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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007418 GWS File #: 3983B

IV. Permit Conditions/Comments:

- Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone

Signature: Jeremy Mark, REHS

Date Issued: 4/22/2015

Owner/Legal Agent: Jacob B. Mock
Print Name

Signature: 4/30/2015

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 #:** 10007310 **File #:** ~~9110B~~ 39838 **Tax Parcel #:** 023-252-54
**Property Owner:** CARLO LOKUAN
**Job Location Address:** 5944 MOUNTAIN POINT LN
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 4/21/2015
**Use of Well:** Potable
**Type of Facility Served by Well:** House

**Area of Regulated Groundwater Usage Review:** NO

**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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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)

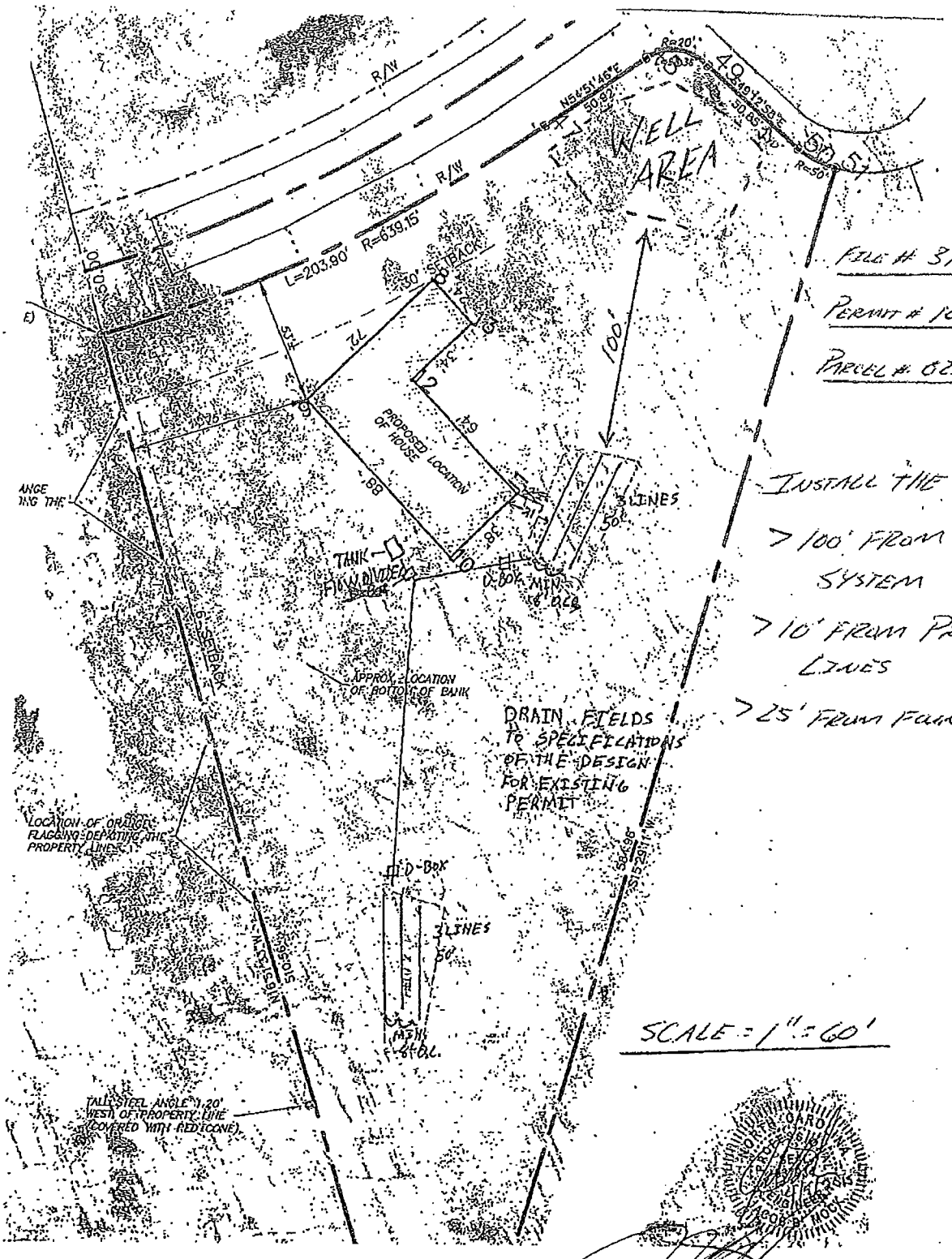
The analysis must be approved prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

Jeremy Mitchell Reis
Authorized Agent: Print Name
Jeremy Mitchell Reis
Signature:

Jacob M. Mock
Owner/Legal Agent: Print Name
Jacob M. Mock 4/30/2015
Signature:

5944 MOUNTAIN POINT LANE




FILE # 3788B

PERMIT # 10007310

PARCEL # 023-252-59

INSTALL THE WELL

> 100' FROM SEPTIC SYSTEM

> 10' FROM PROPERTY LINES

> 25' FROM FOUNDATION

SCALE = 1" = 60'

Jeremy Pratt, REHS 4/21/15

4/30/2015

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8804

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10007310 **File #:** ~~9119B~~ 34838 **Tax Parcel #:** 023-252-54
**Property Owner:** CARLO LOKUAN
**Job Location Address:** 5944 MOUNTAIN POINT LN
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 4/21/2015
**Use of Well:** Potable
**Type of Facility Served by Well:** House

**Area of Regulated Groundwater Usage Review:** NO

**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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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)

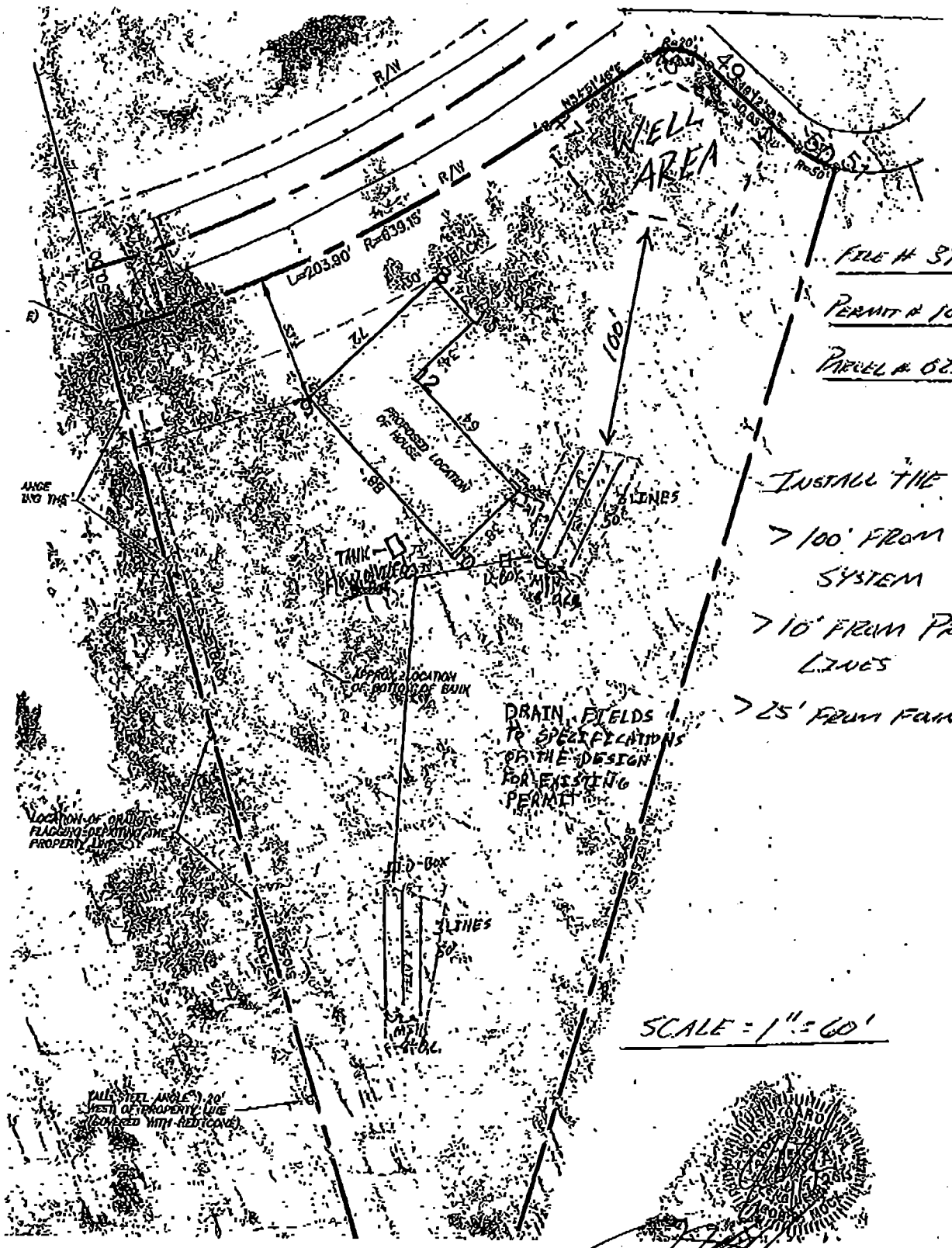
The analysis must be approved prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

Jeremy M. Jellerson, REHS
Authorized Agent: Print Name
Signature:

Jack B. Mock
Owner/Legal Agent: Print Name
Signature: 4/30/2015

5944 MOUNTAIN POINT LANE




Jerry Peele, PE/PS 4/21/15

X 4/30/2015

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 #:** 10007310 **File #:** ~~9119B~~ 39838 **Tax Parcel #:** 023-252-54
**Property Owner:** CARLO LOKUAN
**Job Location Address:** 5944 MOUNTAIN POINT LN
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 4/21/2015
**Use of Well:** Potable
**Type of Facility Served by Well:** House

**Area of Regulated Groundwater Usage Review:** NO

**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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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 approved prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

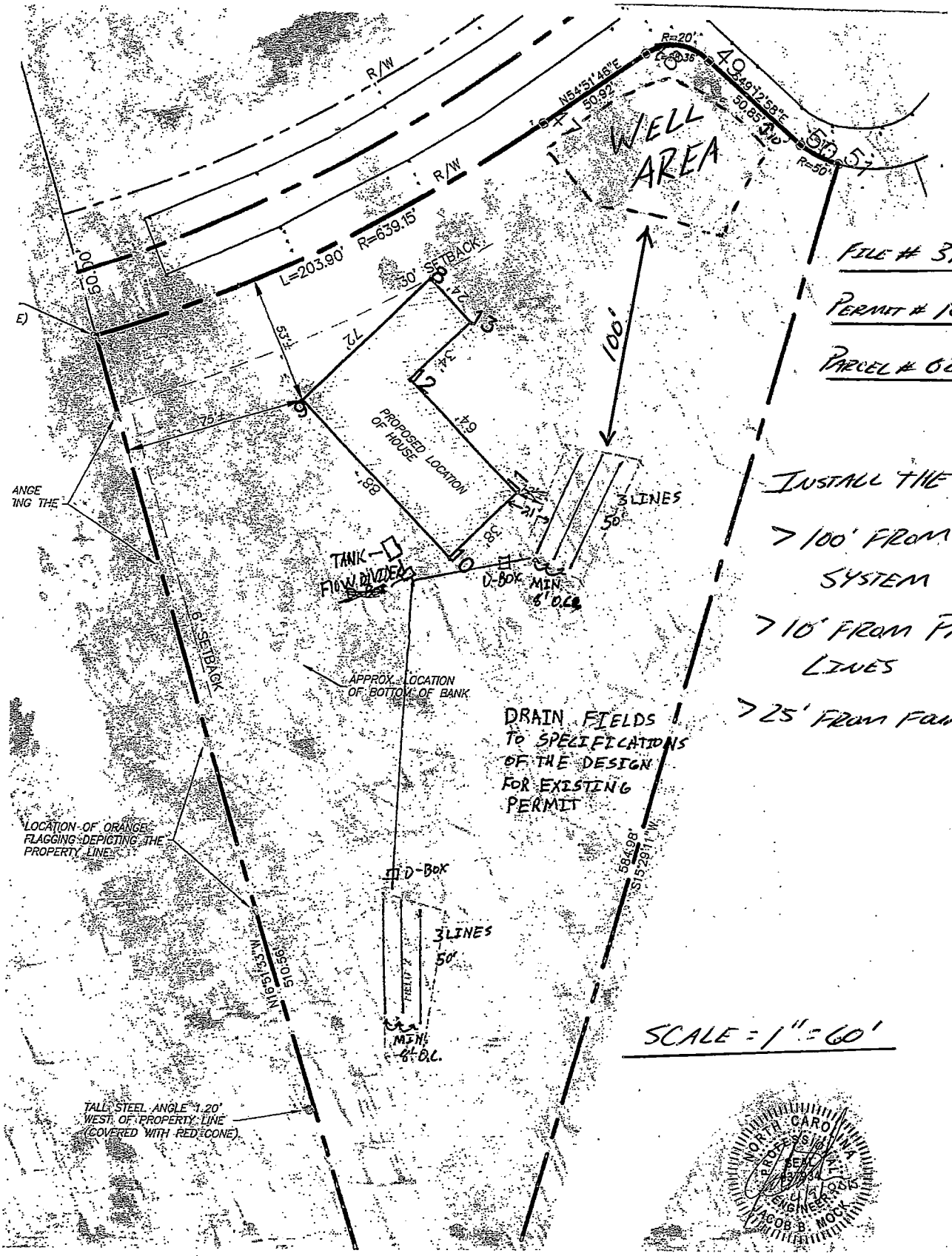
Jeremy Mitchell, REHS
Authorized Agent: Print Name

Jeremy Mitchell, REHS
Signature:

Owner/Legal Agent: Print Name

Signature:

# 5944 MOUNTAIN POINT LANE




FILE # 3783B

PERMIT # 10007310

PARCEL # 023-252-54

INSTALL THE WELL

> 100' FROM SEPTIC SYSTEM

> 10' FROM PROPERTY LINES

> 25' FROM FOUNDATION

SCALE = 1" = 60'

Jerry Mock, PE PS 4/21/15

X

# Supervisor/Administrative Professional Checklist

**New Septic** ☐ **New Well** ☑ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

**New Septic Fees Paid:**

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

**New Well Fee Paid:** $550.00 VAW Initials/Date 4/16/15

**Use Existing Fee Paid:** $100.00 _____ Initials/Date

**Alteration Fee Paid:** $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

**Modified Plot Plan Fee Paid:** $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☑

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

## Groundwater & Wastewater Services
### Well Project File & Data Review Worksheet

GWS File #: 3983B WASPS App #: _____

Primary ES assigned to project: Jeremy Michelare

Secondary ES assigned to project: _____

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:

_____

_____

_____

_____

_____

Application received date: 2/23/15 ES assigned date: _____ Permit issued date: 4/2/15

Well approval date: _____ Number of days to complete project: _____

Review performed by: JAM Date performed: _____

## Atkinson, Brenda

**From:** Michelone, Jeremy
**Sent:** Wednesday, April 15, 2015 5:01 PM
**To:** Mock, Jacob
**Cc:** Atkinson, Brenda; Michael, Jeremy
**Subject:** Re: Message from "RNP002673293916"

That is all correct. The file ( both well and septic) is on my desk.

Sent from my iPhone

> On Apr 15, 2015, at 4:08 PM, Mock, Jacob <jacob.mock@amecfw.com> wrote:
>
> Brenda,
>
> Per my conversation with Jeremy yesterday, since a soil evaluation had already been completed for my lot at 5944 Mountain Point Lane (which I had paid for the new permit ($250), the only thing that I would be responsible for would be the Modified Plot Plan ($100), a septic construction permit ($200), a certificate of occupancy permit or septic completion permit ($200), and the well permit ($550).
>
> As I had already paid the $250 for the new permit, which was not applicable as there was still an active permit for the lot and would serve as a credit, the only thing I would be responsible would be for is:
>
> Modified Plot Permit - $100
> Construction Permit - $200
> Certificate of Occupancy Permit - $200 Well Permit - $550 Credit for
> New Septic Permit – ($250)
>
> Total: $800
>
> Please call me back when you are available to discuss payment.
>
> Thanks again for all of your help.
>
> Best regards,
>
> Jacob
>
> Jacob B. Mock, P.E.
> Associate Engineer / Project Manager
> Amec Foster Wheeler
>
> 2801 Yorkmont Road, Suite 100
> Charlotte, North Carolina 28208
> D 704-357-5587
> M 336-239-6606
> E jacob.mock@amecfw.com<mailto:steve.kiser@amecfw.com>
>
>

$100.00
-150.00
1

$200.00
150.00
$350.00 B Construction
200.00 B

>
> From: Jacob Mock [mailto:jacob.mock1@gmail.com]
> Sent: Wednesday, April 15, 2015 12:47 PM
> To: Michelone, Jeremy
> Cc: Sean Rice; Sean K.Langston; Mock, Jacob
> Subject: Re: Message from "RNP002673293916"
>
> Jeremy,
>
> Please see the attached signed and sealed specifications for the septic system as well as the application for modified plot plan in accordance with our discussion yesterday.
>
> I have also attached a larger color PDF of the site plan and another larger copy of the site plan with my PE seal affixed.
>
> I will be calling the Mecklenburg County Department of Environmental Health later this afternoon to finalize payment for all three septic permits and the well permit per your request yesterday. Per our discussion the final balance for these permits was $800.00 I will reference our conversation with whomever I speak per your request as well to fill them in on the fees that were paid and how much I owe.
>
> Additionally, I have attached my original permit documents I submitted to Linda back in February for your records as well.
>
> I will plan on being at your office on Monday with my house plans to confirm the number of bedrooms (4) and finalize this portion of the septic/well permitting process. Please let me know what time works best for you.
>
> Please advise of any questions or concerns you may have.
>
> I look forward to meeting you on Monday and moving this effort forward.
>
> Thank you and best regards,
>
> Jacob
>
> Jacob B. Mock, PE
> jacob.mock1@gmail.com<mailto:jacob.mock1@gmail.com>
> (336) 239-6606
>
>
> [cid:115041521064000827@uk-mta-11.uk.mimecast.lan]
>
> This message is the property of Amec Foster Wheeler plc and/or its subsidiaries and/or affiliates and is intended only for the named recipient(s). Its contents (including any attachments) may be confidential, legally privileged or otherwise protected from disclosure by law. Unauthorised use, copying, distribution or disclosure of any of it may be unlawful and is strictly prohibited. We assume no responsibility to persons other than the intended named recipient(s) and do not accept liability for any errors or omissions which are a result of email transmission. If you have received this message in error, please notify us immediately by reply email to the sender and confirm that the original message and any attachments and copies have been destroyed and deleted from your system. This disclaimer applies to any and all messages originating from us and set out above. For Canada and the United States: If you believe this is an unsolicited email and do not wish to receive future commercial electronic messages from us, please click unsubscribe@amecfw.com<mailto:unsubscribe@amecfw.com?Subject=Unsubscribe> and include "Unsubscribe" in the subject line.
>

> Please click http://amecfw.com/email-disclaimer for notices and company information in relation to emails originating in the UK, Italy or France.
> <115041521064001327>
> <Jacob Mock Septic Permit Sketch 4-9-2015 037934.pdf> <Jacob Mock
> Septic Permit Sketch 4-9-2015.pdf> <Spetic Permit Application - Jacob
> Mock 2-19-2015.pdf> <Jacob Mock Modified Plot Plan Septic and Well
> Application 4152015.pdf> <Mecklenburg County Septic & Well Application
> - Jacob Mock 02-22-2015.pdf>

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 04/16/15 | **Amount:** | 550.00 |
| **Receipt #:** | 94358 | **Tendered:** | 550.00 |
| **Check / Auth #:** | MC 24143Z | **Returned:** | 0.00 |
| **Received By:** | WALKEVA | | |

**Account Information**

**Account #:** 200000
**Contractor:** MOCK, JACOB
**Attn:**
**Address:** 387 T.S. PAYNE ROAD
**Address:**
**City/State/Zip:** LEXINGTON, NC 27295

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>5944 MOUNTAIN POINT LANE | | 1 | 550.00 | 550.00 |

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

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

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 #:** 10001767 **File #:** 3983B **Tax Parcel #:** 023-252-54
**Property Owner:** DR. & MRS CHARLES AGUNOBI
**Job Location Address:** 5944 MOUNTAIN POINT LN
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 1/9/2007
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:** YES

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

**General Conditions of This Permit:**

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

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

☐ 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:**

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

Jeremy Michelau, R.S.
Signature:

FELIX KOMNANG
Owner/Legal Agent: Print Name

Signature

39838

9119B

APP# 7318

COPY

MECKLENBURG COUNTY
HEALTH DEPARTMENT

# APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ◉ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 02325254

STREET ADDRESS: 5944 Mountain Point Lane

CITY: Charlotte

STATE: NC ZIP: 28216

SUBDIVISION NAME: Mountain Point Estates

LOT #: 6 LOT SIZE (acres): 2.02

TOWNSHIP:

◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 2,600

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:

○ CONCRETE SLAB ◉ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

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

☐ N/A ☐ 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 (SEPTIC) 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 |
| CHEMICAL/PETROLEUM STORAGE TANKS | ○ YES ◉ NO | KNOWN UNDERGROUND CONTAMINATION | ○ YES ◉ NO |
| WASTE STORAGE | ○ YES ◉ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | ○ YES ◉ NO |

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3/6/15 ☐ N/A

12. PROPERTY OWNER:

NAME: Carlo Lokuan
ADDRESS: 11780 SW 18 St. Apt. 329
CITY: Miami
STATE: FL ZIP: 33175
WORK PHONE: (305) 710-5909
MOBILE PHONE: (305) 710-5909
FAX: _____
E-MAIL: _____

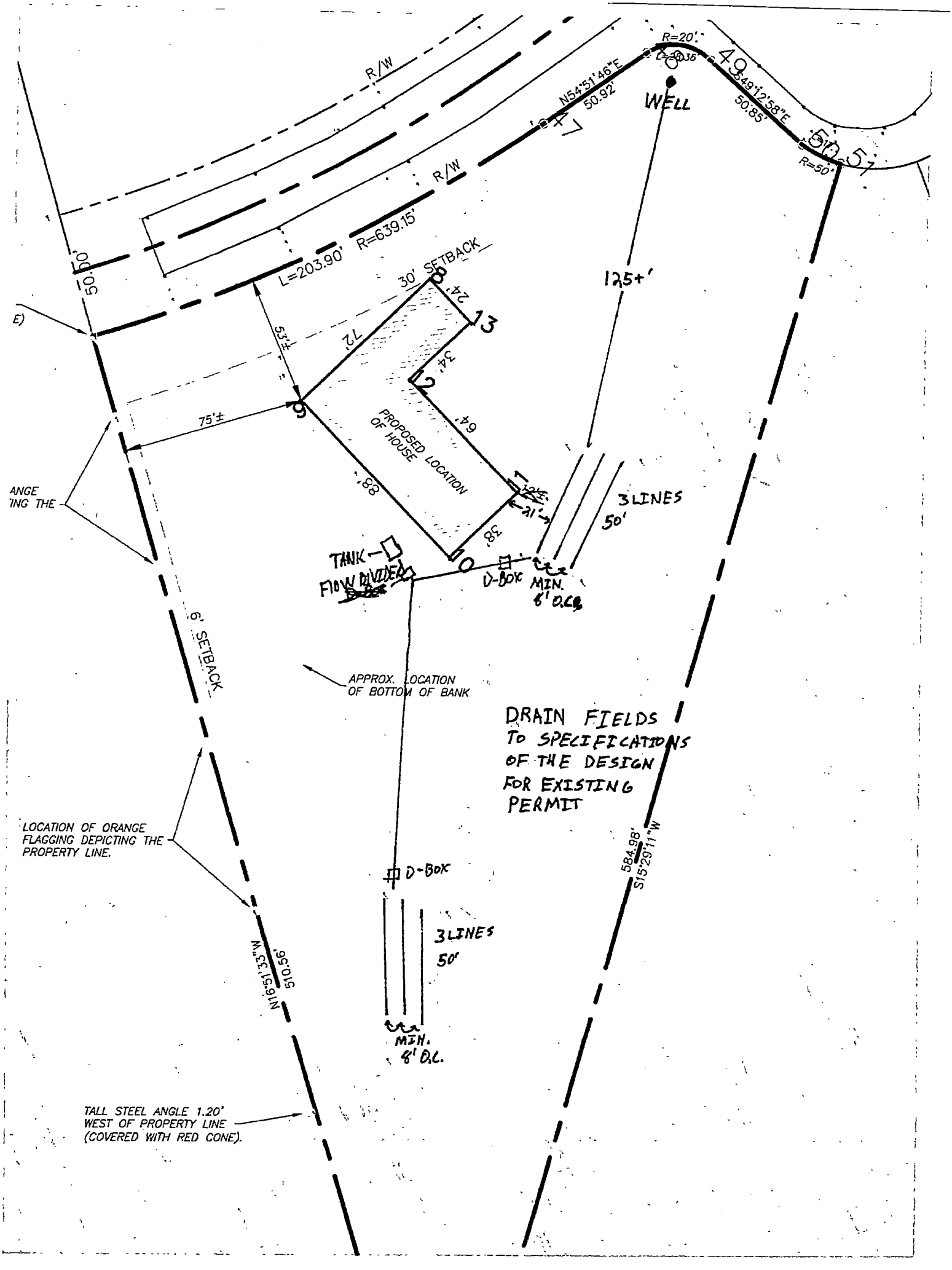
13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

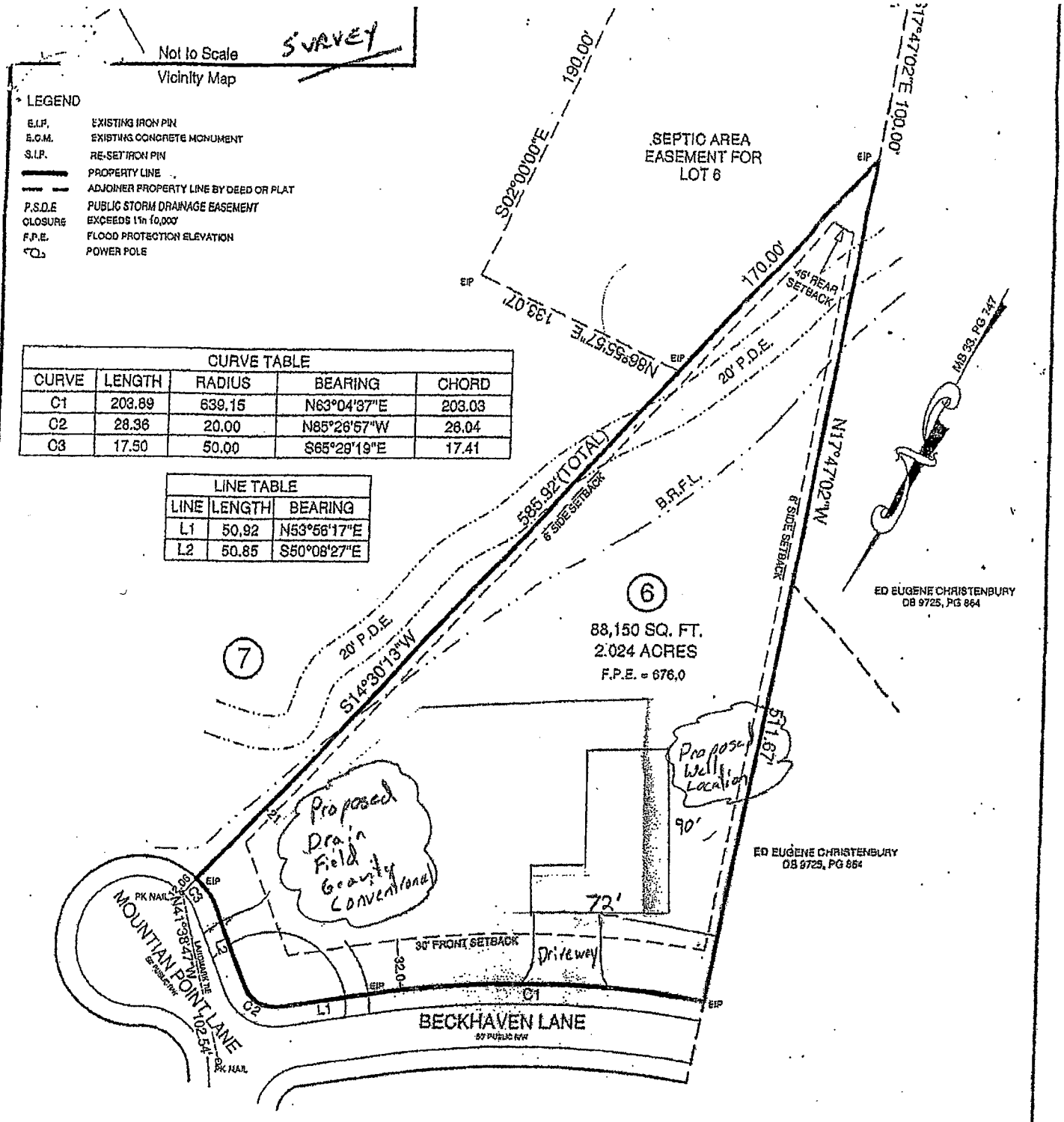
NAME: Jacob Mock (Buyer)
ADDRESS: 1815 Piedmont Hills Place Apt 509
CITY: Charlotte
STATE: NC ZIP: 28217
WORK PHONE: (707) 357-5587
MOBILE PHONE: (336) 239-6606
FAX: _____
E-MAIL: jacob.mock1@gmail.com



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

Revised on: 12/15/10


R/W
R/W
L=203.90'
R=639.15'
50'
30' SETBACK
E)
53'±
72'
24'
34'
64'
75'±
88'
38'
21'
PROPOSED LOCATION OF HOUSE
ANGE
'ING THE
6' SETBACK
TANK
FLOW DIVIDER
D-BOX
MIN. 8' O.C.
3 LINES
50'
APPROX. LOCATION OF BOTTOM OF BANK
DRAIN FIELDS
TO SPECIFICATIONS
OF THE DESIGN
FOR EXISTING
PERMIT
LOCATION OF ORANGE FLAGGING DEPICTING THE PROPERTY LINE.
D-BOX
3 LINES
50'
MIN. 8' O.C.
N16°51'33"W
510.56'
584.98'
S15°29'11"W
TALL STEEL ANGLE 1.20' WEST OF PROPERTY LINE (COVERED WITH RED CONE).
WELL
125+'
N54°51'46"E
50.92'
R=20'
L=30.36'
S49°12'58"E
50.85'
R=50'
10
9
8
7
6
5
4
3
2
1




Plot Plan SURVEY

OF

Lot 6, Mountain Point Estates, Map 1

Long Creek Twsp., Mecklenburg County, N.C.

SCALE 1"= 80'

THE PROPERTY OF Dr. Agunabi

MAP RECORDED IN BOOK 33 AT PAGE 747 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By:BDH

FILE:C:\LAND PROJECTS 3\Meck County\DWG\Mountain Point Estates Lot 6.DWG

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

JBM (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

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 twelve (12) months from the date of issuance.

JBM (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

**ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.** A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

2/22/2015
Date

---

*OFFICE USE ONLY*

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

SEPTIC APPLICATION FEE RECEIVED: $ 250.00 DATE FEE RECEIVED: 2/23/15

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: BA

GWS FILE NUMBER ASSIGNED: 91196

APPLICATION ID NUMBER ASSIGNED: 7310

COMMENTS:



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

File #: _____

## PROPOSED PLOT PLAN

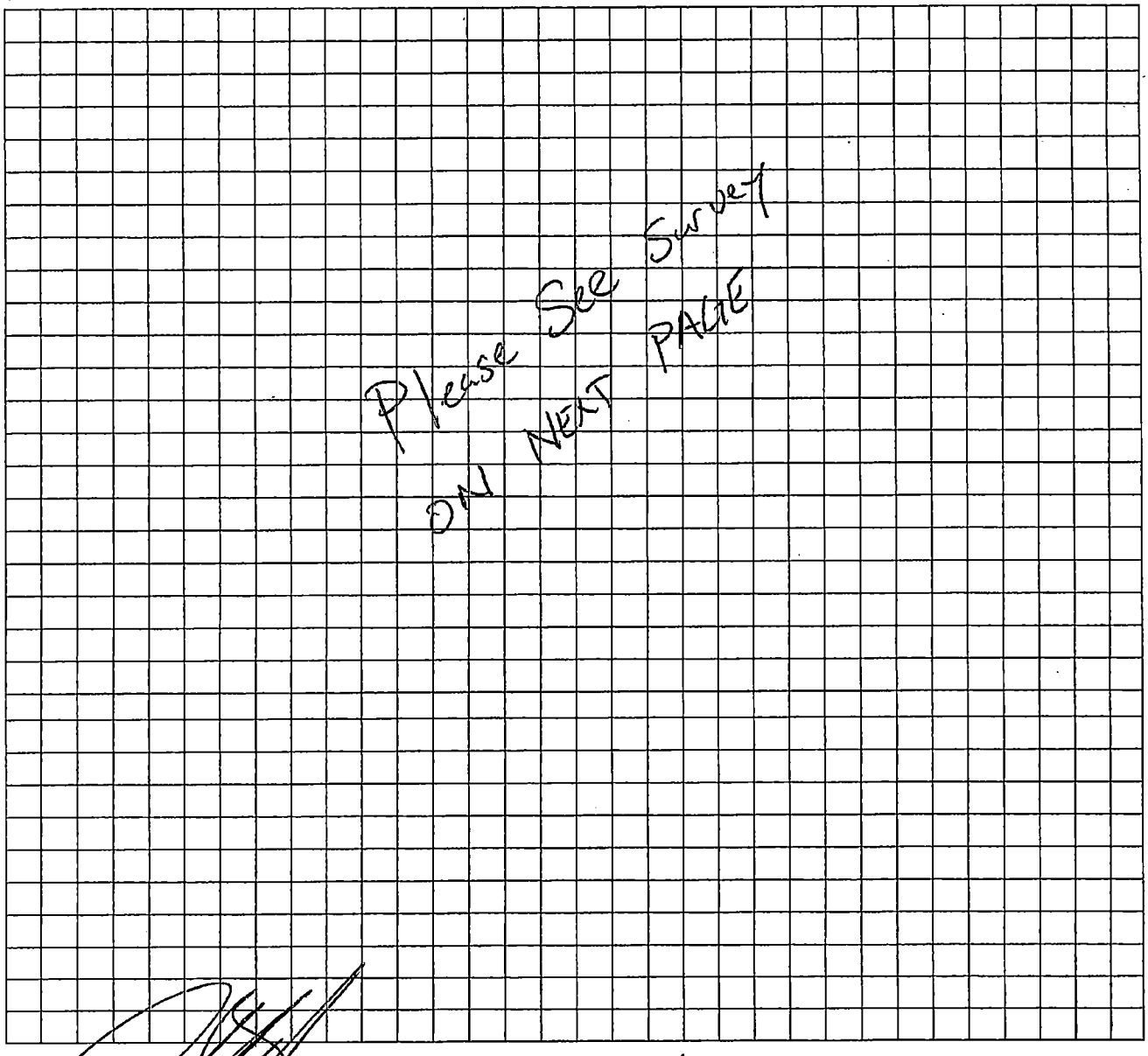
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 5944 Mountain Point Lane

Tax Parcel #: 02325254

Subdivision Name: Mountain Point Estates

Lot #: 6




Property Owner's or Owner's Legal Representative Signature

2/22/2015
Date



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

Revised on: 12/15/10

chk 1005 #1264 well # 1767 X 40164

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 8/16/06
CRT [ ] AC

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

WELL FEE: 400
DATE: [illegible]
CRT [ ] 11/4/07

FILE # 3983 B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 023-252-54
STREET ADDRESS: 5944 MOUNTAIN POINT LANE
CITY: CHARLOTTE
STATE: NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 6 Mountain Point Estate
TOWNSHIP: Long Creek Township, Meck. Cty, NC

☐ 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: 6,238 FT²
NUMBER OF BEDROOMS: ~~4~~ CHANGE TO FOUR BEDROOMS
NUMBER OF OCCUPANTS: $4 (KP)

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: Dr. & Mrs AGUMOBI CHARLES
ADDRESS: 1409 SUGAR HOLLOW DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE: 704-866-8030
MOBILE PHONE: 704-674-9147 FAX: 704.866.8717

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.

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.

X Felix Komnang 01-04-07
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

Terry Mock, P.E. 1/9/06

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 01/04/07 | **Amount:** | 400.00 |
| **Receipt #:** | 47447 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** X40164
**Contractor:** AGUNOBI CHARLES MD
**Attn:**
**Address:** 401 SOUTH MARIETTA ST
**Address:**
**City/State/Zip:** GASTONIA, NC 28052

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>5944 Mountain Point Lane/file 3983B | | 1 | 400.00 | 400.00 |

**Outstanding Balances**

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

# WORK ORDER

Workorder No: 71712
Description ARGU Well Review
Submitted To: CORBITT, LISA
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: CLOSED

Initiated Date: 1/8/2007 1:36:44 PM
Projected Start Date: 1/8/2007
Projected Finish Date: 1/8/2007
Actual Start Date: 1/8/2007
Actual Finish Date: 1/8/2007 1:46:00 PM
Date Closed: 1/8/2007 2:53:05 PM

Entity Type: ARGU_WELLS
Facility ID: 8676
Entity Location: 8676

## SITE INFORMATION

Workorder Address: 5944 MOUNTAIN POINT LANE
and/or
General Location:
Town:

Contact: (from Service Request)

| Contact Work Phone: (from Service Request) | Contact Home Phone: (from Service Request) |
|---|---|
| | |

## ACTIVITY

Instructions:

Comment:
Create one work order per site
By CALDWELL, SHAWNA: 1/8/07 1:53:21 PM
Based on review of MPL#972 and MPL#622, the permit for a new well installation at PID# 023-252-54, 5944 Mountain Point Ln., Charlotte is approved. The well is outside of the 1,500' ARGU buffer for both sites, so it will require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter VII Section IV Requirements for New Water Supply Wells without any special construction conditions related to an Area of Regulated Groundwater Usage.

## Hydrogeologist Permit Application Review

Application #: 1767

Permit File #: 3983B

Permit Type: New Well (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

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

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

EHS Review Update The application has been forwarded to Jeremy Michelone for review.

App. #: 1767

Septic Fee: 0.00

Date: CRT[ ]

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

**FILE #** 3983B

Well Fee: 400.00

Date: 1/4/2007 CRT[ ]

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

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

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 023-252-54 ☐ PO

STREET ADDRESS: 5944 MOUNTAIN POINT LN

CITY: Charlotte

STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: MOUNTAIN POINT ESTATE

LOT #: 6

TOWNSHIP: 00

General Comments:

**BUILDING INFORMATION:**

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 6238

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

TYPE:

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES ( ) Yes (•) No

EXISTING WASTEWATER SYSTEMS ( ) Yes (•) No

EASEMENTS OR RIGHT-OF-WAYS (•) Yes ( ) No

WELLS, SPRINGS, OR WATER LINES ( ) Yes (•) No

DESIGNATED WETLANDS ( ) Yes (•) No

GRADING/SOIL REMOVAL PERFORMED ( ) Yes (•) No

**PROPERTY OWNER:**

NAME: DR. & MRS CHARLES AGUNOBI

ADDRESS: 1409 SUGAR HOLLOW DRIVE

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28214

HOME PHONE: WORK: 704-866-8030

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK:

Parcels - Well View

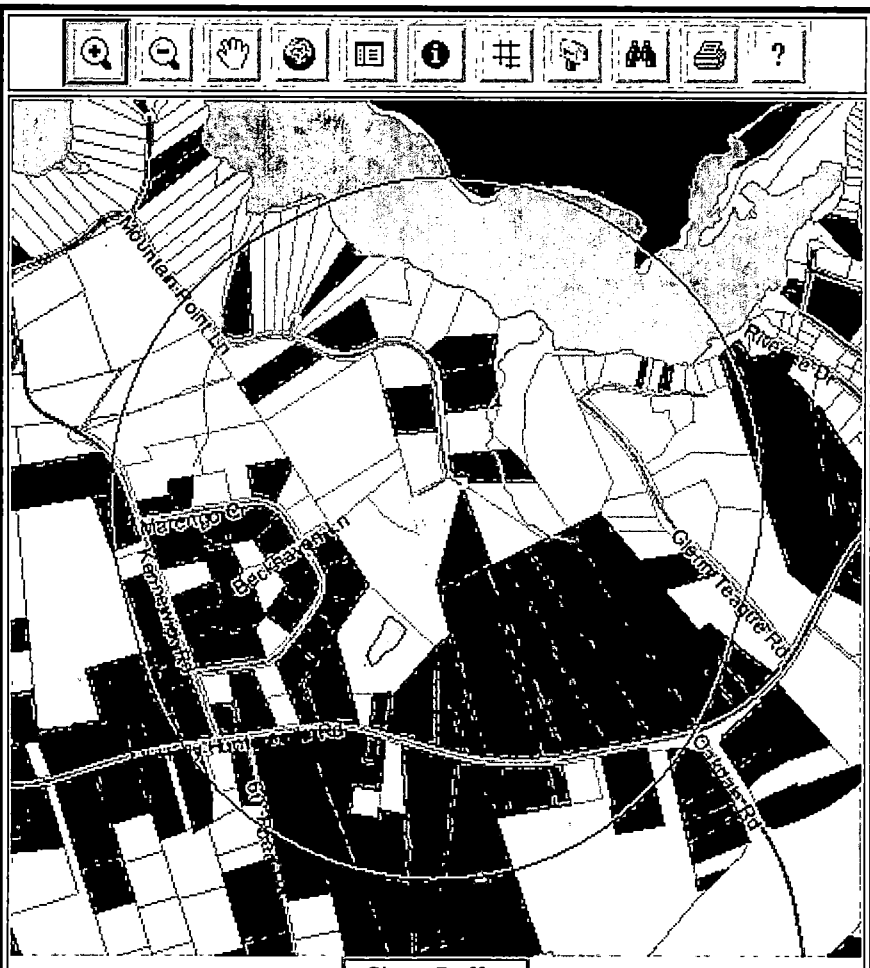
- Both Site and Well
- Landfill
- Public Well
- Contamination Site
- Private Well

Jurisdictions

- Charlotte
- Cornelius
- Davidson
- Huntersville
- Matthews
- Mecklenburg
- Mint Hill
- Pineville
- Stallings

Page Comments? (include email for reply)

Send to Author




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**Mecklenburg County, NC Groundwater & Wasterwater Services**
Contamination Site Information

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

***Parcel ID:** 02309206
**Name:** COOK'S COMMUNITY GROCERY
**House No:** 5229
**Street Dir:**
**Street Name:** MT. HOLLY-HUNTERSVILLE
**Street Type:** RD
**City:** HUNTERSVILLE
**State:** NC
**Zip:** 28078
**NC Incident Number:** 12989 EXIT Well Information System

* Link to GIS Real Estate System

**Mecklenburg County, NC Groundwater & Wasterwater Services**
Contamination Site Information

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

***Parcel ID:** 03306401
**Name:** DAVE'S AUTO SALVAGE
**House No:** 5416
**Street Dir:**
**Street Name:** MT. HOLLY-HUNTERSVILLE
**Street Type:** RD
**City:** CHARLOTTE
**State:** NC
**Zip:** 28216
**NC Incident Number:** 0 EXIT Well Information System

* Link to GIS Real Estate System

**EDMS Rept. for ARGU Review**
**5944 Mountain Point Ln., Charlotte, NC 28216**
**PID# 023-252-54**
**File # 3983B**
**Appl. #1767**

Public water supplied by CMUD currently not available at this site.

1/5/07 (Friday) - Received request for ARGU review for new WSW located at 5944 Mountain Point Ln., Charlotte, PID#023-252-54. According to the WIS, there are no existing wells at this property.

1/8/05 (Monday) - Conducted ARGU Review. Identified 2 MPL sites within 2,000' of the subject parcel:

MPL# 972 Dave's Auto Salvage
5416 Mount Holly-Huntersville Rd., Charlotte, NC 28216
PID# 033-064-01
No NCDENR located
Spills of gasoline and oil to ground reported to WQ in 1998

File Review of MPL# 972:

No NCDENR file information located. Spills of gasoline and oil to the ground were reported to Meck. Co. WQ on 10/13/1998. WQ inspector did not find significant spills.

A MPL investigation was completed in 2000 and 53 WSWs were identified within 1,500'. Four wells were sampled with no VOCs detected.

The subject site is within 1500' of the Dave's Auto Salvage property boundary, but the well location in the northeast corner of the property indicated on the figure submitted with the permit application is more than 1,500' from the contamination property boundary . Because the contaminant plume is not defined and the source area has been defined, ARGU is a 1,500 buffer around the contamination site property boundary, so the proposed well location will be outside of 1,500' of the ARGU.

MPL#622 Cook's Community Grocery
5229 Mount Holly-Huntersville Rd., Charlotte, NC 28216
5230 PID#023-092-06
NCDENR Inc. #12989
Petroleum UST release that has received a NFA letter.

File Review of MPL# 972:

Date: 1/8/07
Reviewed By: SWC

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 023-252-54 File # 3983B

Street Address: 5944 Mountain Point Ln., Charlotte, NC 28216

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 #: 023-092-06 MPL # 622

Street Address: 5229 Mt. Holly-Huntersville Rd., Charlotte, NC 28216

DENR Incident #: 12989

Current Status: NFA Why? Soil only petroleum UST release received NFA in 1994

Responsible Party: None listed.

Responsible Party Contact Info: None listed.

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)

Date: 1/8/07
Reviewed By: SWC

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 023-252-54 File # 3983B

Street Address: 5944 Mountain Point Ln., Charlotte, NC 28216

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 #: 033-064-01 MPL # 972

Street Address: 5416 Mt. Holly-Huntersville Rd., Charlotte, NC 28216

DENR Incident #: None

Current Status: _____ Why? _____

Spills of gasoline and oil to the ground were reported to Meck. Co. WQ on 10/13/1998. WQ inspector did not find significant spills.

Responsible Party: _____

Responsible Party Contact Info: _____

File Review

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

# WORK ORDER

Workorder No: 71712
Description ARGU Well Review
Submitted To: CORBITT, LISA
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 1/8/07 1:36:44 PM
Projected Start Date: 1/8/07
Projected Finish Date: 1/8/07
Actual Start Date: 1/8/07
Actual Finish Date: 1/8/07 1:46:00 PM
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 8676
Entity Location: 8676

## SITE INFORMATION

Workorder Address: 5944 MOUNTAIN POINT LANE
and/or
General Location:
Town:

Contact: (from Service Request)

| Contact Work Phone: (from Service Request) | Contact Home Phone: (from Service Request) |
|---|---|
| | |

## ACTIVITY

Instructions:

Comment:
Create one work order per site
By CALDWELL, SHAWNA: 1/8/07 1:53:21 PM
Based on review of MPL#972 and MPL#622, the permit for a new well installation at PID# 023-252-54, 5944 Mountain Point Ln., Charlotte is approved. The well is outside of the 1,500' ARGU buffer for both sites, so it will require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter VII Section IV Requirements for New Water Supply Wells without any special construction conditions related to an Area of Regulated Groundwater Usage.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007418 GWS File #: 3983B Tax Parcel #: 023-252-54

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 4/22/2020

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

Structure Type: HOUSE Size ($ft^2$): 2600 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Private Well

**II. Initial System Type:** PPBPS (gravity) **System Classification:** IIIe

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | N/A |
| Trench Width (ft): | 2 | Trench Spacing (ft): | 8 | Absorption Area ($ft^2$): | 534 | Total Trench Length (ft): | 267 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Distribution Box | | |

**III. Repair System Type:** PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 480 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 2 | Trench Spacing (ft): | 8 | Absorption Area ($ft^2$): | 800 | Total Trench Length (ft): | 400 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | N/A | Distribution Device: | Manifold (LPP Distri | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

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

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: J. Mock
(Print Name)

Signature: Jeremy Michelone, REHS Signature: 4/30/2015

Date Issued: 4/22/2015

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

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? No

| | |
|---|---|
| If Yes | ARGU is a 1500-foot buffer around the maximum extent of contamination |

If No, is the source area defined?

No

| | |
|---|---|
| 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?

No

| | |
|---|---|
| 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: Because the proposed well location is outside of the most stringent ARGU buffer of 1,500 feet from the property boundary for the Dave's Auto Salvage, the permit is approved with no special construction conditions.

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? Yes

| | |
|---|---|
| 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? No

| | |
|---|---|
| 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: Because the property is outside of the most stringent ARGU buffer of 1,500 feet from the extent of contamination for the Cooks Community Grocery, the permit is approved with no special construction conditions.