

13228 CANDYTUFF LN

19933115

12/17/07

duponbj

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

9/17/02 paid $100 ACS Land [ ] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 261B

PERSON FILING APPLICATION:
NAME: Pofowicz (last) Mike (first) A (mi)
ADDRESS: 4205 Kelly Autry RD PHONE: (704) 201 6670
CITY: Marshville STATE: NC ZIPCODE: 28103

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-933-11
STREET ADDRESS: 13208 Candy Tuff Ln.
ZONING:

PROPERTY OWNER:
NAME: ~~Edward~~ Jones (last) Edward (first) A (mi)
TUFF
ADDRESS: 13208 Candy Tuff lane PHONE: (704) 621 6684
CITY: Charlotte STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):
LOT NUMBER: 35 LOT SIZE (in acres): 2.18 Acres

[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Mike Pofowicz Date: 9/17/02

NOTICE:

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 Sanitary Sewage Collection, 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 permit is not transferable.

... OK to use existing system for 27' x 29' concrete patios only

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 9/20/02 Date

WWATER : 122791

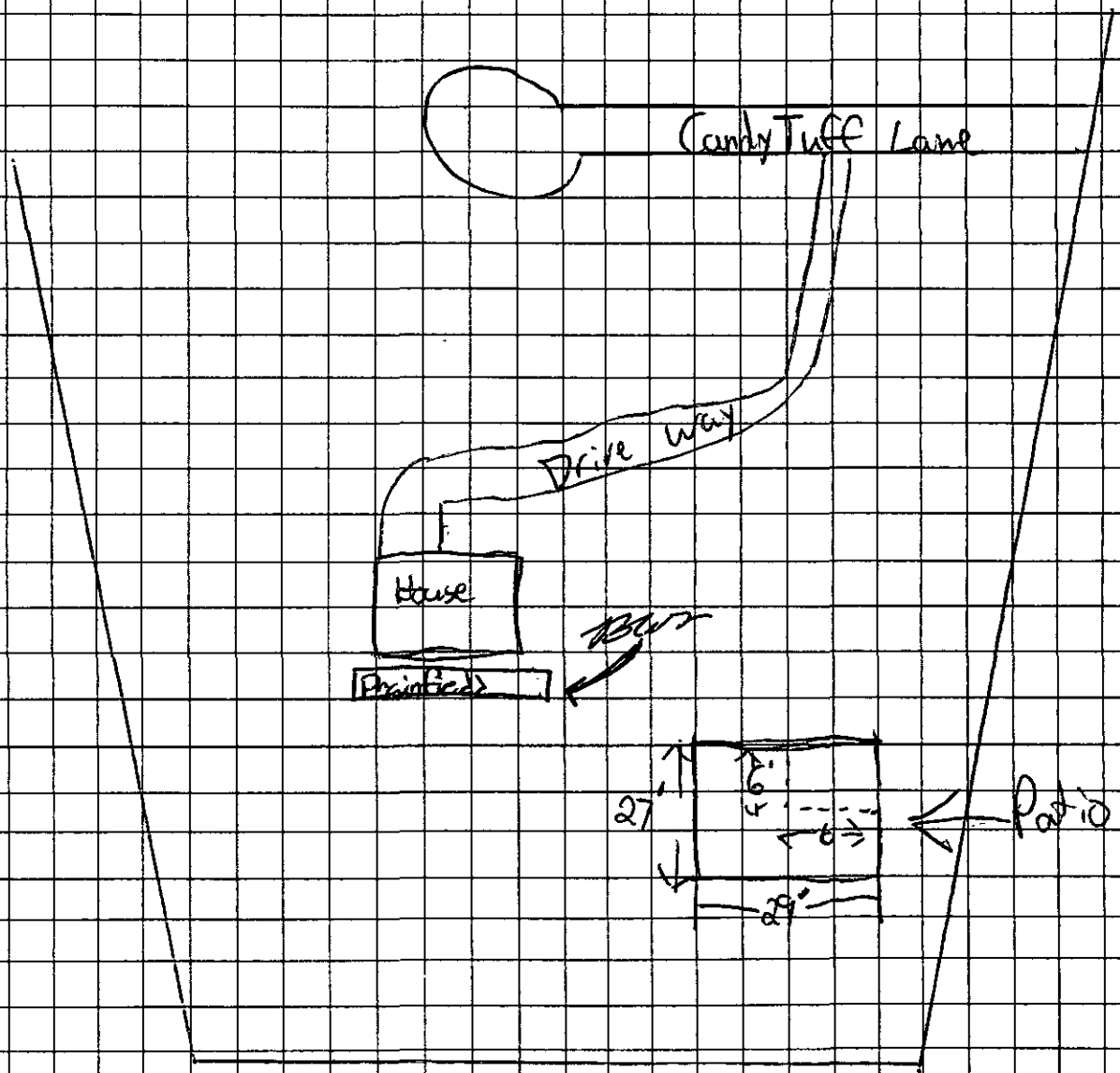
PROPOSED PLOT PLAN

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

FILE: 0261B

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 Mike Poppo

DATE 9/17/02

APPROVAL DATE _____

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

PR 25 CASE 1
4-2-92 WPC

81531A
Z61B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: JONES (last) JOHN (first) W. JR. (mi)
ADDRESS: 324 SARDIS Lane PHONE: (704) 366-2513
CITY: CHARLOTTE STATE: NC ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-331-15
STREET ADDRESS: 13228 Candytuft Ln
ZONING:

PROPERTY OWNER:
NAME: JONES (last) JOHN (first) W. JR. (mi)
ADDRESS: 324 SARDIS LANE PHONE: (704) 366-2513
CITY: CHARLOTTE STATE: NC ZIPCODE: 28270

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: 35 LOT SIZE (in acres): 2.18

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [X] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] Deck/Patio [ ] Bedrooms [ ] Other

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: John W Jones Jr Date: 4-3-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, 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 permit is not transferable.

...May use existing System for M.H Exchange, Add deck

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 4/13/92 Date

Director or Authorized Section Head Date

WWATER : 122791

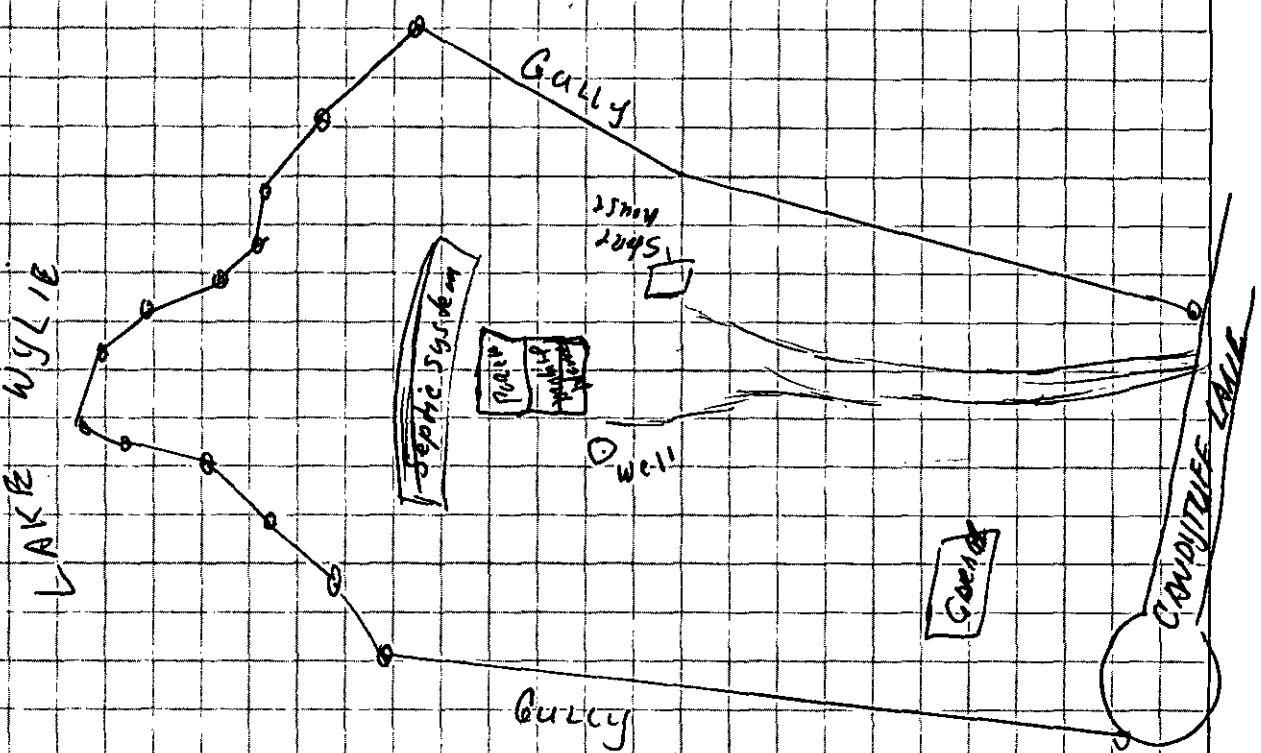
PROPOSED PLOT PLAN

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

FILE: 8153A/261B

TC: 199-331-15

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

XL

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) FRANKIE L. OLIVER CERTIFICATION # 8002

WELL CONTRACTOR COMPANY NAME CAROLINA WELL DRILLING PHONE # (704) 764-8085

STATE WELL CONSTRUCTION PERMIT# (if applicable) ASSOCIATED WQ PERMIT# (if applicable)

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use

2. WELL LOCATION:
Nearest Town: CHARLOTTE County MECKLENBURG
13228 CANDYTUFF LN.
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

3. OWNER: EDWARD JONES
Address 13228 CANDYTUFF LN.
(Street or Route No.)
CHARLOTTE NC 28278
City or Town State Zip Code
(704) 277-0082
Area code- Phone number

4. DATE DRILLED 3-3-05
5. TOTAL DEPTH: 450'
6. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: 92 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 6 METHOD OF TEST AIR
10. WATER ZONES (depth): 90, 344, (417)
11. DISINFECTION: Type HTH Amount 32 oz.
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 65	Ft.	6.25	SDR 21	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	PORTLAND	PUMP
From	To	Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

16. REMARKS:

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☑Flat
(check appropriate box)

Latitude/longitude of well location
35°06.629 N / 081°01.646 W
(degrees/minutes/seconds)

Latitude/longitude source: ☑GPS ☐Topographic map
(check box)

DEPTH From	To	DRILLING LOG Formation Description
0	6	BROWN DIRT
7	25	ORANGE SANDSTONE
26	35	BROWN DIRT
36	48	YELLOW SANDSTONE
49	70	BLUE GRANITE
71	450	GREY GRANITE

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.

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

F. L. Oliver 3-3-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 214
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 2415

3/1/05
11:00 -
GROUTING
INSPECTION

PERMI
WAT

Permit #: 20050125JRS02
Property Owner: John Jones
Job Location Address: 13228 Candytuft Lan
City/ETJ: Charlotte State: NC Zip Code: 28278
Permit Issuance Date: 02-08-05
Use of Well: Potable
Type of Facility Served by Well: Single family residence
Sewage System Type: Septic

Tax Parcel #: 199-331-15

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

General Conditions of This Permit:

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

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

☐ Grout must be placed the full extent of the casing.

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

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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

Other Conditions of This Permit:

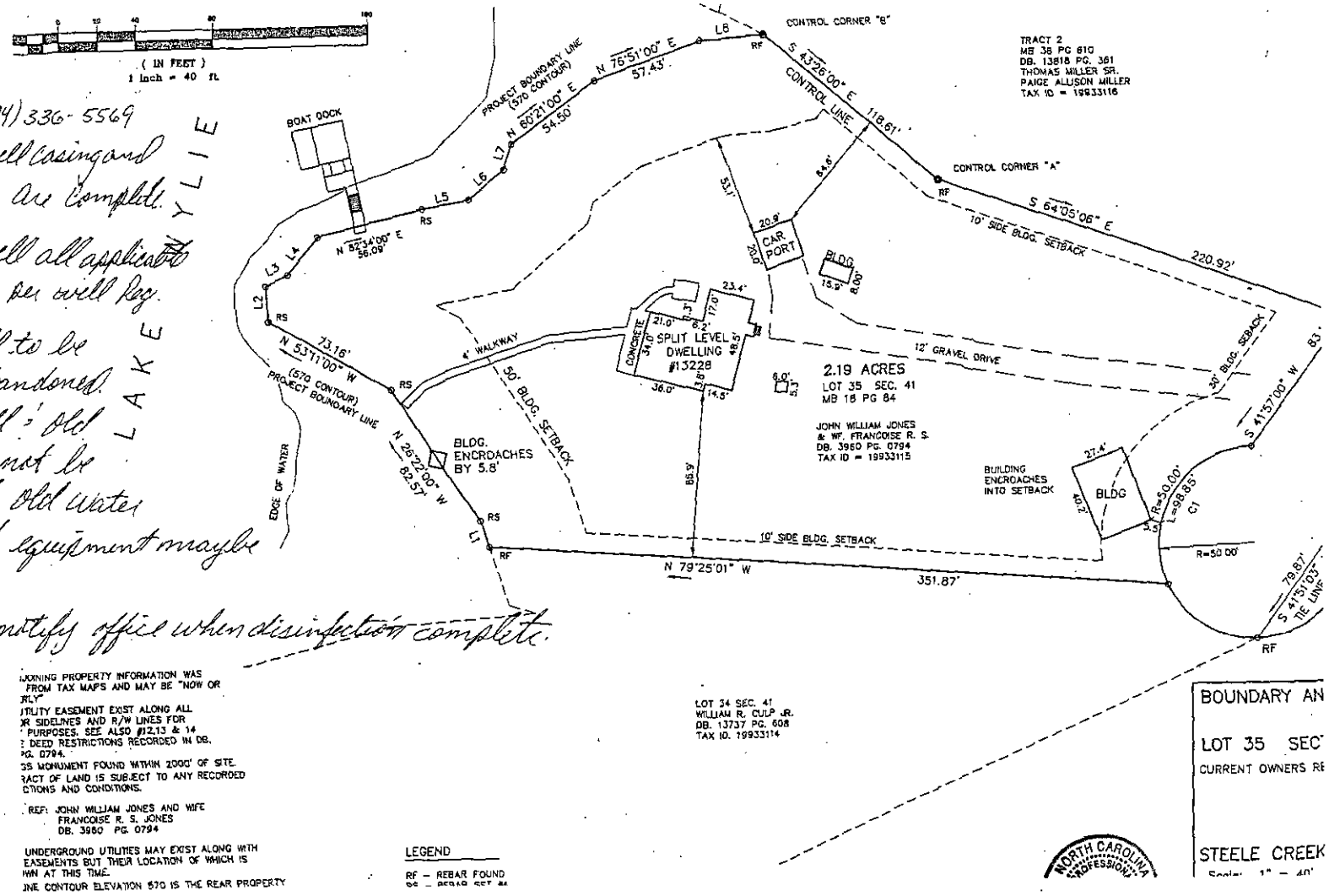
Authorized Agent: _____

Signature: John R. Sellers R.S. IREHS. 02-03-05

Owner/Legal Agent: Edward A Jones.
Print Name

Signature: Edward A. Jones

JLS 12/13/04 Final



(1) Call (704) 336-5569 when well casing and grouting are complete.

(2) Keep well all applicable setbacks per well reg.

(3) Old well to be temp. abandoned. New well - old well can not be connected. Old water treatment equipment may be used.

(4) Call to notify office when disinfection complete.

JOINING PROPERTY INFORMATION WAS FROM TAX MAPS AND MAY BE "NOW OR RLY"

UTILITY EASEMENT EXIST ALONG ALL R SIDELINES AND R/W LINES FOR PURPOSES. SEE ALSO #12,13 & 14

DEED RESTRICTIONS RECORDED IN DB. PG. 0794.

35 MONUMENT FOUND WITHIN 2000' OF SITE.

RACT OF LAND IS SUBJECT TO ANY RECORDED CTIONS AND CONDITIONS.

REF: JOHN WILLIAM JONES AND WIFE FRANCOISE R. S. JONES DB. 3960 PG. 0794

UNDERGROUND UTILITIES MAY EXIST ALONG WITH EASEMENTS BUT THEIR LOCATION OF WHICH IS WN AT THIS TIME.

INE CONTOUR ELEVATION 570 IS THE REAR PROPERTY

LEGEND

RF - REBAR FOUND

LOT 34 SEC. 41
WILLIAM R. CULP JR.
DB. 13737 PG. 608
TAX ID. 19933114

BOUNDARY AN

LOT 35 SEC

CURRENT OWNERS RE

STEELE CREEK

NORTH CAROLINA PROFESSIONAL

(5) Call office for water testing after disinfection complete.

hm (910) 575-2435
(704) 277-0088

File#: 2L1B

Permit#: 20050125JR502

Well Activity Checklist

1. Application & Well Siting

		Date
☑	Complete application on file	01-25-05
☑	Site plan and other appropriate documentation submitted	01-25-05
☑	Registered well driller Certification Number: 3002	4-8-05
☑	Proposed well location meets required setbacks Submitted For Argo Review	01-25-05
☑	**ARGU** restrictions satisfied (if applicable)	N/A.
☑	Well permit issued	02-03-05
☑	Septic system permit issued (if applicable)	N/A.

2. Onsite Inspection

Observed	Driller		
☑	☐	Valid permit on site with registered well driller	3/1/05
☑	☐	Required setbacks satisfied, approved location per permit	3/1/05

Appropriate Materials Used for Construction:

Observed	Driller		
☑	☐	Drilling fluids/additives	3/1/05
☑	☐	Casing materials/Joint compounds	3/1/05

Source of Water:

Observed	Driller		
☑	☐	Greater than 40 ft. below land surface	3/1/05
☑	☐	Water NOT from a known contamination zone	3/1/05

Well Casing:

Observed	Driller		
☑	☐	Casing > than 40 ft. below land surface	3/1/05
☐	☑	Non-potable zones effectively sealed	3/1/05
☐	☑	Casing properly seated	3/1/05
☑	☐	Casing terminated at least 12 inches above land surface	3/1/05
☑	☐	All ASTM/NSF standards met	3/1/05
☐	☐	Drive shoe used PVC	N/A

Grouting:

Observed	Driller		
☑	☐	Approved grouting materials used	3/2/05
☑	☐	Grouted to a minimum of 20 ft. below land surface	3/2/05
☑	☐	Grouted within 5 days of casing being set	3/2/05
☑	☐	Proper depth to seal non-potable zones	3/2/05

Well Head:

☑	Well casing extended at least 12 inches above land surface	3/23/05
☑	Vented, sanitary well cover in place	3/23/05
☑	Access port in place	3/23/05

☐ Sample tap between pump and pressure tank properly constructed — 3/23/05

Well Activity Checklist Continued

Well Disinfection:

		Date
☑	Notification of disinfection	3/14/05

Well Contractor Identification Plate:

☑	Plate installed securely on well casing	3/23/05
☑	Information not obscured	3/23/05
☑	Information accurately completed	3/23/05

Pump Installer Identification Plate:

☑	Plate installed securely	3/23/05
☑	Information not obscured	3/23/05
☑	Information accurately completed	3/23/05

3. Well Sampling

☑	Appropriate water samples collected as required by permit	3/16/05 & 3/23/05

4. Additional Comments / Observations

Cina Buchanan, RSI

GWS Inspector (Print Name)

Cina Buchanan, RSI — 4/8/05

GWS Inspector (Signature) — Date

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 # 2613

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050125JRS02 **Tax Parcel #:** 199-331-15

Property Owner: John Jones

Job Location Address: 13228 Candytuft Lane.

City/ETJ: Charlotte **State:** NC **Zip Code:** 28278

Permit Issuance Date: 02-03-05

Use of Well: Potable

Type of Facility Served by Well: Single-family residence

Sewage System Type: Septic

Area of Regulated Groundwater Usage Restrictions Apply: No. If Yes, see requirements in Specific Conditions of This Permit.

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

General Conditions of This Permit:

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

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

☐ Grout must be placed the full extent of the casing.

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

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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

Other Conditions of This Permit:

Authorized Agent: _____

Signature: Joshua R. Sillers R.S. 10445. 02-03-05

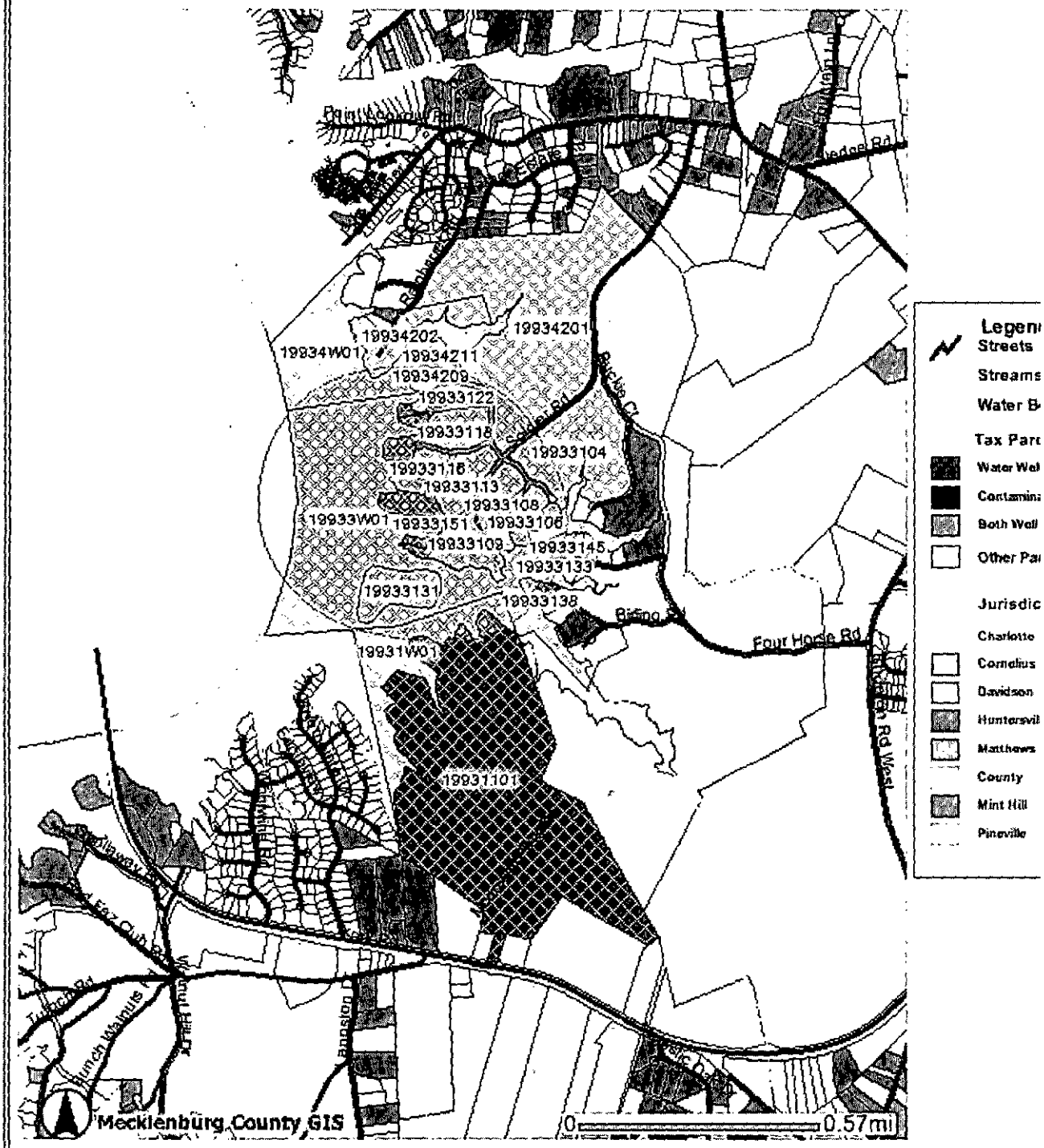
Owner/Legal Agent: Edward A Jones.
Print Name

Signature: Edward A. Jones

JLS 12/13/04 Final

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

13228 Candytuft Lane



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal

Date: 1/25/05
Reviewed By: DFT

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

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 199-331-15 File # 2618

Street Address: 13228 Candytuff Ln

Contamination Site Information

(If more th
reviev

02-02-05 10:00 am
appt 02-03-05

Respons ...act 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).

Attach copies of groundwater flow maps. (Watch of seasonal change)

ARGU Review Worksheet
Job Location: 199-331-16 / 261B
Page 2

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:

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

If No, is the source area defined?

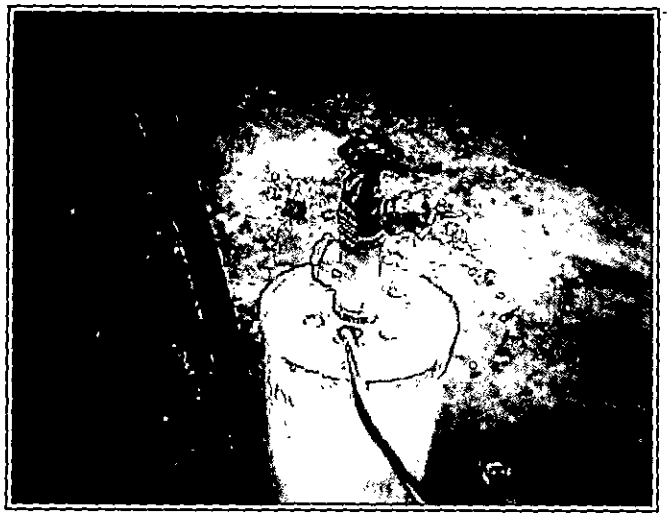
If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

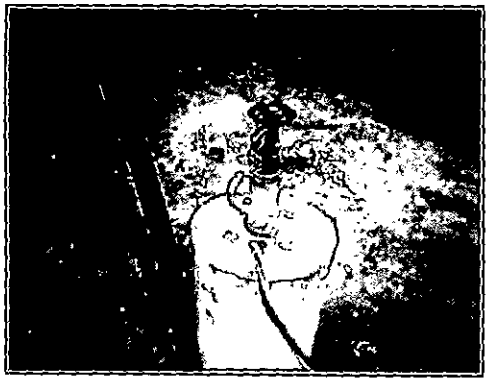
Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

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: site is > 2000 ft from source area and across portion of Lake Wylie.
No ARGU Restrictions Apply







North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Jones, Edward **County:** Mecklenburg

Address: 13228 Candytuff Ln Charlotte **ZIP:** 28278

Source: Well **Type of Sampling Point:** Well head

Collected By: CB **Date:** 3/23/05 **Time:** 1:15 PM

Signed By: Buchanan, Cina **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	
Total Coliform (Coli	Copies to Owner.

Sample No: AA85774 **D** **ved:** 8:15:00 AM

Date Reported: 3/28/05 **T**

Comments:

State North ... Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Buchanan, Cina
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

Explanations

Coliform Analysis:

If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:

Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

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

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Jones, Edward
Address: 13228 Candytuff Ln.
Charlotte, NC **Zip:** 28278

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Cina Buchanan
(704) 336-5101

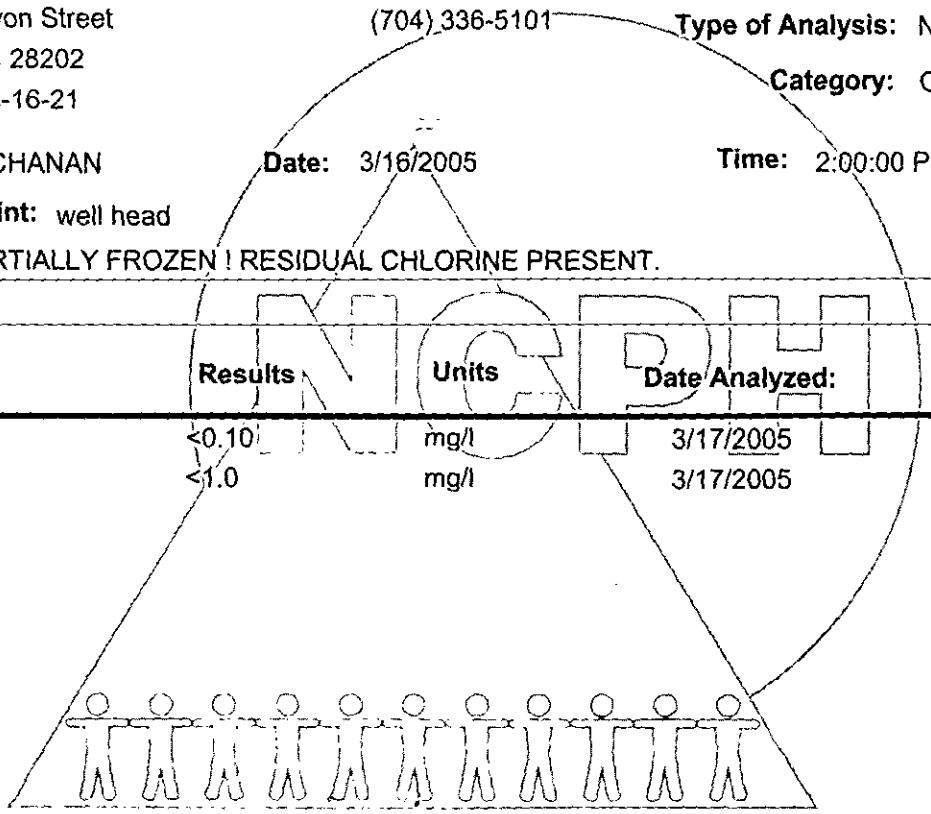
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Collected By: CINA BUCHANAN **Date:** 3/16/2005 **Time:** 2:00:00 PM

Location of sampling point: well head

Remarks: SAMPLE PARTIALLY FROZEN ! RESIDUAL CHLORINE PRESENT.

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	3/17/2005
Nitrate as N	<1.0	mg/l	3/17/2005



North Carolina Public Health
State Laboratory of Public Health

EXPLANATION OF RESULTS:

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

Sample Temperature on Receipt: 3.0 °C

Date Received: 3/17/2005 **Report Date:** 3/18/2005 **Reported By:** DJ Morrel

Today's Date: 3/18/2005 **Reference:** 3285 **Login Batch** 05030042 **Sample Number:** AB24444

Explanations

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		Zinc	5.0 mg/l

$400 ck # 1798

GWS – RES. APP 12/04 1/24/05 SC

[redacted]

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

[redacted]

FILE # 2618

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 199-331-15

STREET ADDRESS: 13228 Candycuff Ln

CITY:

STATE: NC ZIP: 28278-7427

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: Lot 35; Sec 41

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: 2500 Squ. ft.

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 1

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE: 0

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: John W. Jones Jr.

ADDRESS: 20 Sunfield Drive SW

CITY: Carolina Shores

STATE: NC ZIP: 28467

HOME PHONE: (910) 575-2435 WORK PHONE: n/a

MOBILE PHONE: (910) 540-2435 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/21/77

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? n/a

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

John W. Jones Jr. 11/21/05

Owner's/Agent's Signature Date

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

0753

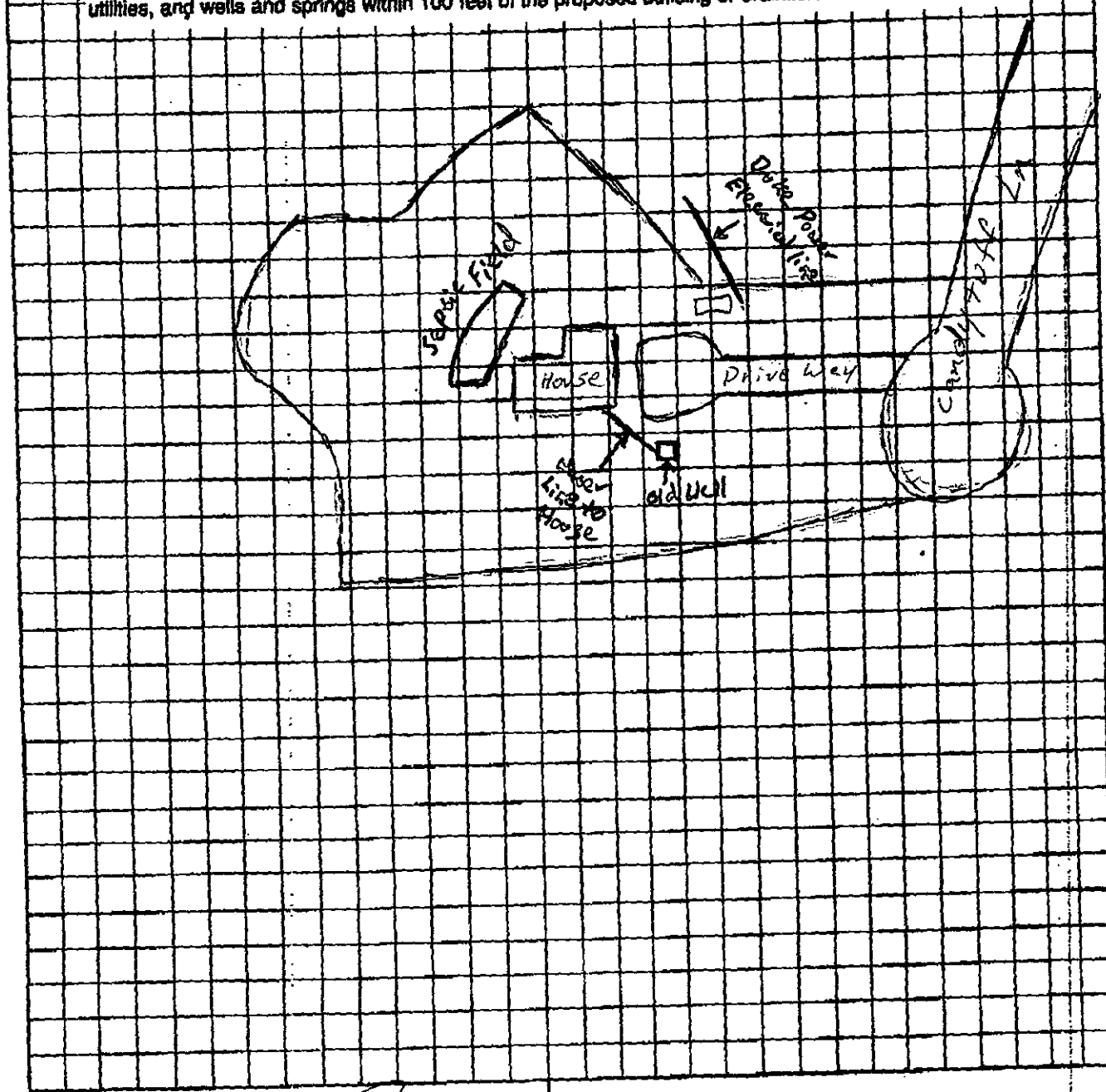
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 261B

TC: 199-331-15

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.

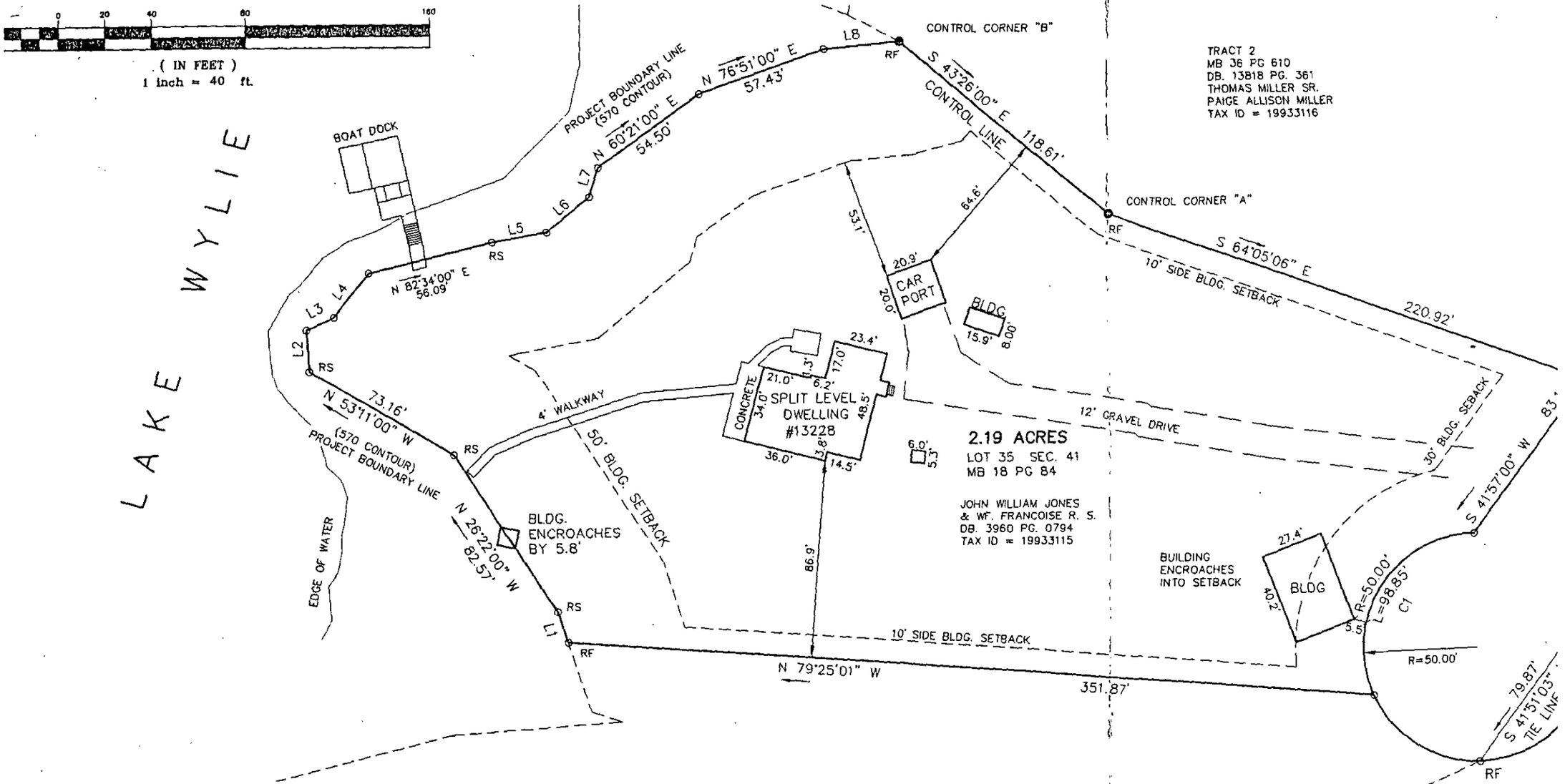


Edward A. Jones
OWNER/AGENT SIGNATURE

DATE 11/21/05

APPROVAL DATE _____

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



)JOINING PROPERTY INFORMATION WAS
FROM TAX MAPS AND MAY BE "NOW OR
:RLY"

JTILITY EASEMENT EXIST ALONG ALL
)R SIDELINES AND R/W LINES FOR
PURPOSES. SEE ALSO #12,13 & 14
E DEED RESTRICTIONS RECORDED IN DB.
PG. 0794.

GS MONUMENT FOUND WITHIN 2000' OF SITE.

RACT OF LAND IS SUBJECT TO ANY RECORDED
CTIONS AND CONDITIONS.

REF: JOHN WILLIAM JONES AND WIFE
FRANCOISE R. S. JONES
DB. 3960 PG. 0794

UNDERGROUND UTILITIES MAY EXIST ALONG WITH
EASEMENTS BUT THEIR LOCATION OF WHICH IS
)WN AT THIS TIME.

INE CONTOUR ELEVATION 570 IS THE REAR PROPERTY

LEGEND

RF – REBAR FOUND
RS – REBAR SET #4

LOT 34 SEC. 41
WILLIAM R. CULP JR.
DB. 13737 PG. 608
TAX ID. 19933114

NORTH CAROLINA PROFESSIONAL

BOUNDARY AN

LOT 35 SEC

CURRENT OWNERS RE

STEELE CREEK

Scale: 1" = 40'