

14547 HENRY HARRISON STILLWELL DR

1/8/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 53138 DATE: 10/21/05

TC: 013-021-06 ☑ L ☑ CRT

SERIAL Nº 20031

Name of Owner Butch Mock Juris.:

Address of Property 14607 Henry Harrison ST Iron Well

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Well

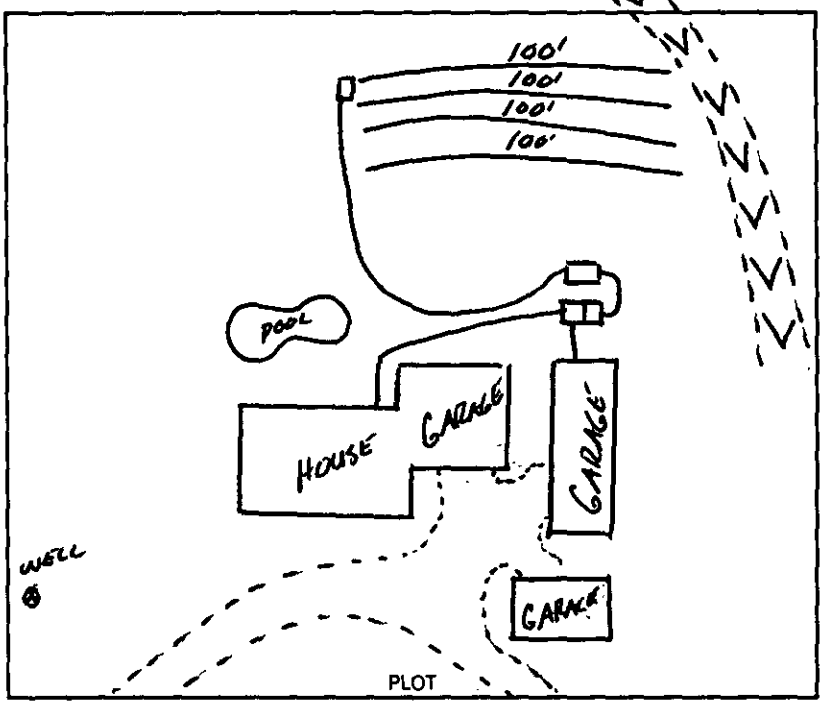
Distance to Water Source >100'

Excavation Inspected 10/21/05

Tank(s) Inspected 10/21/05

Wash Line Inspected —

High Water Alarm Inspected 10/21/05



Design 1500 ST, 1000 DT, P1, 1200 SFT, INV, E-2 FLOW CTR# R+H

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 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/revocation of this permit.

COMMENTS: Four Bedroom House

4 lines x 100' x 3' / Pressure Manifold

Type IIIg Pump To Innovative System + Repair

Tommy Wheeler R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

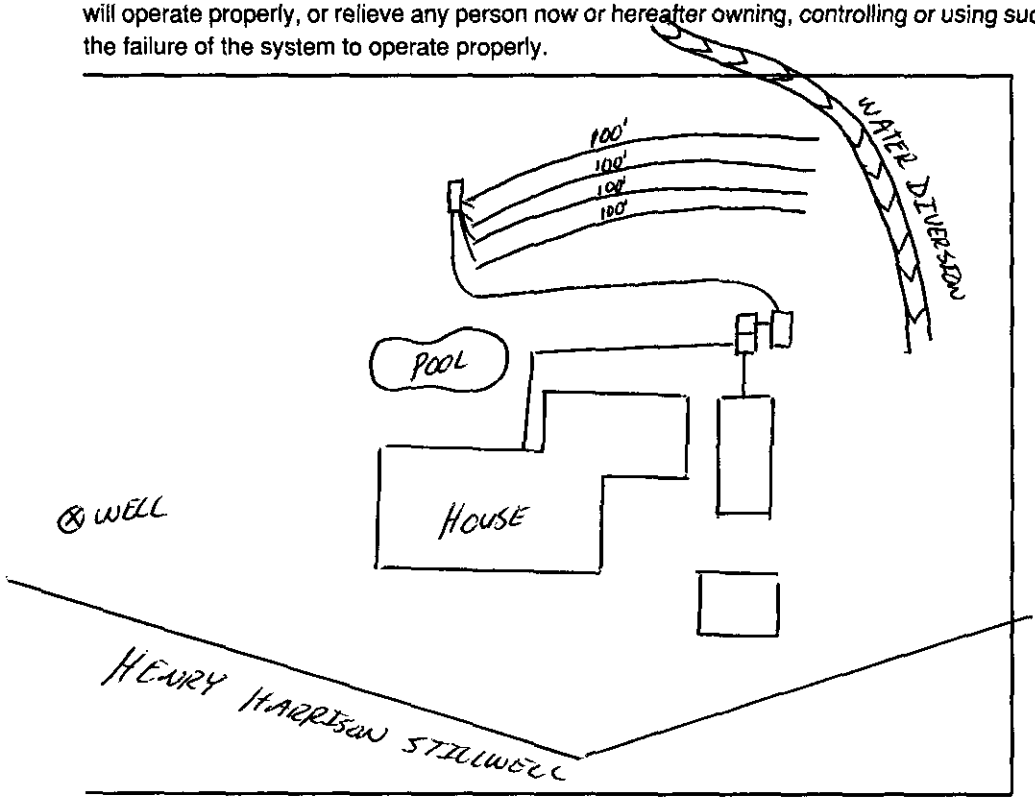
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 53138 DATE: 10/13/05

TC: 013-221-06 ☑ L

SERIAL 19886

Permission is hereby given to ~~Install~~ or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5-2-05. All work shall be completed on or before 11/13/05, after which date this permit 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 the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000' gallons

Tank Construction PVC

Trench Depth 24-30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 x 100'

Depth of Stone — inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Butch Mock

LOCATION OF PROPERTY 14607 Henry Harrison Stillwell Drive

Comments: 4 Bedroom House

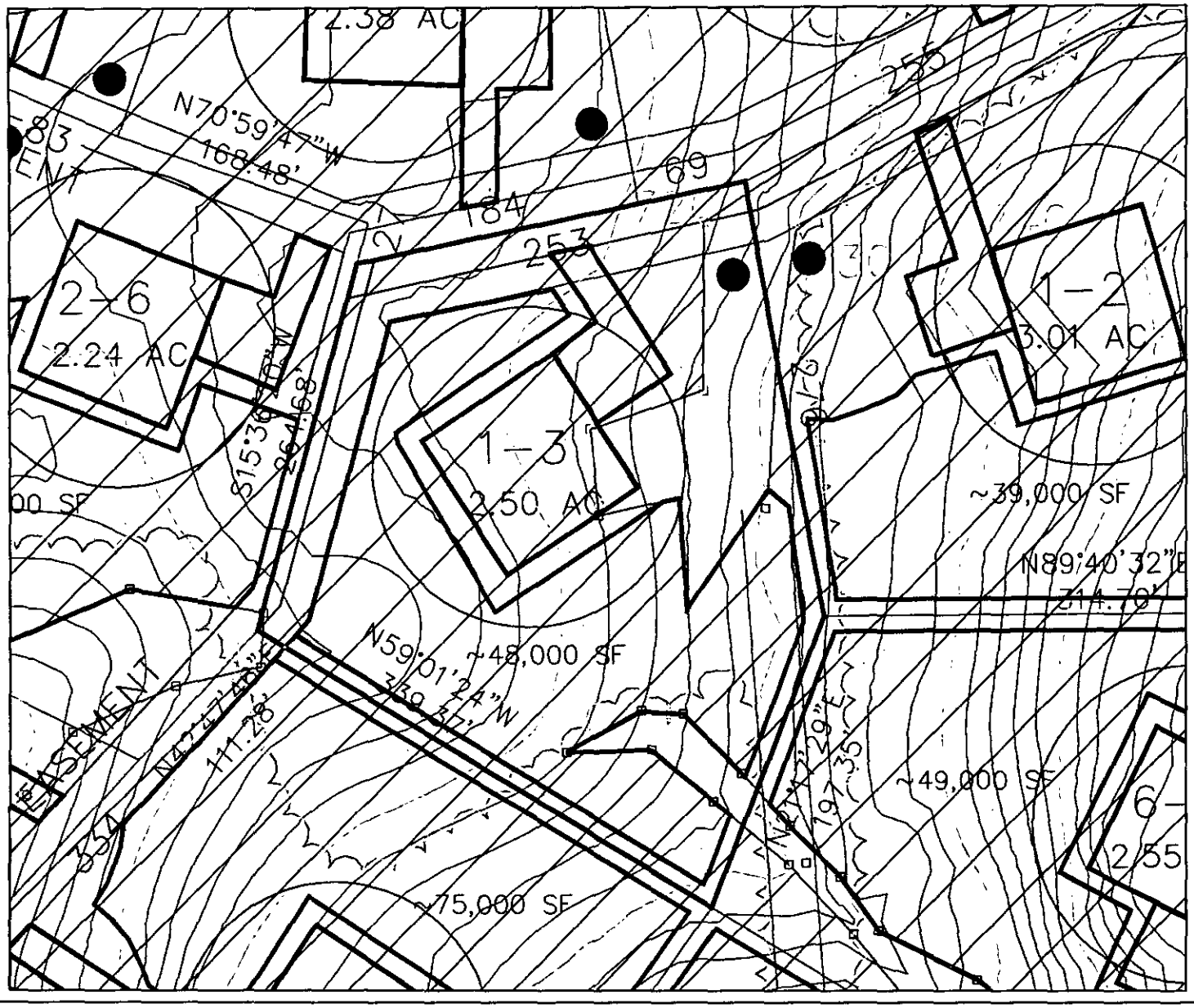
4 lines x 100' x 3'

Type IIg Pump to innovative system & Rename

Install H₂O Diversion Ditch

Tommy Mitchell, RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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 1 of 1

SHEET TITLE: SITE PLANS & DRAINFIELD LAYOUTS

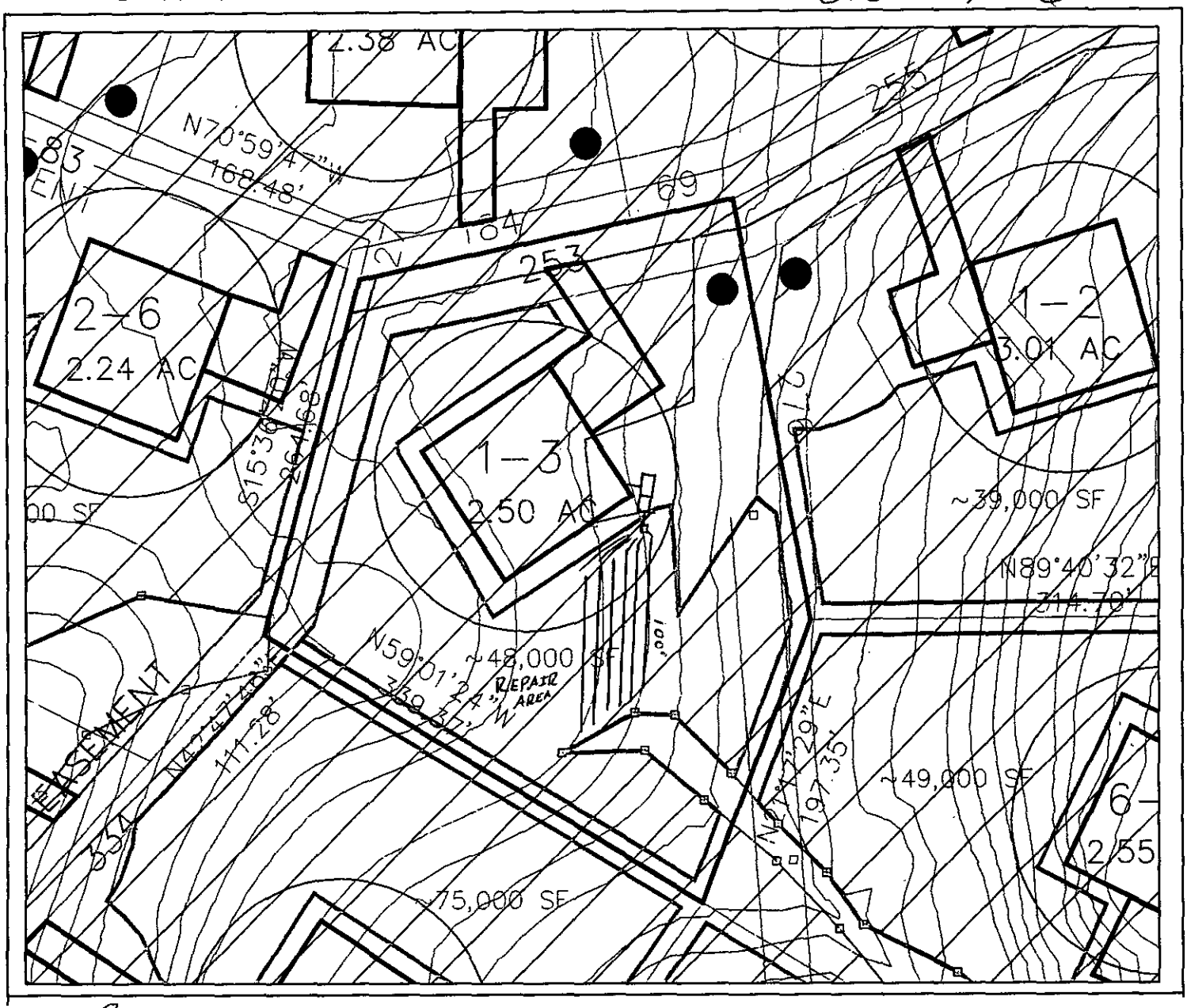
PROJECT NAME: WILLIAM BRENNER COMPANY, INC. - CASHION ROAD LOT 1-3 - MECK. COUNTY, NORTH CAROLINA MAY 2003

S&EC Soil & Environmental Consultants, PA

FILE: C:\SEC\JOBS\1243
SCALE: 1" = 100'
FIELD WORK: S.A.R., W.O. & B.H.
DRAWN BY: S.A.R.
PROJECT MGR.: S.A.R.
PROJECT NO.: 03-1243

5313B

013-221-06



COMMENTS:

→ Six Bedroom House

→ 1500 gallon septic tank

→ 6 lines x 100' x 3'

→ Type IIIg Innovative system + Repair

→ 25% Reduction System

Angie Beard 1/7/04

Jenny Mackie R.S. 1/9/04

PROPOSED PLOT PLAN

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

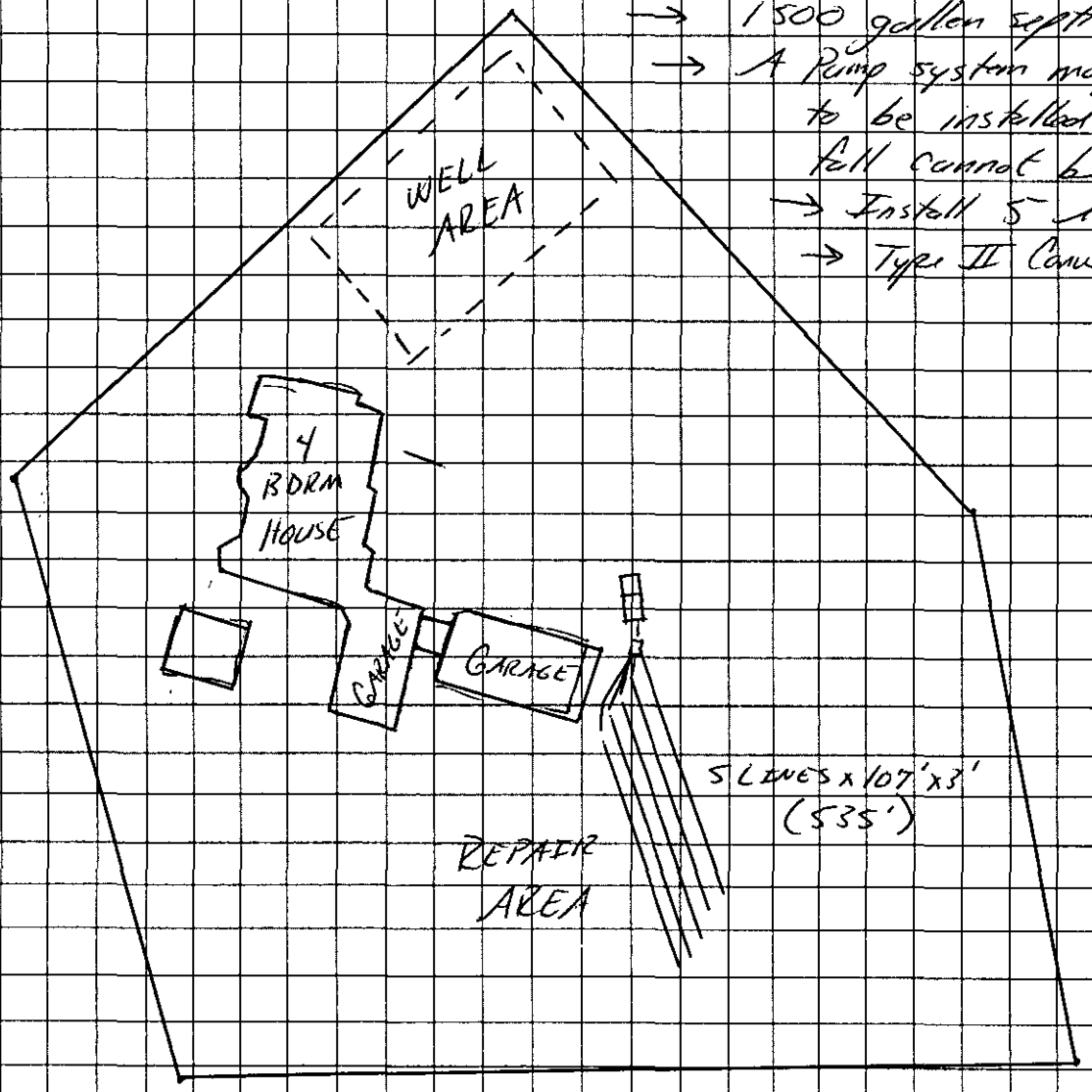
FILE: 5313B

TC: 013-221-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS

→ System designed for a 4 Bedroom house
→ 1500 gallon septic tank
→ A Pump system may need to be installed if gravity fall cannot be maintained
→ Install 5 lines x 107' x 3' x 12"
→ Type II Conventional System



OWNER/AGENT SIGNATURE

DATE 4/25/05

APPROVAL DATE Jimmy Mickel, R.S. 3/22/05

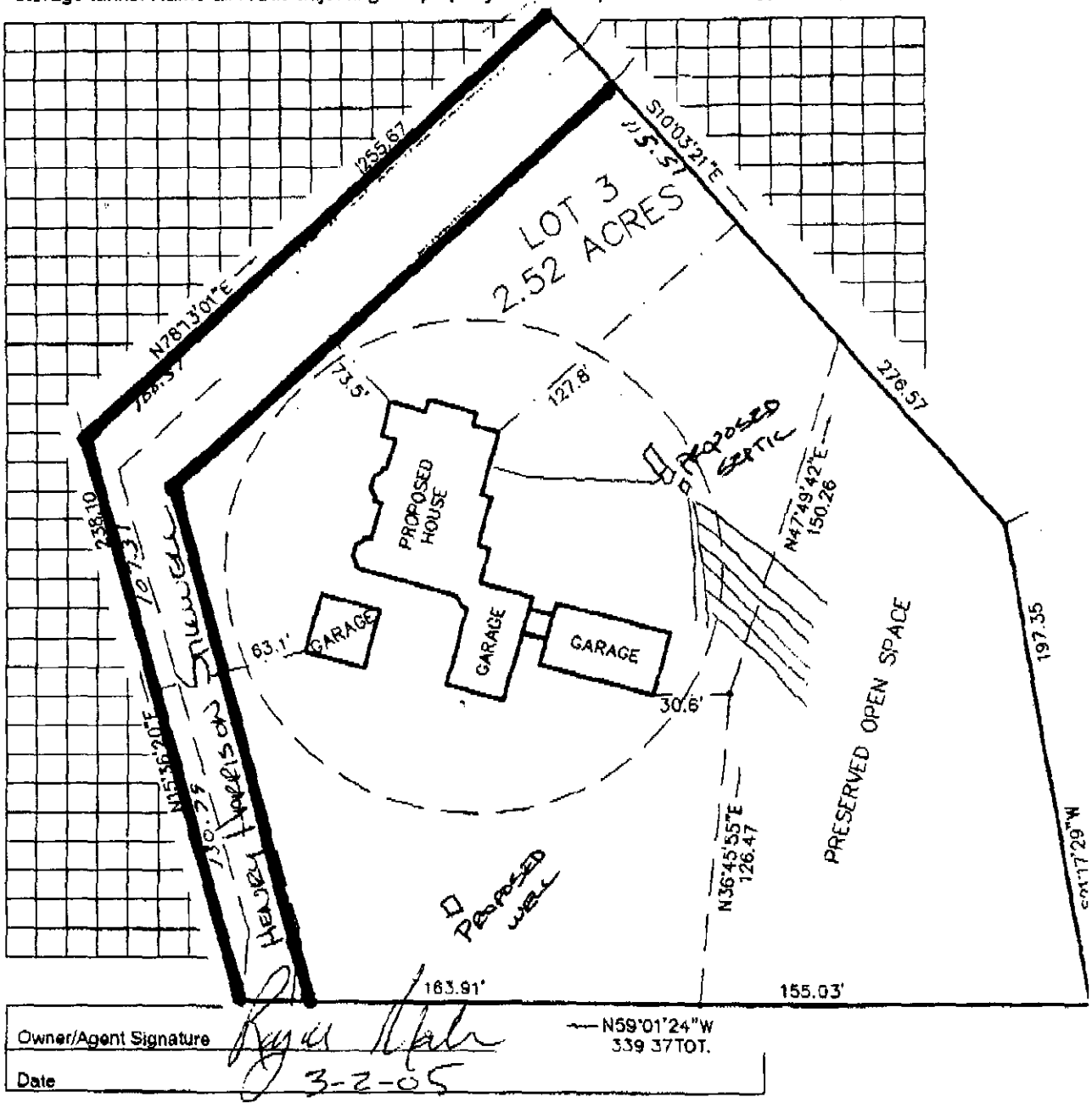
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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

File # 5313B
Date 3-3-05

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 [signature]

Date 3-2-05

LBC 12/15/04

CK#

FEE: 308.00
DATE: 4/5/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACJ

LD

PERMIT NUMBER: 5313B
PARCEL NUMBER: 01322106

JOB LOCATION ADDRESS: ~~14547~~ 14607 Henry Harrison Stillwell Road
PROPERTY OWNER: Butch Mock
BUILDING CONTRACTOR:
SUBDIVISION NAME: Stillwell
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 03/22/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5313B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5313B** Tax Number: **01322106**

- 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**1600** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**535** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	**NA** Gallon pump tank	**12** Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ 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:

1600 Absorption Area (ft^2) **535** Total trench length (ft)	**12** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Medlock R.S. 3/22/05
DENR Authorized Agent Date

Owner/Agent Signature 4/25/05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

Change in Plot Plan
New Owner

[redacted] 100.00 3-3-05 JKA visa

GWS – RES. APP 12/04

400.00 3-3-05 JKA Visa [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

FILE # 5313B

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 #: 01322106

STREET ADDRESS: 14547 Henry Harrison Stillwell

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell

LOT #: ~~52~~ 31

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: 5200

NUMBER OF BEDROOMS: 4

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: Royce Mock

ADDRESS: 9529 Mary Abbey Cir.

CITY: Cornelius

STATE: NC ZIP: 28031

HOME PHONE: WORK PHONE: 704 719 6594

MOBILE PHONE: 704 905 5862 FAX: 704 719 6597

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?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4-1-05

*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.

Royce Mock 3-2-05

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.

Royce Mock 3-2-05

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

Address Changed to 14607 per Vicki in LWESA North

OFFER TO PURCHASE AND CONTRACT

ROYCE L. MOCK, III, as Buyer, hereby offers to purchase and NEIGHBORHOODS AT STILLWELL, LLC, as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such fixtures and personal property as are listed below (collectively referred to as "the Property"), upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of HUNTERSVILLE, County of MECKLENBURG, State of North Carolina, being known as and more particularly described as: Street Address 14547 HENRY HARRISON STILLWELL DRIVE Zip 28078 Legal Description: L3 M39-75 PARCEL I.D. 0132-21-06

(☐ All ☐ A portion of the property in Deed Reference: Book 15185 Page No. 326, MECKLENBURG County.)

NOTE: Prior to signing the Offer to Purchase and Contract, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, and to read the Declaration of Restrictive Covenants, By-Laws, Articles of Incorporation, Rules and Regulations, and other governing documents of the owners' association and/or the subdivision, if applicable.

2. **FIXTURES:** The following items, if any, are included in the purchase price free of liens: any built-in appliances, light fixtures, ceiling fans, attached floor coverings, blinds and shades including window hardware, window and door screens, storm windows, combination doors, awnings, antennas, satellite dishes and receivers, burglar/fire/smoke alarms, pool and spa equipment, solar energy systems, attached fireplace screens, gas logs, fireplace inserts, electric garage door openers with controls, outdoor plants and trees (other than in movable containers), basketball goals, storage sheds, mailboxes, wall and/or door mirrors, and any items attached or affixed to the Property, EXCEPT the following items:

N/A VACANT LAND

3. **PERSONAL PROPERTY:** The following personal property is included in the purchase price:

N/A VACANT LAND

4. **PURCHASE PRICE:** The purchase price is $ 186,000.00 and shall be paid as follows:

(a) $ 1,000.00, EARNEST MONEY DEPOSIT by ☐ cash ☒ personal check ☐ bank check ☐ certified check ☐ other to be deposited and held in escrow by as escrow agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated. In the event: (1) this offer is not accepted; or (2) any of the conditions hereto are not satisfied, then all earnest monies shall be returned to Buyer. In the event of breach of this contract by Seller, upon Buyer's request, all earnest monies shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this contract, then all earnest monies shall be forfeited upon Seller's request, but receipt of such forfeited earnest monies shall not affect any other remedies available to Seller for such breach.

NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of earnest money held in escrow by a broker, the broker is required by state law to retain said earnest money in the broker's trust or escrow account until a written release from the parties consenting to its disposition has been obtained or until disbursement is ordered by a court of competent jurisdiction.

(b) $ NONE, ADDITIONAL EARNEST MONEY DEPOSIT to be paid to escrow agent no later than .

(c) $ NONE, *BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum.*

(d) $ NONE, BY SELLER FINANCING in accordance with the attached Seller Financing Addendum.

(e) $ 185,000.00, BALANCE of the purchase price in cash at closing.

5. **CONDITIONS:** (State N/A in each blank that is not a condition to this contract.)

(a) The Buyer must be able to obtain a loan commitment on or before N/A, effective through the date of closing, for a ☐ FHA ☐ VA (attach FHA/VA Financing Addendum) ☐ Conventional ☐ Other loan at a ☐ Fixed Rate ☐ Adjustable Rate ☐ Other: in the principal amount of for a term of year(s), at an interest rate not to exceed % per annum, with mortgage loan discount points not to exceed % of the loan amount. Buyer agrees to use his best efforts to secure such commitment. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer, except if Seller is to pay any of the Buyer's loan closing costs including *discount points, those costs are as follows:*

In the event Buyer fails to provide Seller with written evidence of the loan commitment within five days after receipt of a written request from Seller (but such request may not be made before the loan commitment date listed above), then Seller may terminate this contract unless Buyer waives the loan commitment condition.

(b) There must be no restriction, easement, zoning or other governmental regulation *that would prevent the reasonable use of the real property for* SINGLE FAMILY RESIDENTIAL purposes.

(c) The Property must be in substantially the same or better condition at closing as on the date of this offer, reasonable wear and tear excepted.

(d) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at closing such that cancellation may be promptly obtained following closing. Seller shall remain obligated to obtain any such cancellations following closing.

(e) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be free simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. **SPECIAL ASSESSMENTS:** Seller warrants that there are no governmental special assessments, either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no owners' association special assessments, except as follows: NONE

(Insert "None" or the identification of such assessments, if any.) Seller shall pay all confirmed owners' association assessments and all confirmed governmental assessments, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows: NONE

7. **PRORATIONS AND ADJUSTMENTS:** *Unless otherwise provided, the following items shall be prorated and either adjusted between the parties* or paid at closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of closing; (b) Ad valorem taxes on personal property for the entire year shall be paid by the Seller unless the personal property is conveyed to the Buyer, in which case, the personal property taxes shall be prorated on a calendar year basis through the date of closing. (c) All late listing penalties, if any, shall be paid by Seller. (d) Rents, if any, for the Property shall be prorated through the date of closing. (e) Owners' association dues, and other like charges shall be prorated through the ~~date of closing. Seller represents that the regular owners' association dues, if any, are~~ $ per .

8. **CLOSING EXPENSES:** Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at closing.

9. **FUEL:** Buyer agrees to purchase from Seller the fuel, if any, situated in any tank on the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

10. ***EVIDENCE OF TITLE:*** *Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the acceptance of this offer,* copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

11. **LABOR AND MATERIAL:** Seller shall furnish at closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

12. **PROPERTY DISCLOSURE AND INSPECTIONS:**

(a) Property Disclosure:

☐ Buyer has received a signed copy of the Residential Property Disclosure Statement prior to the signing of this Offer to Purchase and Contract.

☐ Buyer has NOT received a signed copy of the Residential Property Disclosure Statement prior to the signing of this Offer to Purchase and Contract and shall have the right to terminate or withdraw this contract without penalty upon receipt of the Residential Property Disclosure Statement provided such termination or withdrawal notice is hand delivered or mailed to Seller or Seller's Agent within three days following receipt of same.

☒ Exempt from Residential Property Disclosure Statement because (SEE GUIDELINES) VACANT LAND

☐ The Property is residential and was built prior to 1978 (Attach Lead-Based Paint or Lead-Based Paint Hazards Disclosure Addendum.)

(b) Property Inspection: Unless otherwise stated herein, or as otherwise provided on an inspection addendum attached hereto, Buyer shall have the option of inspecting or, obtaining at Buyer's expense, inspections to determine the condition of the Property. Unless otherwise stated herein, it is a condition of this contract that: (i) the built-in appliances, electrical system, plumbing system, heating and cooling systems, roof coverings (including flashing and gutters), doors and windows, exterior surfaces, structural components (including foundations, columns, chimneys, floors, walls, ceilings and roofs), porches and decks, fireplaces and flues, crawl space and attic ventilation systems (if any), water and sewer systems (public and private), shall be performing the function for which intended and shall not be in need of immediate repair; (ii) there shall be no unusual drainage conditions or evidence of excessive moisture adversely affecting the structure(s), and (iii) there shall be no friable asbestos or existing environmental contamination. Inspections must be completed on or before _____. Buyer is advised to have any inspections made prior to incurring expenses for closing and in sufficient time to permit any required repairs to be completed by closing.

(c) Wood-Destroying Insects: Unless otherwise stated herein, Buyer shall have the option of obtaining, at Buyer's expense, a report from a licensed pest control operator on a standard form in accordance with the regulations of the North Carolina Structural Pest Control Committee, stating that there was no visible evidence of wood-destroying insects and containing no indication of visible damage therefrom. The report must be obtained in sufficient time so as to permit treatment, if any, and repairs, if any, to be completed prior to closing. All treatment required shall be paid for by Seller and completed prior to closing, unless otherwise agreed upon in writing by the parties. The Buyer is advised that the inspection report described in this paragraph may not always reveal either structural damage or damage caused by agents or organisms other than wood-destroying insects. If new construction, Seller shall provide a standard warranty of termite soil treatment.

(d) Repairs: Pursuant to any inspections in (b) and/or (c) above, if any repairs are necessary, Seller shall have the option of (i) completing them, (ii) providing for their completion, or (iii) refusing to complete them. If Seller elects not to complete or provide for the completion of the repairs, then Buyer shall have the option of (iv) accepting the Property in its present condition, or (v) terminating this contract, in which case all earnest monies shall be refunded. Unless otherwise stated herein, or as otherwise provided on an inspection addendum attached hereto, any items not covered by (b)(i), b (ii), b (iii) and (c) above are excluded from repair negotiations under this contract.

(e) Acceptance: CLOSING SHALL CONSTITUTE ACCEPTANCE OF EACH OF THE SYSTEMS, ITEMS AND CONDITIONS LISTED ABOVE IN ITS THEN EXISTING CONDITION UNLESS PROVISION IS OTHERWISE MADE IN WRITING.

13. **REASONABLE ACCESS:** Seller will provide reasonable access to Buyer or Buyer's representatives for the purposes of appraisal, inspection, and/or evaluation. Buyer may conduct a walk-through inspection of the Property prior to closing.

14. **CLOSING:** Closing shall be defined as the date and time of recording of the deed. All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before APRIL 1, 2005, at a place designated by Buyer. The deed is to be made to TO BE DETERMINED.

15. **POSSESSION:** Unless otherwise provided herein, possession shall be delivered at closing. In the event possession is NOT to be delivered at closing: ☐ a buyer possession before closing agreement is attached. OR, ☐ a seller possession after closing agreement is attached.

16. **OTHER PROVISIONS AND CONDITIONS:** (ITEMIZE ALL ADDENDA TO THIS CONTRACT AND ATTACH HERETO. SEE LIST OF STANDARD FORM ADDENDA AVAILABLE.)

ACCEPTANCE OF SURVEY AND CCR'S

17. **RISK OF LOSS:** The risk of loss or damage by fire or other casualty prior to closing shall be upon Seller. If the improvements on the Property are destroyed or materially damaged prior to closing, Buyer may terminate this contract by written notice delivered to Seller or Seller's agent and all deposits shall be returned to Buyer. In the event Buyer does NOT elect to terminate this contract, Buyer shall be entitled to receive, in addition to the Property, any of the Seller's insurance proceeds payable on account of the damage or destruction applicable to the Property being purchased.

18. **ASSIGNMENTS:** This contract may not be assigned without the written consent of all parties, but if assigned by agreement, then this contract shall be binding on the assignee and his heirs and successors.

19. **PARTIES:** This contract shall be binding upon and shall inure to the benefit of the parties i.e., Buyer and Seller and their heirs, successors and assigns. As used herein, words in the singular include the plural and the masculine includes the feminine and neuter genders, as appropriate.

20. **SURVIVAL:** If any provision herein contained which by its nature and effect is required to be observed, kept or performed after the closing, it shall survive the closing and remain binding upon and for the benefit of the parties hereto until fully observed, kept or performed.

21. **ENTIRE AGREEMENT:** This contract contains the entire agreement of the parties and there are no representations, inducements or other provisions other than those expressed herein. All changes, additions or deletions hereto must be in writing and signed by all parties. Nothing contained herein shall alter any agreement between a REALTOR® or broker and Seller or Buyer as contained in any listing agreement, buyer agency agreement, or any other agency agreement between them.

22. **EXECUTION:** This offer shall become a binding contract when signed by both Buyer and Seller. This contract is executed under seal in signed multiple originals, all of which together constitute one and the same instrument, with a signed original being retained by each party and each REALTOR® or broker hereto, and the parties adopt the word "SEAL" beside their signatures below.

IF YOU DO NOT UNDERSTAND THIS OFFER TO PURCHASE AND CONTRACT OR FEEL THAT IT DOES NOT PROVIDE FOR YOUR LEGAL NEEDS, YOU SHOULD CONSULT A NORTH CAROLINA REAL ESTATE ATTORNEY BEFORE YOU SIGN IT.

Buyer acknowledges having made an on-site personal examination of the Property prior to the making of this offer.

Buyer Jose L. Mock III (SEAL) SS/Tax ID# 247-92-1005

Seller Margaret J. Sandwell (SEAL) 1/22/05 SS/Tax ID# _____

Buyer _____ (SEAL) SS/Tax ID# _____ Date: _____

Seller _____ (SEAL) SS/Tax ID# _____ Date: _____

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date _____ Firm: NEIGHBORHOODS AT STILLWELL, LLC

By: _____

Selling Agent/Firm/Phone MOCK PROPERTIES 704-201-0894 MICHAEL MOCK B.I.C. N.C. LICENSE 127328 Acting as ☒ Buyer's Agent ☐ Seller's (sub)agent ☐ Dual Agent

Listing Agent/Firm/Phone _____ Acting as ☐ Seller's (sub)agent ☐ Dual Agent

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

DATE: _____ PERMIT NO: 5313B
PARCEL NO: 013-221-06

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Neighborhoods at Stillwell
AUTHORIZATION ISSUED BY: Terry Mecke 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. 5313B, 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 Blount 1/7/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 53138 — IMPROVEMENT PERMIT — Tax Number: 013-221-06

- 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			
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:			

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

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

Sheet: 1
Property ID: 013-221-06
Lot #: Lot 3, Pod 1
File #: 5313B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Neighborhoods of Stillwell
Applicant: Ashley Rollans
Address: PO Box 99, Davidson, N. C. 28036
Date Evaluated: 08/27/2003
Proposed Facility: Residence
Design Flow (.1949): 720gpd
Property Size: 2.5a
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	>49" TO SOIL WETNESS	49	N/A	NONE	PS, IV
		12-49	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-13	GR/CL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	51	"	"	"
		13-51	SBK/C	FI/SEXP/S/P					
3	"	0-13	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		13-51	SBK/C	FI/SEXP/S/P					

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

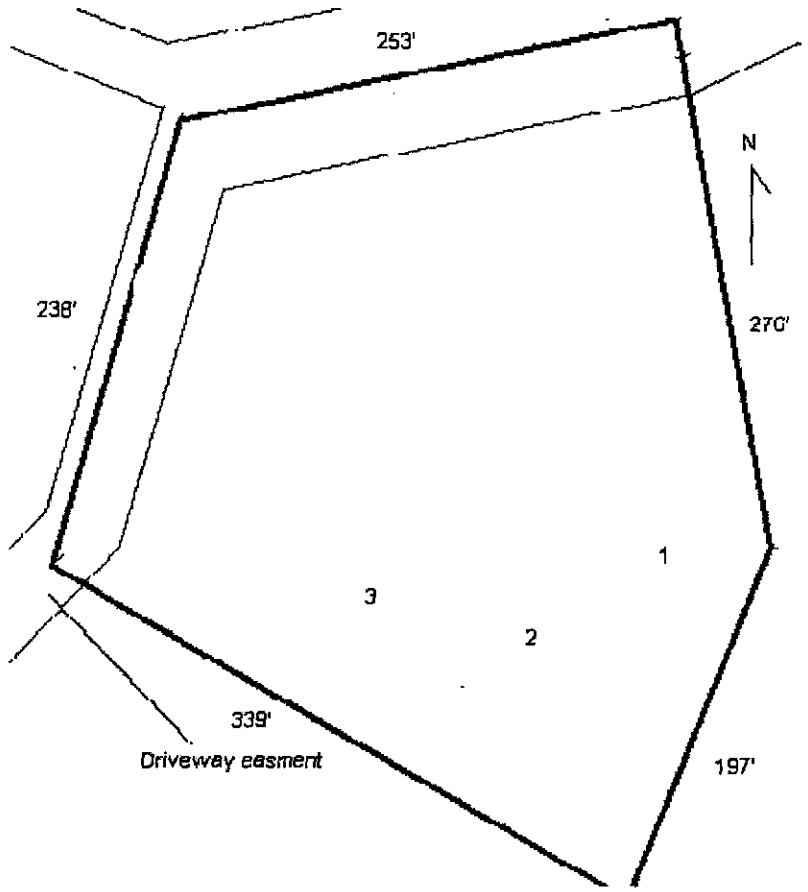
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 9/2/2003, W. R. Marlin
Others Present: A. Rollans

FILE # 5313B

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: 250.00
DATE: 8/6/03 JKM

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

1 1CRT

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 #: 53136

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01322106

STREET ADDRESS:

SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell

LOT NUMBER: 1-3

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)
704 720-9405 (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: 5313B

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

faxed to Rudo 7/10/06

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

July 10, 2006

North Carolina Department of Health & Human Services
Division of Public Health
Occupational & Environmental Epidemiology Branch
1912 Mail Service Center
Raleigh, North Carolina 27699-1912
Attention: Dr. Ken Rudo

Re: Water Sampling Results
Location Name: Mock
Address: 14607 Henry Harrison Stillwell Rd
Huntersville, Mecklenburg County

Dear Dr. Rudo:

Enclosed you should find the laboratory analysis for a well water sample collected from a private residence located at the above referenced address.

The Mecklenburg County Land Use and Environmental Services Agency (LUESA) requests that your office provide a written evaluation to our office, concerning the potential health effects of using this well water. LUESA will forward this information to the owner of the water system.

If you have any questions concerning these results please call me at 704-432-4259.

Sincerely,

Kim Garrett, R.S.I.
Environmental Specialist
Groundwater & Wastewater Services

Enclosure: Laboratory Analysis

cc: Allen Schiff
Amber Lindon, P.G.

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/30/2006 04:02 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14607
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/28/2006 13:47
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06060716

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB77883	E. COLI-PA	absent	P/A		SM 9223B	6/29/2006 8:11	KEK
AB77883	Total Coliform	absent	P/A		SM 9223B	6/29/2006 8:11	KEK

Comment:

Laboratory Supervisor: Kelli O'Neal (KEK)

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 AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS:

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

Send Report To: Kim Garrett
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: C0600716

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-14607	KG	6-28-06 1347		N	8.1					X	100 ml		2 + KG 6/28/06						X	X	X												
				N																													
				N																													
				N																													
				N																													

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

Itemize requested Metals here:

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

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	06/28/2	1500
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/9/2006 01:42 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14607
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/5/2006 13:10
CHAIN OF CUSTODY #: 06060073
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB75021	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	6/6/2006 9:25	KO
AB75021	**Total Coliform**	**Present**	**P/A**		SM 9223B	6/6/2006 9:25	KO

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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:	14607 Henry Harrison Stillwell Rd
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 0606073

Sampled By (Print Name)
Kim Garrett

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
GWS-14607	ksg	6/5/06	N/A	N	N/A	5.9				X	100 ml		2						X		X
A075021		13:10	N/A																		

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	6/5/06	1512

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

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: Mock **County:** Mecklenburg

Address: Henry Harrison Still well Charlotte,NC **ZIP:** 28078

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

Collected By: KG **Date:** 3/8/2006 **Time:** 11:14 AM

Signed By: Garrett, Kim **Analysis Type:** Private

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

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Present
Fecal/E. *coli*	Absent

Sample No: AA92927 **Date Received:** 3/9/2006 **Time Received:** 8:20:00 AM

Date Reported: 3/10/2006 **Today's Date:** 3/10/2006

Comments:

NCPH

State North Carolina Public Health Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
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

CHARLOTTE.

Laboratory Analysis Report

Report Date: 11/25/2005 10:42 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14607
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 12:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55428
CHAIN OF CUSTODY #: 05110400

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55428	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	11/22/2005 15:25	KEK
AB55428	**Total Coliform**	**present**	**P/A**		SM 9223B	11/22/2005 15:25	KEK

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 14607 Henry Harrison Stillwell Drive

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

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05110400

Sampled By (Print Name): Kim Garrett

ABSS 428

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate **See Note**	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semi, EPA 8270
GWS-14607	kg	11/22/05 1300		N						X	100 ml		1						X		X												

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

Itemize requested Metals here:

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett	Glenn Glass	11-22-05	1515
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 1/5/2006 11:27 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14607
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 12:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55424
CHAIN OF CUSTODY #: 05110396

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55424	NITRATE	0.10	mg/L	0.05	EPA 353.2	11/23/2005 16:00	EWN
AB55424	Chloromethane	Less than	ug/L	21	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Vinyl Chloride	Less than	ug/L	10	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Bromomethane	Less than	ug/L	14	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Chloroethane	Less than	ug/L	10	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Trichlorofluoromethane	Less than	ug/L	10	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,1-Dichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Carbon Disulfide	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Iodomethane	Less than	ug/L	16	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Acrolein	Less than	ug/L	100	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Methylene Chloride	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Acetone	Less than	ug/L	50	SW846 / 8260	12/5/2005 16:46	KO
AB55424	trans-1,2-Dichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Methyl-tert-butyl-ether (MTBE)	Less than	ug/L	0.50	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,1-Dichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Acrylonitrile	Less than	ug/L	100	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Vinyl acetate	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	cis-1,2- Dichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Bromochloromethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Chloroform	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Carbon Tetrachloride	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,1,1-Trichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	2-Butanone (MEK)	Less than	ug/L	66	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Benzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,2-Dichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Trichloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Dibromemethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,2-Dichlorpropane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Bromodichloromethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	2-Chloroethyl vinyl ether	Less than	ug/L	18	SW846 / 8260	12/5/2005 16:46	KO
AB55424	cis-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Toluene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	4-Methyl-2-pentanone	Less than	ug/L	50	SW846 / 8260	12/5/2005 16:46	KO
AB55424	trans-1,3-Dichloropropene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Tetrachloroethene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 1/5/2006 11:27 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14607
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 12:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55424
CHAIN OF CUSTODY #: 05110396

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55424	1,1,2-Trichloroethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Dibromochloromethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,2-Dibromoethane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	2-Hexanone	Less than	ug/L	50	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Ethylbenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Chlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,1,1,2-Tetrachloroethane	Less than	ug/L	6	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Total Xylenes	Less than	ug/L	17	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Styrene	Less than	ug/L	6	SW846 / 8260	12/5/2005 16:46	KO
AB55424	Bromoform	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	trans-1,4-Dichloro-2-butene	Less than	ug/L	6	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,1,2,2-Tetrachloroethane	Less than	ug/L	6	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,2,3-Trichloropropane	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,3-Dichlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,4-Dichlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,2-Dichlorobenzene	Less than	ug/L	5	SW846 / 8260	12/5/2005 16:46	KO
AB55424	1,2-Dibrome-3-chloropropane	Less than	ug/L	12	SW846 / 8260	12/5/2005 16:46	KO
AB55424	ARSENIC (TOTAL) OUTSIDE LAB	<1.0	ug/L			12/7/2005 7:35	
AB55424	BARIUM (TOTAL) OUTSIDE LAB	9.4	ug/L			12/7/2005 7:35	
AB55424	CADMIUM (TOTAL) OUTSIDE LAB	<1.0	ug/L			12/7/2005 7:35	
AB55424	CHROMIUM (TOTAL) OUTSIDE LAB	8.3	ug/L			12/7/2005 7:35	
AB55424	COPPER OUTSIDE LAB	6.9	ug/L			12/7/2005 7:35	
AB55424	LEAD OUTSIDE LAB	1.0	ug/L			12/7/2005 7:35	
AB55424	MERCURY OUTSIDE LAB	<0.2	ug/L	0.2	EPA 245.1	12/7/2005 11:16	
AB55424	SELENIUM OUTSIDE LAB	<1.0	ug/L			12/7/2005 7:35	
AB55424	SILVER (TOTAL) OUTSIDE LAB	<1.0	ug/L			12/7/2005 7:35	
AB55424	ZINC OUTSIDE LAB	20	ug/L			12/7/2005 7:35	
AB55424	Sulfate	3.2	mg/L	1.2	EPA 426C	11/28/2005 14:15	EWN

CHARLOTTE.

Laboratory Analysis Report
Report Date: 1/5/2006 11:27 AM

LABORATORY SERVICES DIVISION

LOCATION: GWS-14607
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/22/2005 12:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55424
CHAIN OF CUSTODY #: 05110396

Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 14607 Henry Harrison Stillwell Road

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

Send Report To: Kim Garrett, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05110396

Sampled By (Print Name): Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate **See Note**	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semi, EPA 8270	Sulfate
GWS-14607	kg	11/22/05 1300 PM		N	10.9	0.9				X	500 ML		1			X						X											
				N						X	125 ML		1	X								X											
				N						X		40 ML	2					X													X		
				N						X	500 ML		1		X											X							
				N						X	1 L			X																		X	

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

Itemize requested Metals here: As, Ba, Cd, Cr, Cu, Pb, Hg, Se, Ag, Zn

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	11-22-05	1515
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

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

Case Narrative

PRISM LABORATORIES, INC.

This report is a revision and supersedes our original lab report dated 12/15/05.

Date: 12/28/05
Revision: Barium added at client's request.
Company: City of Charlotte
System Protection Division
Contact: Myra Zabec
Address: 5100 Brookshire Blvd.
Charlotte, NC 28216

Client Project ID: LUESA Surface Water
Client Project Name or No: 0010
Prism COC Group No: G1105807
Collection Date(s): 11/22/05
Lab Submittal Date: 11/29/05

This data package contains the analytical results for the project identified above and includes a Case Narrative and Laboratory Report totaling 4 pages. A chain-of-custody copy is also attached for the samples submitted to Prism for this project.

Data qualifiers are flagged individually on each sample. A Key Reference for the data qualifiers appears at the bottom of this page. Quality control statements and/or sample specific remarks are included in the sample comments section of the laboratory report for each sample affected.

Please call if you have any questions relating to this analytical report.

Data Reviewed by: Cara Rusmisell **Project Manager:** Susan Mullen
Signature: Cara Rusmisell **Signature:** Cara Rusmisell for Susan Mullen
Review Date: 12/28/05 **Approval Date:** 12/28/05

Data Qualifier Key Reference:

- #: Result outside of QC Limits
- B: Compound also detected in the method blank
- DO: Compound diluted out.
- E: Estimated concentration, calibration range exceeded
- J: The analyte was positively identified but the value is estimated below the reporting limit
- JH: Estimated concentration with a high bias
- JL: Estimated concentration with a low bias
- M: A matrix effect is present
- T: Tentatively identified compound. The concentration is estimated.

Notes: This report should not be reproduced, except in its entirety, without the written consent of Prism Laboratories, Inc.
The results in this report relate only to the samples submitted for analysis.

449 Springbrook Road, P. O. Box 240543, Charlotte, NC 28224-0403
Phone: 704/529-6364 Toll Free: 800/529-6364 Fax: 704/525-0409

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

12/28/05

City of Charlotte/System Protection Division
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB55424 G-SPEC
Prism Sample ID: 135704
COC Group: G1105807
Time Collected: 11/22/05 12:00
Time Submitted: 11/29/05 15:55

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Mercury by CVAA									
Mercury	**BRL**	mg/L	0.0002	0.000044	1	245.1	12/07/05 11:16	cnguyen	Q10968
Metals by ICP/MS									
Arsenic	**BRL**	µg/L	1.0	0.14	1	200.8	12/08/05 13:52	mcampbell	Q10997
Barium	**9.4**	µg/L	5.0	0.36	1	200.8	12/08/05 13:52	mcampbell	Q10997
Cadmium	**BRL**	µg/L	1.0	0.14	1	200.8	12/08/05 13:52	mcampbell	Q10997
Chromium	**8.3**	µg/L	1.0	0.16	1	200.8	12/08/05 13:52	mcampbell	Q10997
Copper	**6.9**	µg/L	1.0	0.21	1	200.8	12/08/05 13:52	mcampbell	Q10997
Lead	**1.0**	µg/L	1.0	0.10	1	200.8	12/08/05 13:52	mcampbell	Q10997
Selenium	**BRL**	µg/L	1.0	0.22	1	200.8	12/08/05 13:52	mcampbell	Q10997
Silver	**BRL**	µg/L	1.0	0.11	1	200.8	12/08/05 13:52	mcampbell	Q10997
Zinc	**20**	µg/L	5.0	1.0	1	200.8	12/08/05 13:52	mcampbell	Q10997
Sample Preparation:				50 mL / 50 mL		200.8	12/07/05 7:35	cnguyen	P14119

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.

Angela D. Overcash, V.P. Laboratory Services

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449 Springbrook Road - P.O. Box 240543 - Charlotte, NC 28224-0543
Phone: 704/529-6364 - Toll Free Number: 1-800/529-6364 - Fax: 704/525-0409

CHAIN OF CUSTODY RECORD

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

PAGE 1 OF 2 QUOTE # TO ENSURE PROPER BILLING:

Client Company Name: CML
Report To/Contact Name: R Hutson
Reporting Address:

Phone: Fax (Yes) (No):
Email (Yes) (No) Email Address
EDD Type: PDF Excel Other
Site Location Name:
Site Location Physical Address:

Project Name: LUESA - GW
Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)
*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements
Invoice To: CML
Address:

Purchase Order No./Billing Reference 112505-02 (22103)
Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days
"Working Days" ☐ 6-9 Days ☒ Standard 10 days
Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?	✓		
Received ON WET ICE? Temp 0.6°	✓		
PROPER PRESERVATIVES indicated?	✓		
Received WITHIN HOLDING TIMES?	✓		
CUSTODY SEALS INTACT?			✓
VOLATILES rec'd W/OUT HEADSPACE?			✓
PROPER CONTAINERS used?	✓		

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC ___ USACE ___ FL ___ NC ___
SC ___ OTHER ___ N/A ___
Water Chlorinated: YES ___ NO ___
Sample Iced Upon Collection: YES ✓ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	NO.	SIZE	PRESERVATIVES	ANALYSES REQUESTED	REMARKS	PRISM LAB ID NO.
AB55424	11/22	1200	AQ	P	1	500	HNO_3	VOA 8260 PAH Pb Cd Ag Zn Cu Hg	G-SPEC	135704
AB55426	↓	1335	↓	P	1	500	↓	VOA 8260 PAH Pb Cd Ag Zn Cu Hg	↓	135705
AB55434	↓	1241	↓	P	1	500	↓	VOA 8260 PAH Pb Cd Ag Zn Cu Hg	↓	135706

* Dissolved (Cu, Zn, Ag, Cd, Pb, Cr, As, Se, Hg)

Sampler's Signature
Sampled By (Print Name) Kim Garrett
Affiliation LUESA - GW

PRESS DOWN FIRMLY - 3 COPIES

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

		Date	Military Hours
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	13:17
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	15:55
Relinquished By: (Signature)	Received For Prism Laboratories By: Jeff Borland	11/29/05	15:55

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☒ Prism Field Service ☐ Other

Log-In Group No. G1105807

Additional Comments:

PRISM USE ONLY

Site Arrival Time:	
Site Departure Time:	
Field Tech Fee:	
Mileage:	

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☒ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC
☐	☐	☐	☐	☐	☐	☐	☐	☐

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL

CHAIN OF CUSTODY RECORD

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

PAGE 1 OF 2 QUOTE # TO ENSURE PROPER BILLING: _____

Project Name: _____

Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)

*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements

Invoice To: _____

Address: _____

Client Company Name: _____

Report To/Contact Name: _____

Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____

Email (Yes) (No) Email Address _____

EDD Type: ___PDF___ Excel___Other

Site Location Name: _____

Site Location Physical Address: _____

Purchase Order No./Billing Reference _____

Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

"Working Days" ☐ 6-9 Days ☐ Standard 10 days

Samples received after 15:00 will be processed next business day.

Turnaround time is based on business days, excluding weekends and holidays.

(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?			
Received ON WET ICE? Temp _____			
PROPER PRESERVATIVES indicated?			
Received WITHIN HOLDING TIMES?			
CUSTODY SEALS INTACT?			
VOLATILES rec'd W/OUT HEADSPACE?			
PROPER CONTAINERS used?			

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC____ USACE____ FL____ NC____

SC____ OTHER _____ N/A _____

Water Chlorinated: YES___ NO___

Sample Iced Upon Collection: YES___ NO___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	SAMPLE CONTAINER NO.	SAMPLE CONTAINER SIZE	PRESERVATIVES	ANALYSES REQUESTED	REMARKS	PRISM LAB ID NO.

Sampler's Signature _____ Sampled By (Print Name) _____ Affiliation _____

PRESS DOWN FIRMLY - 3 COPIES

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

	Relinquished By: (Signature)	Received By: (Signature)	Date	Military/Hours
1				
2	Relinquished By: (Signature)	Received By: (Signature)	Date	
3	Relinquished By: (Signature)	Received For Prism Laboratories By:	Date	

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☐ Prism Field Service ☐ Other _____

Log-In Group No.

Additional Comments:

PRISM USE ONLY

Site Arrival Time:

Site Departure Time:

Field Tech Fee:

Mileage:

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

CUSTOMER COPY

CHAIN OF CUSTODY RECORD

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

PAGE 1 OF 2 QUOTE # TO ENSURE PROPER BILLING: _____

Client Company Name: CMW
Report To/Contact Name: R Hudson
Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____
Email (Yes) (No) Email Address _____
EDD Type: ___PDF ___Excel ___Other
Site Location Name: _____
Site Location Physical Address: _____

Project Name: LUESA - GW
Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)
*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements
Invoice To: CMW
Address: _____

Purchase Order No./Billing Reference 112905-02 (E2103)
Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days
"Working Days" ☐ 6-9 Days ☒ Standard 10 days
Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?			
Received ON WET ICE? Temp 0.6			
PROPER PRESERVATIVES indicated?			
Received WITHIN HOLDING TIMES?			
CUSTODY SEALS INTACT?			
VOLATILES rec'd W/OUT HEADSPACE?			
PROPER CONTAINERS used?			

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC ___ USACE ___ FL ___ NC ___
SC ___ OTHER ___ N/A ___
Water Chlorinated: YES ___ NO ___
Sample Iced Upon Collection: YES ___ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	NO.	SIZE	PRESERVATIVES	ANALYSES REQUESTED	REMARKS	PRISM LAB ID NO.
ABSS424	11/22	1200	AQ	P	1	500	HNO_3	VOA, BTEX, MTBE, EDB, DCA, Pb, DRO, HG, BW	G-SPEC	135704
ABSS426	↓	1335	↓	P	1	500	↓	VOA, BTEX, MTBE, EDB, DCA, Pb, DRO, BW	↓	135705
ABSS434	↓	1241	↓	P	1	500	↓	VOA, MTBE, EDB, DCA, Pb, DRO, BW	↓	135706
Original COC mailed with 12/15/05 report.									(Cu, Zn, Ag, Cd, Pb Cr, As, Se, Hg)	

Sampler's Signature _____ Sampled By (Print Name) Kim Garrett Affiliation LUESA - GW

PRESS DOWN FIRMLY - 3 COPIES

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

		Date	Military Hours
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	15:17
Relinquished By: (Signature)	Received By: (Signature)	11/29/05	15:55
Relinquished By: (Signature)	Received For Prism Laboratories By: Jeff Borland	11/29/05	15:55

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☒ Prism Field Service ☐ Other _____

Log-In Group No. G1105807

Additional Comments:

PRISM USE ONLY

Site Arrival Time: _____
Site Departure Time: _____
Field Tech Fee: _____
Mileage: _____

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☒ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____	☐ NC ☐ SC ☐ _____

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic: TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL

53138

9

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print): Joseph A. Bailey CERTIFICATION #: 3271

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

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: Huntersville County: Meck.
14547 Henry Harrison Stillwell
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: Butch Mock
Address: 14547 Henry Harrison Stillwell
(Street or Route No.)
Huntersville, NC
City or Town State Zip Code
( ) _____
Area code - Phone number

4. DATE DRILLED: 5/9/05
5. TOTAL DEPTH: 465
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
7. STATIC WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 12 inches FT. Above Land Surface*
*Top of casing terminated at or below land surface requirement in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 50 METHOD OF TEST: open flow
10. WATER ZONES (depth): 120/275/350
11. DISINFECTION: Type: Chl. tabs Amount: 1 bag

DEPTH From	DEPTH To	DRILLING LOG Formation Description

12. CASING:

	Depth From	Depth To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	0	174	Ft.	6"	sch 40	PVC
			Ft.			
			Ft.			

13. GROUT:

	Depth From	Depth To	Ft.	Material	Method
	0	20	Ft.	Sand-mix	hand-mix
			Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth From	Depth To	Size	Material
			Ft.	
			Ft.	

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

16. REMARKS: _____

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.

Joseph Bailey 6/10/05

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

File#: 5313B

Permit#: 20050322SPM01

Well Activity Checklist

		Date
1. Application & Well Siting		
☑	Complete application on file	3-1-05
☑	Site plan and other appropriate documentation submitted	3-1-05
☑	Registered well driller Certification Number: 3271	5/9/05
☑	Proposed well location meets required setbacks	3-22-05
☑	**ARGU** *restrictions* satisfied (if applicable)	3-18-05
☑	Well permit issued	3-22-05
☑	Septic system permit issued (if applicable)	3-22-05
2. Onsite Inspection		
Observed / Driller		5/9/05
☒ / ☐	Valid permit on site with registered well driller	
☒ / ☐	Required setbacks satisfied, approved location per permit	
Appropriate Materials Used for Construction:		
Observed / Driller		
☐ / ☒	Drilling fluids/additives	
☐ / ☒	Casing materials/Joint compounds	
Source of Water:		
Observed / Driller		
☐ / ☒	Greater than 40 ft. below land surface	
☐ / ☒	Water NOT from a known contamination zone	
Well Casing:		
Observed / Driller		
☐ / ☒	Casing > than 40 ft. below land surface	
☐ / ☒	Non-potable zones effectively sealed	
☐ / ☒	Casing properly seated	
☐ / ☒	Casing terminated at least 12 inches above land surface	
☐ / ☒	All ASTM/NSF standards met	
☐ / ☒	Drive shoe used	
Grouting:		
Observed / Driller		
☒ / ☐	Approved grouting materials used	
☒ / ☐	Grouted to a minimum of 20 ft. below land surface	
☒ / ☐	Grouted within 5 days of casing being set	
☒ / ☐	Proper depth to seal non-potable zones	5/9/05
Well Head:		
☐	Well casing extended at least 12 inches above land surface	
☐	Vented, sanitary well cover in place	
☐	Access port in place	
☐	Sample tap between pump and pressure tank properly constructed	

Well Activity Checklist Continued

Well Disinfection: **Date**

☐ Notification of disinfection _____

Well Contractor Identification Plate:

☐ Plate installed securely on well casing _____

☐ Information not obscured _____

☐ Information accurately completed _____

Pump Installer Identification Plate:

☐ Plate installed securely _____

☐ Information not obscured _____

☐ Information accurately completed _____

3. Well Sampling

☐ Appropriate water samples collected as required by permit _____

4. Approval

☒ Well construction form (GW-1) on file 11/11/05

☐ Well construction approval granted _____

☐ Well construction approval denied _____

5. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

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 # 53138

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050322JPM01 **Tax Parcel #:** 01322106

Property Owner: Butch Mock 14607

Job Location Address: ~~14547~~ Henry Harrison Stillwell

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

Permit Issuance Date: 03/22/05

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Single Family House

Sewage System Type: Private On-site

Area of Regulated Groundwater Usage Restrictions Apply: Yes If Yes, see requirements in Specific Conditions of This Permit.

Replacement for Existing Well: No If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

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

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

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

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

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

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

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

Other Conditions of This Permit:

Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, P.E.

Owner/Legal Agent: _____
Print Name

Signature: John B Johnston

JLS 12/13/04 Final

PROPOSED PLOT PLAN

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

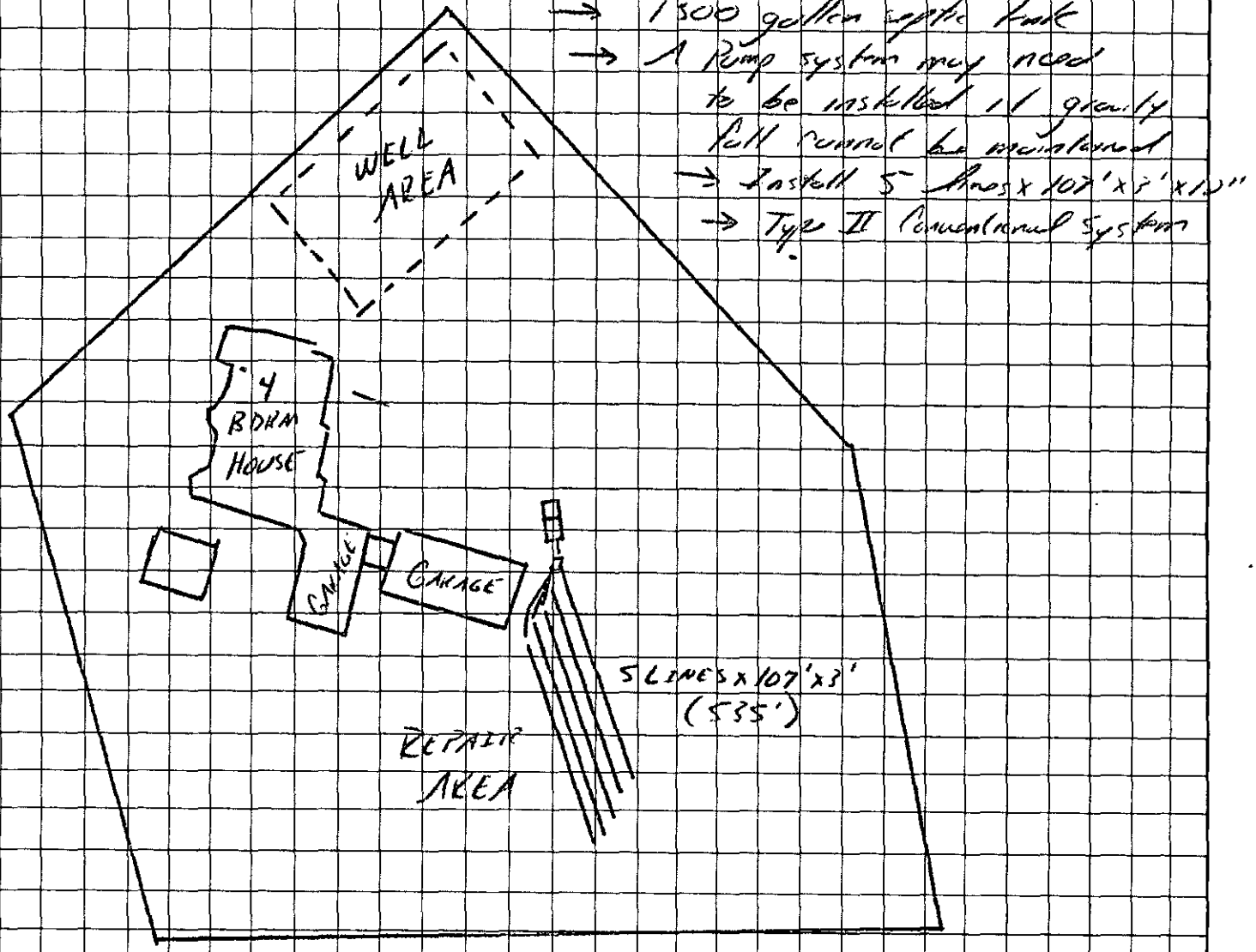
FILE: 53138

TC: 013-221-06

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS

→ System designed for a 4 Bedroom house
→ 1500 gallon septic tank
→ A Pump system may need to be installed if gravity flow cannot be maintained
→ Install 5 lines x 107' x 3' x 1.5"
→ Type II Conventional System



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Tommy Thacker R.S. 3/22/05

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

Date: 3/18/05
Reviewed By: SLS

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

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 013-211-06 File # 5313B

Street Address: 14547 Henry Harrison Stillwell Rd

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 Road

DENR Incident #: 27491/MO-6737

Current Status: High Risk Why? Home heating oil UST release resulted in soil contamination only. Concentrations exceed soil-to-groundwater MSCC's. On-site SW is reason for high risk ranking. Sampled by GWS in 03/2003, results non-detect.

Responsible Party: Kathleen Stephens, c/o David Baker

Responsible Party Contact Info: 19109 West Catawba Ave., Ste 104
Cornelius, NC 28031

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 . Attached
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: Permit granted. This parcel is split by ARGU 1149. **IF** the well is placed inside the ARGU (see attached map) then grout full extent of casing. If the well is placed outside the ARGU, then construction requirements do not apply. In either case the following sampling requirements apply: VOC's, Arsenic, Barium, Cadmium, Chromium, Copper, Lead, Mercury, Selenium, Silver, Zinc, & Sulfate. Note that the metals and sulfate requirement is based on proximity to a closed landfill and mirrors

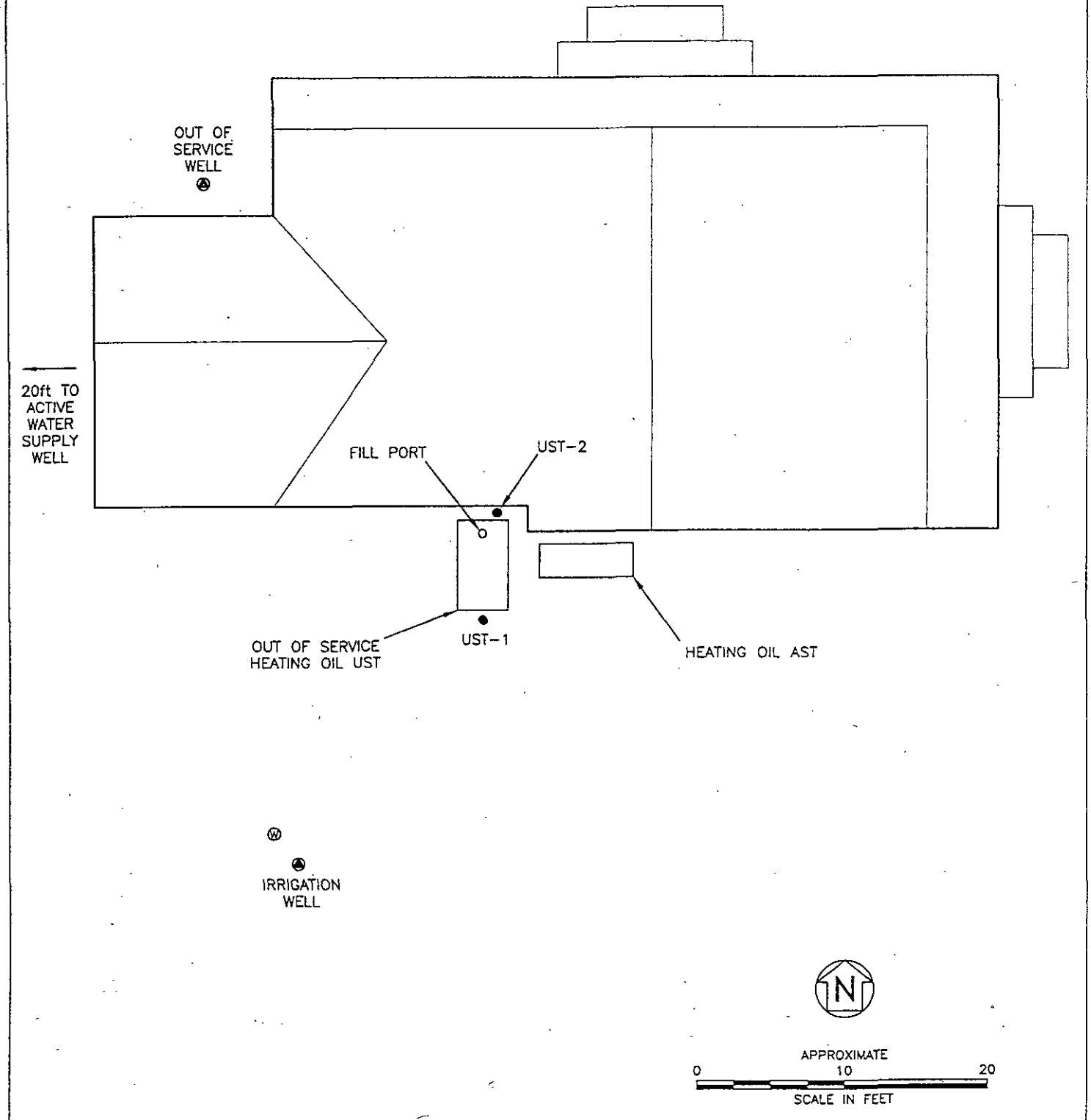
the monitoring done by the landfill owner for compliance. Since the compliance monitoring has not recorded a violation of groundwater standards an ARGU has not been established around the landfill. Sampling is considered a precaution.

Table 1
Soil Analytical Detections
Stephens Property
Huntersville, North Carolina
H&H Job No. TPL-016

Sample ID Depth (feet) Units	UST-1 6 (mg/kg)	North Carolina Target Levels Commercial MSCC (mg/kg)	 Residential MSCC (mg/kg)	 Soil to GW MSCC (mg/kg)
Laboratory Parameters				
VPH/EPH				
VPH C5-C8 Aliphatics	**152**	24,528	939	72
VPH C9-C12 Aliphatics	550	NS	NS	NS
EPH C9-C18 Aliphatics	4,010	NS	NS	NS
Total C9-C18 Aliphatics	**4,560**	245,280	9,386	3,255
EPH C19-C36 Aliphatics	993	> 100%	93,860	Immobile
EPH C11-C22 Aromatics	4,620	NS	NS	NS
VPH C9-C10 Aromatics	675	NS	NS	NS
Total C9-C22 Aromatics	**5,295**	12,264	469	34
VOCs (5035/8260B)				
Benzene	**0.614**	200	22	0.0056
n-Butylbenzene	**9.47**	4,088	156	4
sec-Butylbenzene	**6.5**	4,088	156	3
tert-Butylbenzene	0.203	4,088	156	3
Ethylbenzene	**7.15**	40,000	1,560	0.24
Isopropylbenzene	**4.2**	40,880	1,564	2
4-Isopropyltoluene	4.67	NS	NS	NS
Naphthalene	**36.1**	1,635	63	0.58
n-Propylbenzene	**7.99**	4,088	156	2
Toluene	3.8	82,000	3,200	7
1,2,4-Trimethylbenzene	**46.5**	20,440	782	8
1,3,5-Trimethylbenzene	**13.5**	20,440	782	7
Xylenes	**43.6**	200,000	32,000	5
Semi-VOCs				
2-Methylnaphthalene	**46.6**	1,635	63	3
Naphthalene	**9.13**	1,635	63	0.58
Phenanthrene	11	12,264	469	60

Notes:
EPA Method number follows parameter in parenthesis
Bold indicates exceeds one or more MSCC
Only those compounds detected in at least one sample shown above
Samples collected by H&H on February 27, 2003
VOC = Volatile Organic Compound; NS = Not Specified
MSCC = Maximum Soil Contaminant Concentration; GW = Ground Water;
VPH = Volatile Petroleum Hydrocarbons by Massachusetts Method
EPH = Extractable Petroleum Hydrocarbons by Massachusetts Method

File:Soil Data,UST Soil Data
Date:3/13/03



LEGEND

- ● SOIL BORING LOCATION
- Ⓦ WATER SPIGOT
- ⏃ WATER SUPPLY WELL

TITLE

SAMPLE LOCATION MAP

PROJECT

50.1–ACRE PROPERTY
HUNTERSVILLE, NORTH CAROLINA

Hart & Hickman
A Professional Corporation
501 Minuet Lane Suite 101
Charlotte, North Carolina
(704)586-0007 (704)586-0373-fax

DATE: 3–12–03	REVISION NO. 0
JOB NO: TPL–16	FIGURE NO. 2

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Mar 10 17:05:32 EST 2005

15547 Henry Harrison Stillwell ARGU Review



Total Measure Line Length: 1500.57 Feet

This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Change in Plot Plan
New Owner

New Well

GWS – RES. APP 12/04

100.00 3-3-05 VISA JKA

400.00 3-3-05 JKA VISA

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 # 5313B

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 #: 013221 06
STREET ADDRESS: 4547 Henry Harrison Stillwell
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: Stillwell
LOT #: 123 3-1
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: 5200
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

COPY

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: Royce Mack
ADDRESS: 19529 Mary Aubrey Cir.
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE: 704 799 6596
MOBILE PHONE: 704 905 5862 FAX: 704 799 6597

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?
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.

Royce Mack 3-1-05
Owner/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.

Royce Mack 3-1-05
Owner/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

Address Changed to 14609 Per Vicki in LUESA North

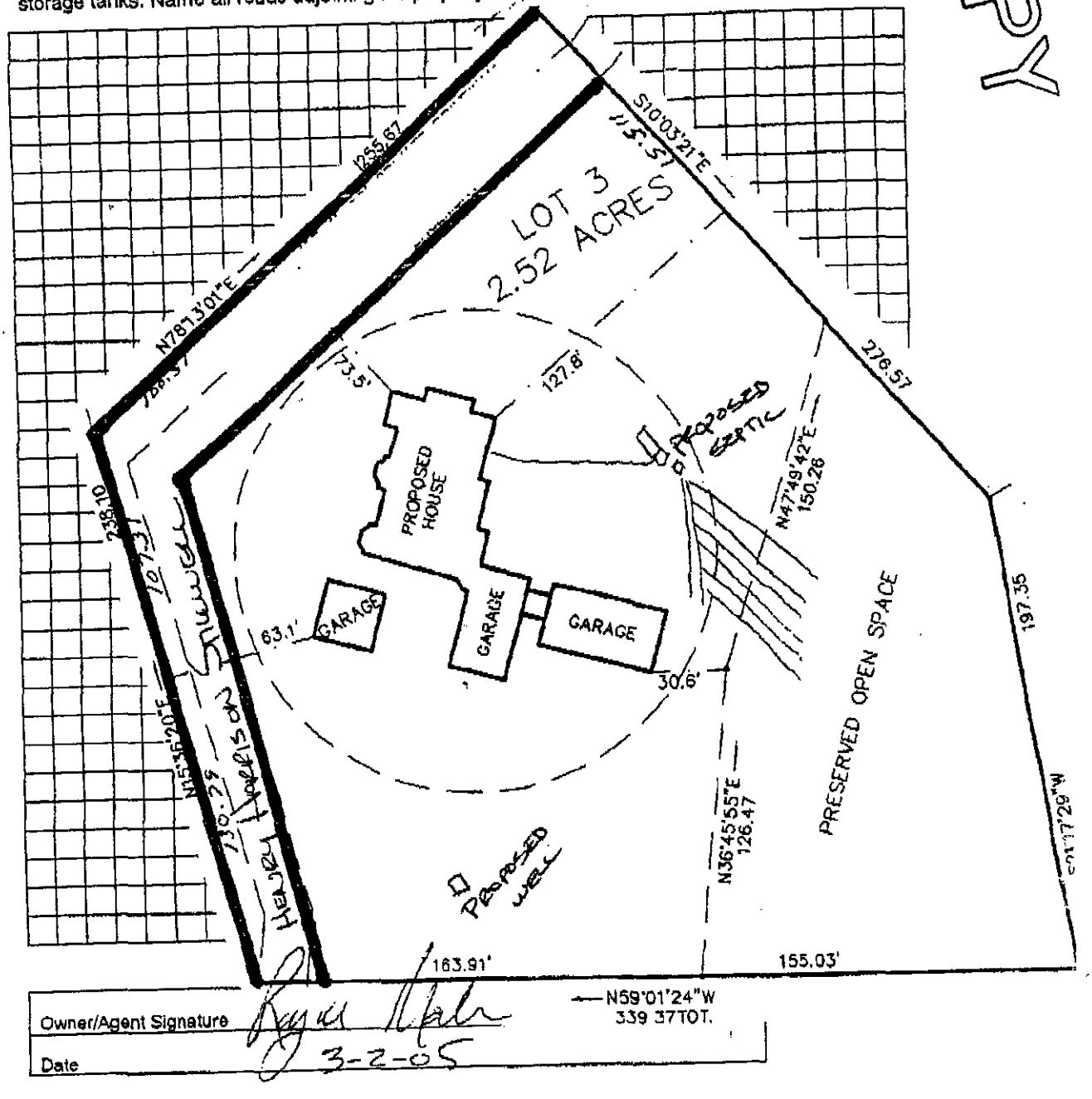
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 5313B
Date 3-3-05

PROPOSED PLOT PLAN

COPY

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

Date 3-2-05

LBC 12/15/04