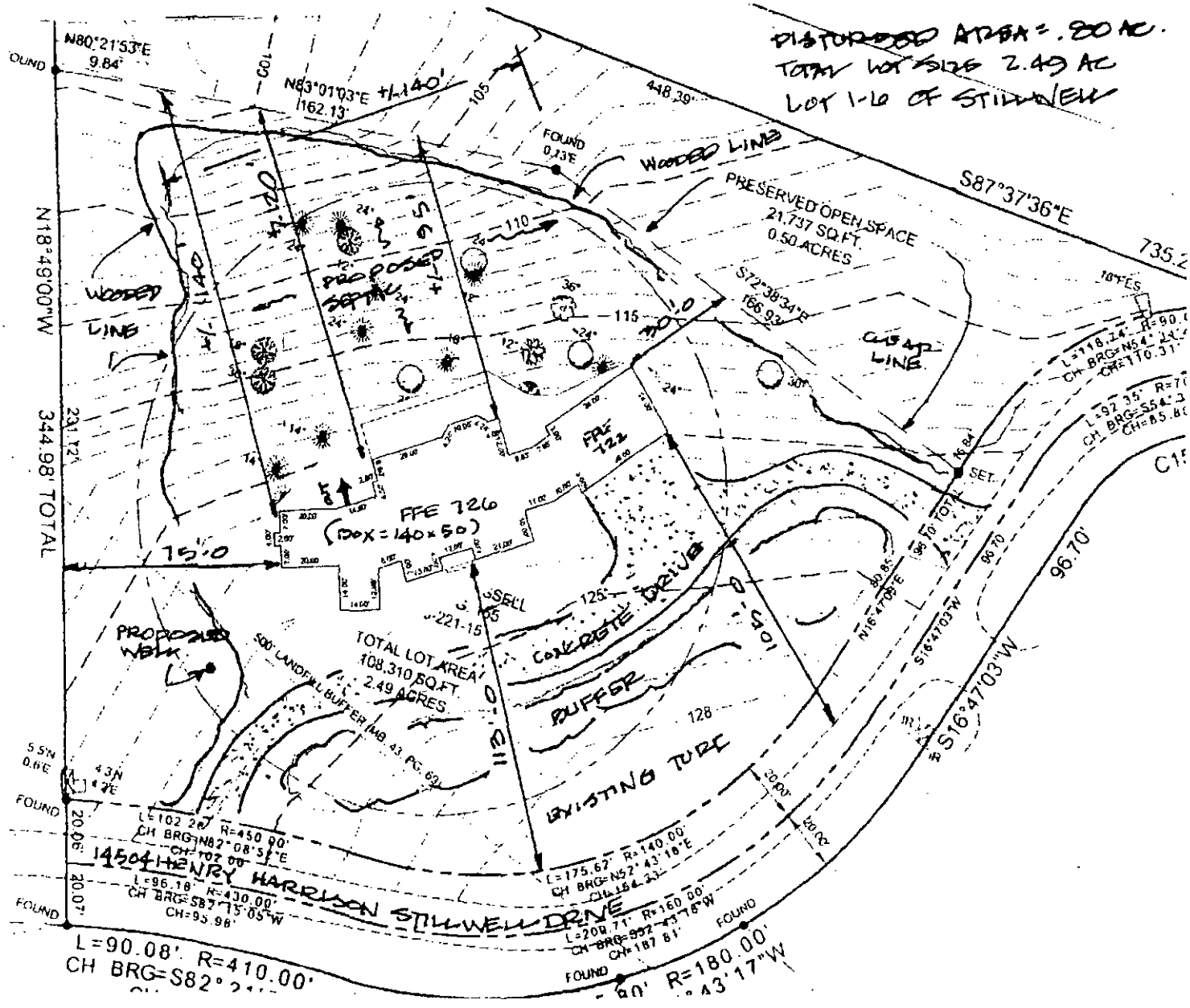
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	HP Sindrum DBA "HEINZ" BUILDER
Date	SEPTEMBER 18, 2006

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/18/06
Receipt #: 46030
Check / Auth #: CHARGE
Received By: MULLIVR

Amount: 400.00
Tendered: 400.00
Returned: 400.00

Account Information

Account #: B60150
Contractor: SINDERMAN H PAUL T/A HEINZ II
Attn:
Address: 7914 GILEAD ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 14504 HENRY HARRISON STILLWELL DR		1	400.00	400.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					