

4301 KINGSWOOD RD

20914216

1/9/2008

duponbj

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 7/5/2006 01:49 PM

LABORATORY SERVICES DIVISION

LOCATION: G-139
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/15/2006 11:50 CHAIN OF CUSTODY #: 06060358
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB76353	**NITRATE/NITRITE**	**0.57**	**mg/L**	0.05	EPA 353.2	6/28/2006 15:25	EWN
AB76353	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/16/2006 16:12	EKN

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 & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	4301 Kingswood Road, Charlotte, NC 28226
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 06060358

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
76353 G-139	DH	6-15-06 11:50am	N/A N/A	N	16.8°C	4.7				X	500 ml		1			X				2	X	
G-139	DH	6-15-06 11:50am	N/A N/A	N	16.8°C					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
Debra Howell	Deanna Adams	06-15-06	1234

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: 6/20/2006 11:47 AM

LABORATORY SERVICES DIVISION

LOCATION: G-139
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/15/2006 11:50 CHAIN OF CUSTODY #: 06060359
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB76354	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/15/2006 12:50	KEK
AB76354	**Total Coliform**	**absent**	**P/A**		SM 9223B	6/15/2006 12:50	KEK

Comment:

Laboratory Supervisor: Keith O'Neal (MP)

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 & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	4301 Kingswood Road, Charlotte, NC 28226
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 06060359

Sampled By (Print Name)
Debra Howell

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
G-139	DH	6-15-06 11:56 am	N/A N/A	N	NA					X	100 ml		2					X		X	X

76354

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
Debra Howell		06-15-06	1239

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-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	4301 Kingswood Road, Charlotte, NC 28226
LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER [redacted]

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

[redacted]
Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collectors 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
G-139	DH	6-15-06 11:50 am	N/A N/A	N	NA	[redacted]				X	100 ml		2					X	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.

[redacted]

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	4301 Kingswood Road, Charlotte, NC 28226
LAB CODE:	REAL PRIV NEW TNC MPL PME AMB LM OTHER [redacted]

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

[redacted]
Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-139	DH	6-15-06 11:50am	N/A N/A	N	16.9°C	[redacted]				X	500 ml		1			X				[redacted]	X	
G-139	DH	6-15-06 11:50am	N/A N/A	N	16.9°C					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.

[redacted]

Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

App. #: 139

Septic Fee: 0

Date:

CRT[ ]

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

FILE # 6102B

Well Fee: 400.00

Date: 8/23/2005

CRT[ ]

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

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

JOB LOCATION INFORMATION:

TAX / PARCEL #: 209-142-16

STREET ADDRESS: 4301 KINGSWOOD RD

CITY: CHARLOTTE

STATE: NC ZIP: 28226

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 2

TOWNSHIP:
Label

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [✓] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ( ) N/A (•) IRRIGATION ( ) POTABLE ( ) GEOTHERMAL ( ) OTHER

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

BURIED CABLES, LANDFILLS, STUMPHOLES	( ) Yes (•) No	WELLS, SPRINGS, OR WATER LINES	(•) Yes ( ) No
EXISTING WASTEWATER SYSTEMS	( ) Yes (•) No	DESIGNATED WETLANDS	( ) Yes (•) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (•) No	GRADING/SOIL REMOVAL PERFORMED	( ) Yes (•) No

PROPERTY OWNER:

NAME: Thomas Nunnenkamp

ADDRESS: 4300 Tottenham Road

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28226

HOME PHONE: 704-542-0144 WORK:

MOBILE: 704-552-7222 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: D.L. Mullis Well Drilling

ADDRESS: P O Box 691446

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK: 704-545-569

MOBILE: 704-545-5694 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

~~Hold for well grating~~
9/26/05
Entered in bridge
Need water sample after
~~sheet~~
pump set

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # _____

1. WELL CONTRACTOR:

KELVIN BELK
Well Contractor (Individual) Name

D.L.MULLIS WELL DRILLING
Well Contractor Company Name

STREET ADDRESS 9200 SURFACE HILL Rd

CHARLOTTE N.C. 28227
City or Town State Zip Code

(704) 5455694
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable) _____

STATE WELL PERMIT #(if applicable) 10000139

DWQ or OTHER PERMIT #(if applicable) _____

WELL USE (Check Applicable Box): Residential Water Supply ☐

DATE DRILLED 9-21-05

TIME COMPLETED 10:30 AM ☑ PM ☐

3. WELL LOCATION:

CITY: CHARLOTTE COUNTY MECK

4301 KINGSWOOD
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other _____
(check appropriate box)

LATITUDE 35° 7.559'

LONGITUDE 80° 49.043'

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 THOMAS NUNNENKAMP

STREET ADDRESS 4300 Tottenham Rd

CHARLOTTE N.C. 28226
City or Town State Zip Code

(704) 542-0144
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 330'

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

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

d. TOP OF CASING IS 1 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): 25 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1 lb.

g. WATER ZONES (depth):

From 315' To 318' From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1	To 56'	Ft.	6"/8"	25"	pvc
From _____	To _____	Ft.			
From _____	To _____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 35'	Ft.	cement	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'	15'	red clay
15'	40'	sand
40'	56'	pit gravel
56'	330'	granite

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.

D.L Mullis 9-21-05
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

KELVIN BELK
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

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 #: 10000139 **Tax Parcel #:** 209-142-16
Property Owner: Thomas Nunnenkamp
Job Location Address:4301 KINGSWOOD RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28226
Permit Issuance Date: 9/7/2005
Use of Well: Irrigation
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:

Philo S. Walker 9/6/05
Authorized Agent: Print Name

Philo S Walker Jr 9/6/05
Signature:

Owner/Legal Agent: Print Name

Signature:

App. #: 139

Septic Fee: 0

Date:

CRT[ ]

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

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6102B

Well Fee: 400.00

Date: 8/23/2005

CRT[ ]

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

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

JOB LOCATION INFORMATION:

TAX / PARCEL #: 209-142-16

STREET ADDRESS: 4301 KINGSWOOD RD

CITY: CHARLOTTE

STATE: NC ZIP: 28226

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 2

TOWNSHIP:

Label

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

SEMENT WITH PLUMBING

SEMENT WITH NO PLUMBING

IF F

NUI ESIDENCE: 0

WIL

WA

OTHER 'SPRINGS' (O)

PRC MAL ( ) OTHER

ARE TE PLAN/PLAT.

BUR INES (•) Yes ( ) No

EXIS ( ) Yes (•) No

EASE ORMED ( ) Yes (•) No

Hold for well grating 9/26/05

Entered in bridge after

Need water sample taken

pump set

PROPERTY OWNER:

NAME: Thomas Nunnenkamp

ADDRESS: 4300 Tottenham Road

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28226

HOME PHONE: 704-542-0144 WORK:

MOBILE: 704-552-7222 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: D.L. Mullis Well Drilling

ADDRESS: P O Box 691446

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK: 704-545-569

MOBILE: 704-545-5694 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

CONTINUE FROM PREVIOUS PAGE 001

$400 CLPP071848 8/23/05

GWS – RES. APP 12/04 Bridge

[redacted]

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

[redacted]

FILE # 6102B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 20914216

STREET ADDRESS: 4301 Kingswood Road

CITY: Charlotte

STATE: NC ZIP: 28226

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 2 B1

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:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

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: Thomas NunnenKamp

ADDRESS: 4300 Tottenham Road

CITY: Charlotte

STATE: NC ZIP: 28226

HOME PHONE: 542-0144 WORK PHONE: 552-7222

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling

ADDRESS: PO BOX 691446

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 545-5694

MOBILE PHONE: 361-7619 FAX: 545-9449

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 Date

*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.

Allison Phillips DL Mullis Well Drilling 8-22-05

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ONSITE

MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES 700 N. TRYON ST., SUITE 211 CHARLOTTE, NC 28202

Fax # 6102B

704' 545-9449

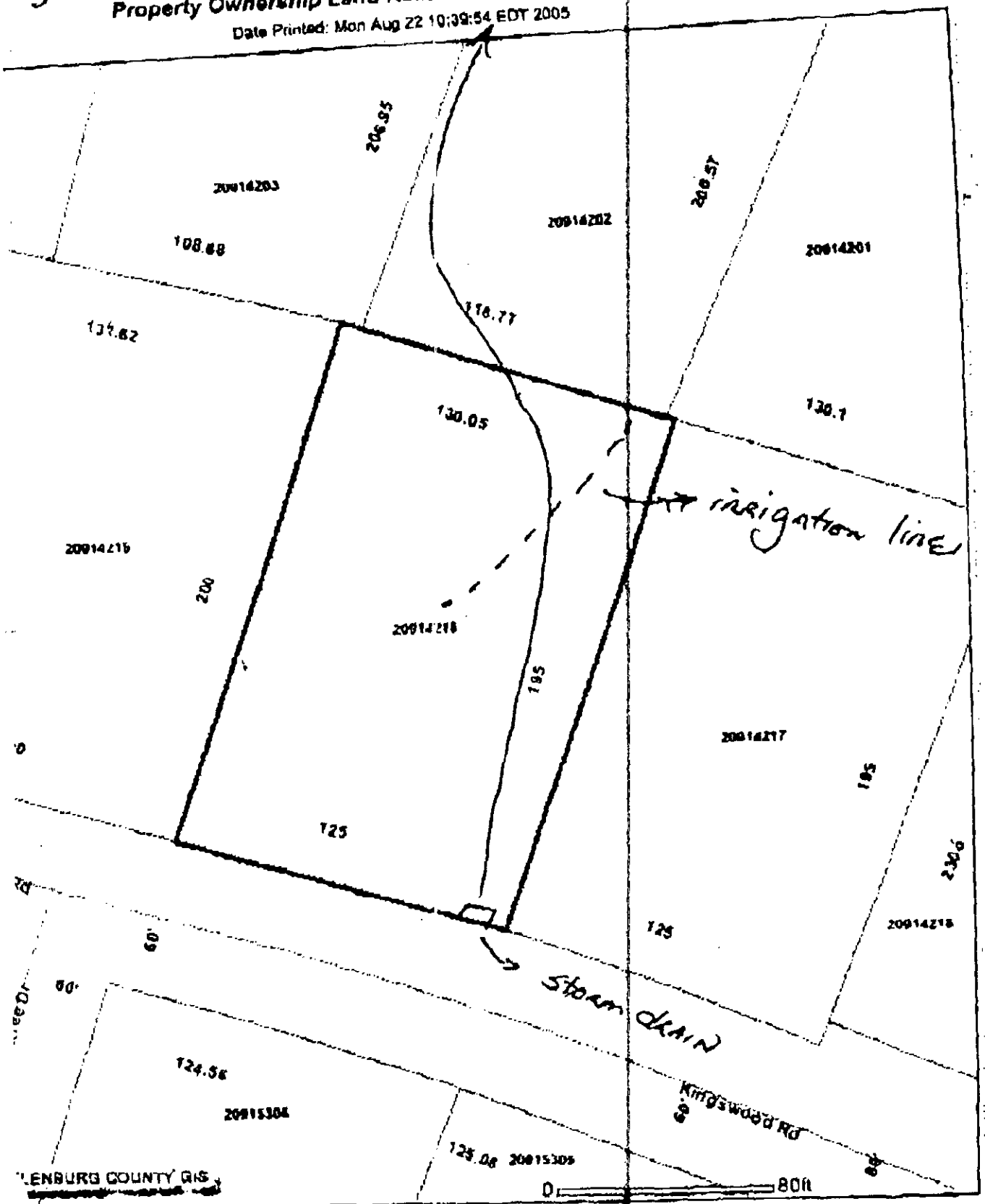
20914216

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Aug 22 10:39:54 EDT 2005



ared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys,

TOTAL P.01

P.O. BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM

Fax

To:	**FROM** ALLISON
Fax: 704-336-6894	**Pages:** 3
Phone: 704-545-5694	**Date:** 8-22-05
RE: PLEASE CALL ALLISON FOR THE CREDIT CARD INFO TO PROCESS THI S PERMIT, THANKS	**CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:** D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

[illegible]

[illegible]

[illegible]

REF#: 0902
CD TYPE: [illegible]
AP TYPE: MAIL/PHONE
INV#: 0502
DATE: AUG 23, 05 [illegible]

AVS: ZIP MATCH
CVV2: MATCH

TOTAL $400.00*

[illegible] 1651 EXP: **/**
AP#: 0-1699
[illegible] $0.00

[illegible]

[illegible]

CUSTOMER COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/23/05	**Amount:**	400.00
Receipt #:	36538	**Tendered:**	0.00
Check / Auth #:	VISA 071898	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: D.L. MULLIS WELL DRILLING,INC
Attn: ALLISON
Address: P.O. BOX 691446
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 4301 KINGSWOOD ROAD		1	400.00	400.00

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

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