

13325 WOODY POINT RD

19908590

8/20/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 19178 WASPS App #: 1953

Primary ES assigned to project: Jeremy Michael

Secondary ES assigned to project: Josh Sellers

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

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

I. File Review:

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

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments: 7/19/07 - Please release GWS holds for well

Application received date: 2/26/07 ES assigned date: 2/26/07 Permit issued date: 2/27/07

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

Review performed by: _____ Date performed: _____

CHARLOTTE.

Laboratory Analysis Report
Report Date: 7/18/2007 03:26 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73868
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/16/2007 11:00 CHAIN OF CUSTODY #: 070716130449
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC26804	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	7/16/2007	14:00	SLT
AC26804	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	7/16/2007	14:00	SLT

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:	13707 Woody Point Road.
LAB CODE:	(REAL) PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#

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

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
AC 20804																					
GWO-73868	JRS	7/16/07 11:00 A.M.	N/A N/A	N	N/A					X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers	Donna Mulle	07-16-07	12:45 P.

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

CHARLOTTE.

Laboratory Analysis Report
Report Date: 7/18/2007 03:28 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73868
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/16/2007 11:00 CHAIN OF CUSTODY #: 070716130555
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC26805	NITRATE	0.55	mg/L	0.05	EPA 353.2	7/17/2007	8:55	MKV
AC26805	NITRATE/NITRITE	0.55	mg/L	0.05	EPA 353.2	7/17/2007	9:43	MKV
AC26805	NITRITE	<0.05	mg/L	0.05	EPA 353.2	7/17/2007	8:55	MKV

Comment:

Laboratory Supervisor: Rhonda Y. Shuttleworth

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 OF

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	13707 Woody Point Rd.
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

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

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Nitrate	Nitrite
AC26805																						
GWO-73868	JRS	7/16/07 11:00 A.M.	N/A N/A	N						X	500 ml		1			X					X	
AC26805			N/A N/A	N						X	125 ml		1	X								X

Instructions:
- Complete all yellow shaded sections
- For each parameter requested circle the X to verify your request.
- Nutrients include:
- Metals: Itemize the individual metals requested here -
- For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
- Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers	Dominique Mullen	07-16-07	12:45 P.

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

Jul 02 07 03:20p

Darby Copy

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2236

1. WELL CONTRACTOR:
Thomas Rodden
Well Contractor (Individual) Name
James Darby Well Drilling, LLC.
Well Contractor Company Name
STREET ADDRESS 2512 Zinker Road
Rock Hill, SC 29732
City or Town State Zip Code
(803) 329-2424
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 1000/1953
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 3/10/07
TIME COMPLETED 12:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte NC. COUNTY Mecklenburg
13707 Woody Point Rd 28278
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 3 __ __
LONGITUDE __ __ __
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☐ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME David Roundtree
STREET ADDRESS 13707 Woody Point Rd
Charlotte NC
City or Town State Zip Code
( ) Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 185
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS + FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 15 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount
g. WATER ZONES (depth):
From 63 To 65 From 135 To 140
From To From To
From To From To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 46	Ft.	6"	w&l	PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	portland	pumped
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	12	dirt
12	40	sand
40	185	rock

11. REMARKS:

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

Thomas Rodden 3/10/07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Thomas Rodden
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

PermitToConstructAWaterSupplyWell

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001953 **File #:** 19178 **Tax Parcel #:** 199-085-81
Property Owner: DAVID ROUNDTREE
Job Location Address: 13707 WOODY POINT RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 2/27/2007
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

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

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

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

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

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

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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

Other Conditions of This Permit:

Authorized Agent: Jeremy Michael
Print Name

Signature: Jeremy Michael R.S.

Owner/Legal Agent: Thomas P. Hazlett
Print Name

Signature: Thomas P. Hazlett

File 19178 5

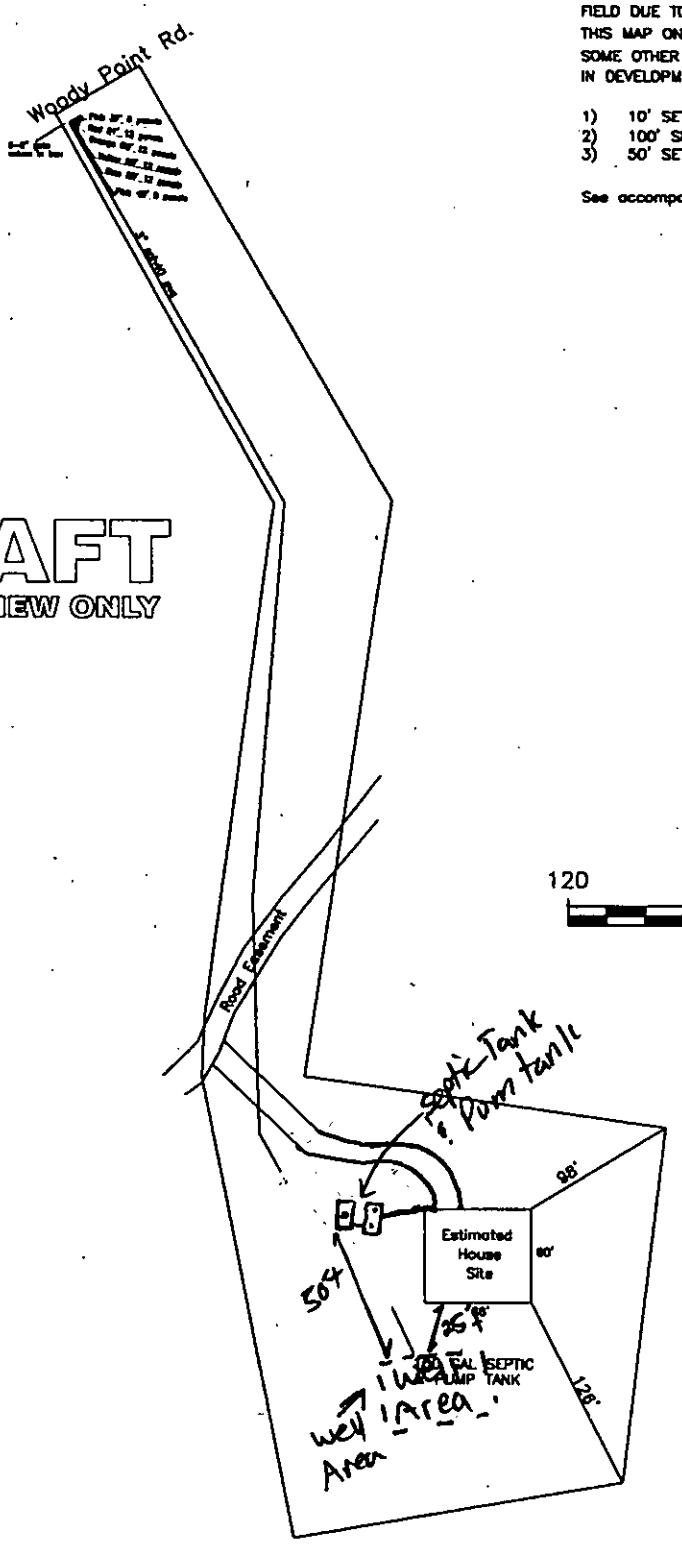
4/12/05

** 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.

DRAFT
FOR REVIEW ONLY



GRAPHIC SCALE
1" = 120'

120 0 120 240

BASE MAP TAKEN FROM MECK CO GIS.
PROPOSED DRAIN LINES LOCATED VIA GPS
FINAL HOUSE SIZE AND LOCATION ESTIMATED

SHEET 1 of 1	SHEET TITLE: SEPTIC LAYOUT SKETCH MAP	PROJECT NAME: WOODY POINT DR. READE DECURTINS LOT 8-WYLIE LANDING MECKLENBURG COUNTY, NORTH CAROLINA MARCH 2005	S&EC	Soil & Environmental Consultants, PA	FILE C:\JOBS\15-1509	SCALE 1" = 120'	FIELD WORK BP	DRAWN BY BP	PROJECT MGR. WO	PROJECT NO. S-1509

FILE NUMBER: 19178

SEPTIC FEE: _____
DATE: _____

Revised On: January 3, 2007
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

APPLICATION NUMBER: 1953

WELL FEE: 400
DATE: 2-26-07 MC JKA

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 199-085-81
STREET ADDRESS: 13707 Woody Point
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Wylie Landing
LOT #: 6 LOT SIZE (acres): 1 acre
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 5200
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

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

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

	☐ ANY TYPE	☐ CONVENTIONAL	☐ ACCEPTED	☐ INNOVATIVE	☐ ALTERNATIVE	☐ OTHER
8A. RANK:	___	1	___	___	___	___

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

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

10. PROPERTY OWNER:
NAME: DAVID Roundtree
ADDRESS: 13707 Woody Point
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-527-5558 WORK PHONE:
MOBILE PHONE: 704-562-6971 FAX: 704-527-5558

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Hazlett Homes
ADDRESS: 125 Canterbury Lane
CITY: Matthews
STATE: NC ZIP: 28104
HOME PHONE: 704-821-6773 WORK PHONE: 704-821-1625
MOBILE PHONE: 704-906-1104 FAX: 704-821-1555

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

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

2/22/07
Property Owner's or Owner's Legal Representative Signature Date

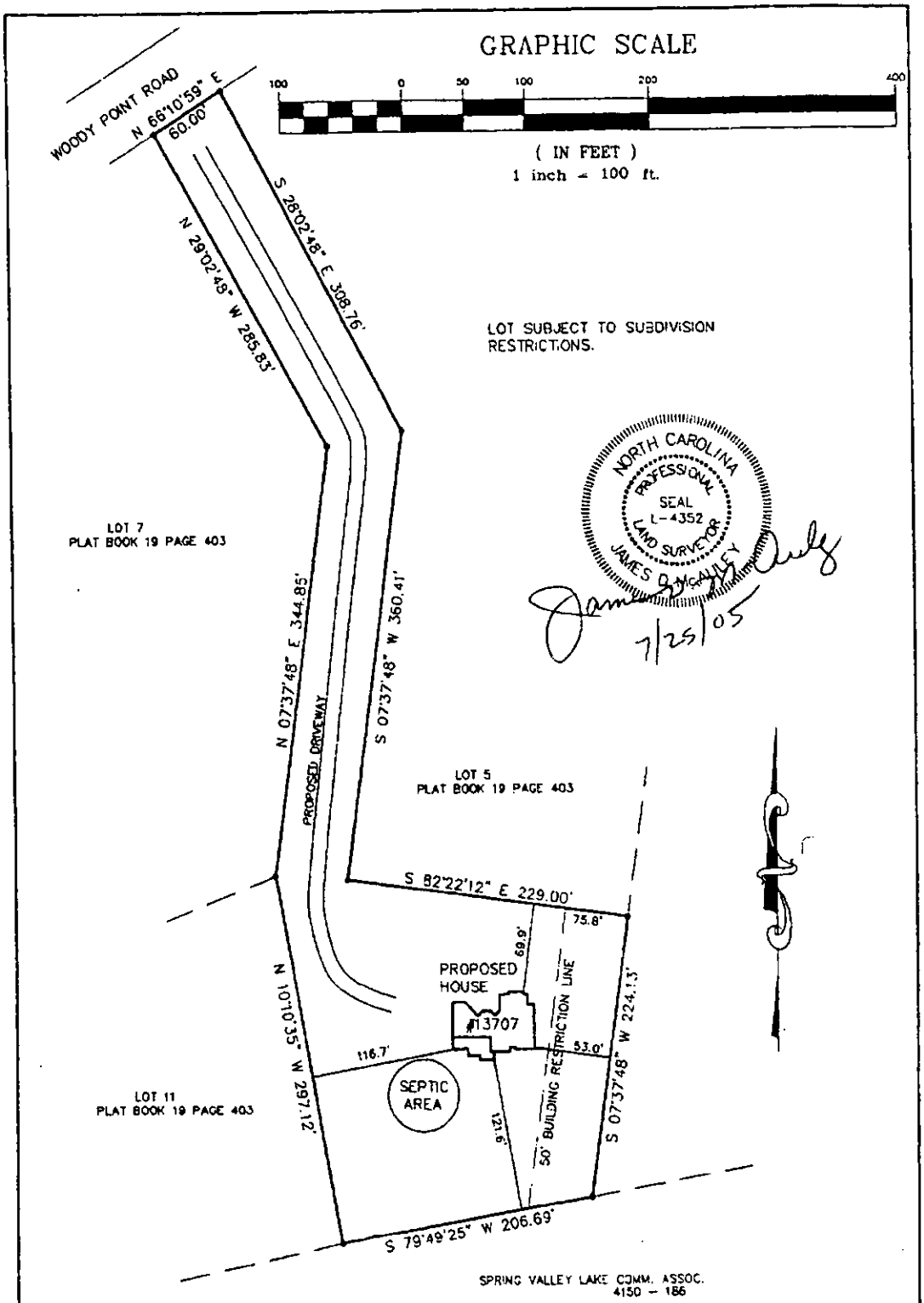
15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county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

2/22/07
Property Owner's or Owner's Legal Representative Signature Date

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

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

file # 1953



McAULEY LAND SURVEYING

JAMES D. McAULEY PLS#4352

Surveying Design Management

PLOT PLAN FOR:

HAZLETT HOMES

LOT 6 WYLIE LANDING

PLAT BOOK 19 PAGE 403

STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, NC

Scale: 1" = 100' Date: 25, JULY 2005

Rev.

JAMES D. McAULEY PLS#4352
4815 SHANNAMARA DRIVE, MATTHEWS NC 28104
(704) 882-8534 (704) 309-3299 MOBILE

Dwg. File: C:\SDSK\PROJ\111330\LOT19SC.DWG DRAWN BY: JMB

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000115 **Tax Parcel #:** 199-085-81
Property Owner: DAVID RO9UNDTREE
Job Location Address:13707 WOODY POINT RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 8/11/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

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

General Conditions of This Permit:

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

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

Grout must be placed the full extent of the casing.

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

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

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

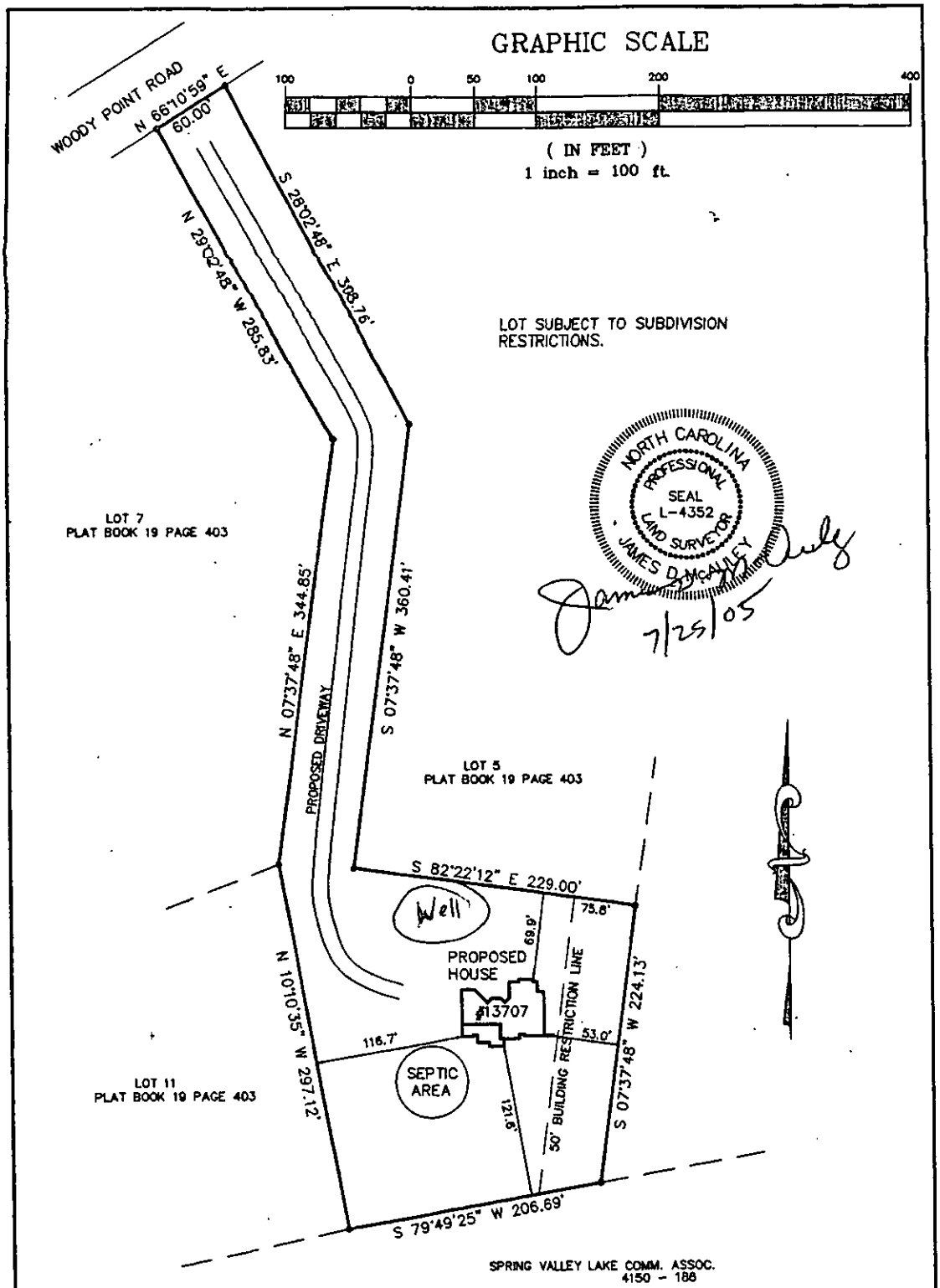
Other Conditions of This Permit:

DAVID CORNELIUS, RS 8/11/05
Authorized Agent Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:



McAULEY LAND SURVEYING JAMES D. McAULEY PLS#4352 Surveying Design Management	PLOT PLAN FOR: **HAZLETT HOMES** LOT 6 WYLIE LANDING PLAT BOOK 19 PAGE 403 STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, NC Scale: 1" = 100' Date:25, JULY 2005 JAMES D. McAULEY, PLS#4352 4815 SHANNAMARA DRIVE, MATTHEWS NC 28104 (704) 882-8534 (704) 309-3299 MOBILE Dwg. File: C:\SDSK\PROJ\1113301\LOT19SC.DWG DRAWN BY: JMB	Rev.

#115 NEW OWNER

GWS – RES. APP 12/04

SEPTIC FEE: 2
DATE:
CRT #

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

FILE # 19178

WELL FEE: 400.00
DATE: 7/27/05
CRT # CHECK #435

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 199-085-81
STREET ADDRESS: 13707 Woody Point
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: Wylie Landing
LOT #: 6
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 4400
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

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: David Roundtree
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Hazlett Homes, Inc
ADDRESS: 125 Canterbury Lane
CITY: Matthews
STATE: NC ZIP: 28104
HOME PHONE: 704-821-6732 WORK PHONE: 704-821-1025
MOBILE PHONE: 704-906-1184 FAX: 704-821-1551

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature 7/21/05 Date

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

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

Owner's/Agent's Signature 7/21/05 Date

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