


3401 MINTSTONE DR

19507105

9/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

File #21875

# RESIDENTIAL WELL CONSTRUCTION RECORD

Parcel # 195.071.05

Josh Sellers

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

WELL CONTRACTOR CERTIFICATION # 2036

**1. WELL CONTRACTOR:**
Kelvin Belk
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
( ) -
Area code- Phone number

**2. WELL INFORMATION:**
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10002789
WELL USE (Check Applicable Box): Residential Water Supply ☐ IRRIGATION
DATE DRILLED 11-15-07
TIME COMPLETED 4:00 AM ☐ PM ☑

**3. WELL LOCATION:**
CITY: MINT HILL COUNTY MECK
301 Montstone Dr
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 9.094'
LONGITUDE 80 39.507'
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 Fast Growing Trees
STREET ADDRESS 4475 Morris Park Dr
Charlotte NC 28227
City or Town State Zip Code
704-779-9107
Area code - Phone number

**5. WELL DETAILS:**
a. TOTAL DEPTH: 350
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 1½ 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): 60 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1lb

g. WATER ZONES (depth):

| | | | |
|---|---|---|---|
| From 70' | To 130' | From | To |
| From | To 230' | From | To |
| From | To 330' | From | To |

**6. CASING:**

| | Depth | Diameter | Thickness/ Weight | Material |
|---|---|---|---|---|
| From +1½ | To 60' Ft. | 6/8" | .25 | pvc |
| From | To Ft. | | | |
| From | To Ft. | | | |

**7. GROUT:**

| | Depth | Material | Method |
|---|---|---|---|
| From | To Ft. | | |
| 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' | | 20' clay |
| 20' | 60' | sand-rock-pit gravel |
| 60' | 350' | granite-quartz |

**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 11/15/07
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.,**

Form GW-1b

**D.L. MULLIS WELL DRILLING & GRADING, INC.**
**MULLISWELL.COM**
PO BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

# Fax

| | | | |
|---|---|---|---|
| **To:** | MECK COUNTY | **FROM** | DREAMA |
| **FAX** | 704-336-6894 | **PAGES** | 2 |
| | 704-545-9449 | **DATE** | 11-30-07 |
| **RE:** | WELL RECORD | | |

**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.

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 #:** 10002788 **File #:** 21785 **Tax Parcel #:** 195-071-05
**Property Owner:** ROBERT ZBOCH
**Job Location Address:** 3401 MINTSTONE DR
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28227
**Permit Issuance Date:** 10/25/2007
**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 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):**

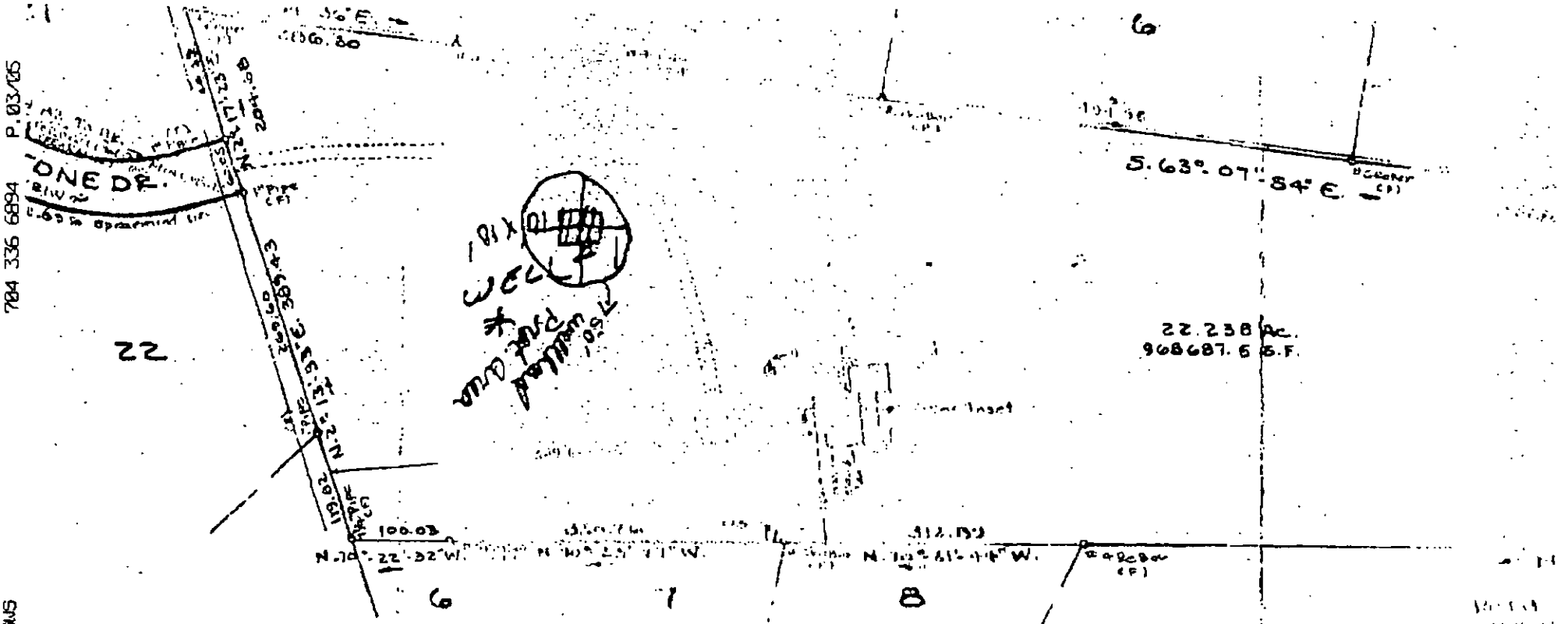
☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock
☐ Initial water sample to be taken and analyzed for (check all that apply):
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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:**

JOSHUA B. SELLERS R.S. ROBERT ZBOCH
Authorized Agent: Print Name Owner/Legal Agent: Print Name
Joshua R. Sellers R.S.
Signature: Signature:

10/30/2007 14:30 7049459268 BOB PAGE 03/04
P.03/05
784 336 6894
OCT-30-2007 11:17
MECKLENBURG CO GMS




lenburg - State of North Carolina
egistered land surveyor, being duly sworn
that this plat was prepared in accordance
amended and is in all respects correct
est of his knowledge and belief from
made under his supervision on the 12th
1998, with a linear error of closure of
an angular error of closure of 1 second

Charlotte, N.C.
28209

N.C. REGISTERED, LAND SURVEYOR
L-3714

# A BOUNDARY SURVEY
## A 22.238 ACRE TRACT AS SITU.
PROPERTY OF
ROBERT PAUL ZBOCH & RHONDA I
SCALE: 1" = 150'
MINT HILL, MECKLENBURG Co.
DEED REF:

GRAPHIC SCALE
100 50 0 50 100 200

22.2 ACERS
TAX ID
19507105

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

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**Permit Issuance Date:** 10/25/2007
**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.

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☐ 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)

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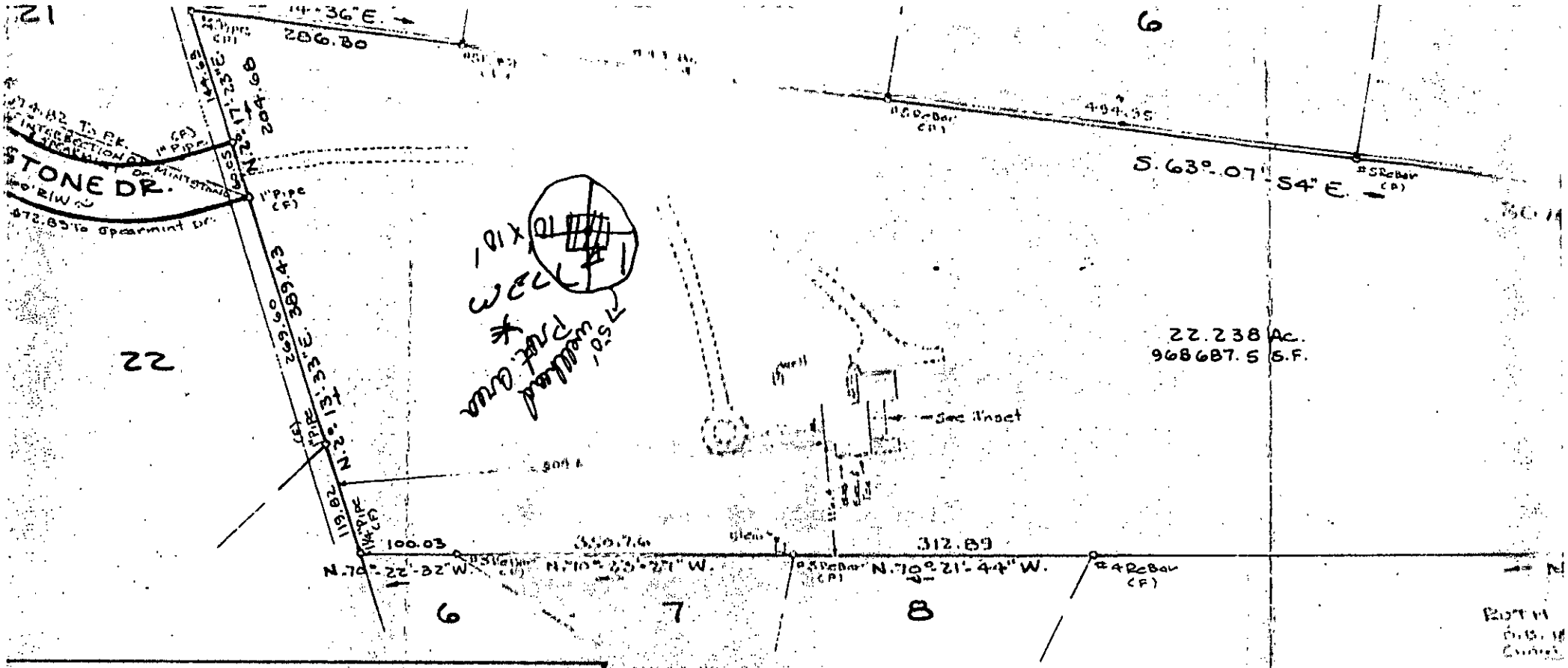
**Other Conditions of This Permit:**

JOSHUA R. SELLERS R.S.
Authorized Agent: Print Name

Joshua R. Sellers R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:




klenburg - State of North Carolina
registered land surveyor, being duly sworn
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, 1998, with a linear error of closure of
d an angular error of closure of 1 second

, Charlotte, N.C.
28209

Gary K Moore
N.C. REGISTERED LAND SURVEYOR
L-3714

NORTH CAROLINA REGISTERED L-3714

22.2 ACERS
TAX ID
19507105

# A BOUNDARY SURVEY
## A 22.238 ACRE TRACT AS SHO

PROPERTY OF
ROBERT PAUL ZBOCH & RHOND

SCALE: 1" = 150'
DATE: M

MINT HILL
MECKLENBURG Co. NOR
DEED REF:

GRAPHIC SCALE
100 50 0 50 100 300

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

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**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28227
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**Type of Facility Served by Well:** House
**Sewage System Type:** None

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☐ 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.

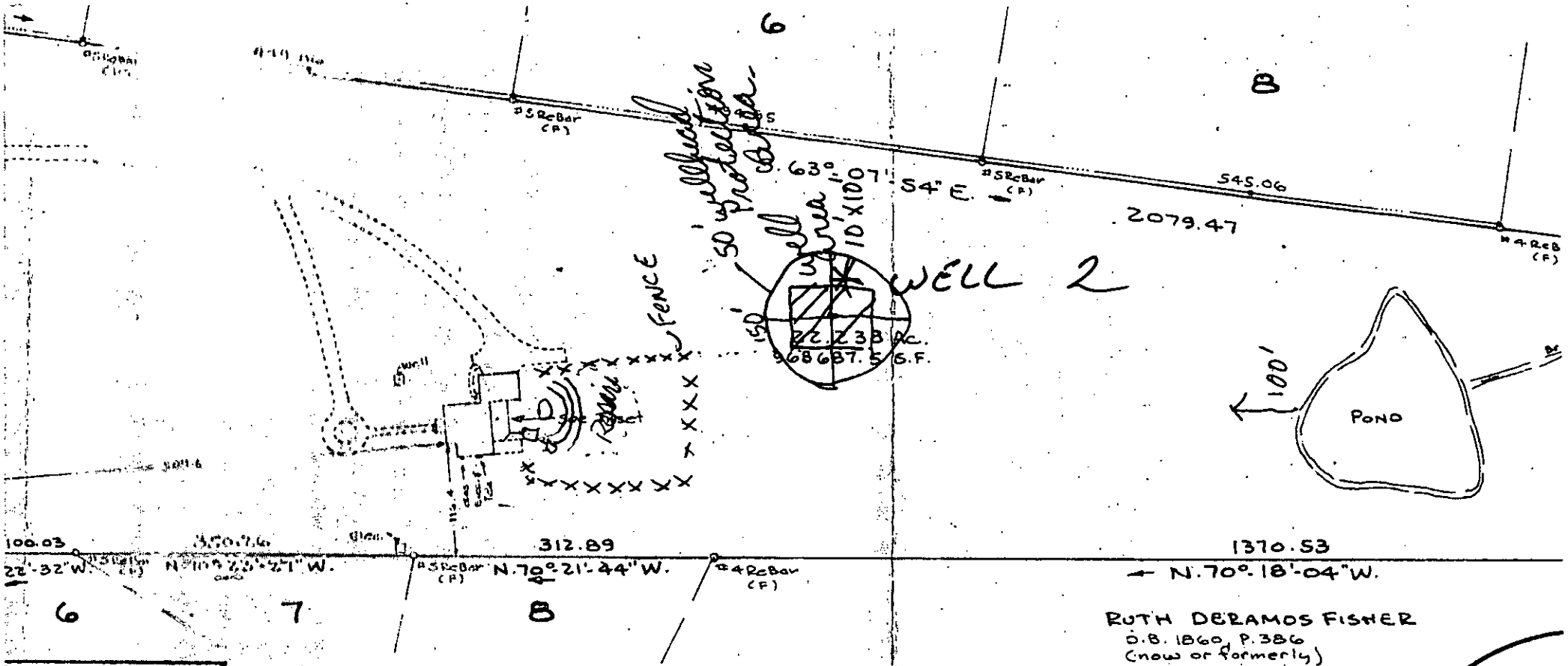
**Other Conditions of This Permit:**

JOSHUA R. SELLERS R.S.
Authorized Agent: Print Name

Joshua R. Sellers R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:




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duly sworn
in accordance
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belief from
on the 12th
of closure of
of 1 second

LAND SURVEYOR
714

# A BOUNDARY SURVEY OF A 22.238 ACRE TRACT AS SHOWN

PROPERTY OF

ROBERT PAUL ZBACH & RHOND L. ZBACH

SCALE: 1" = 150' DATE: MARCH 12, 1998

MINT HILL, MECKLENBURG Co. NORTH CAROLINA

DEED REF: 4958 - 833

GRAPHIC SCALE

100 50 0 50 100 300

150'

TAX ID
1950705

Well # 1

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

GWS File #: 21735 WASPS App #: 2738

Primary ES assigned to project: Josh Sellers

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 ☐ |

Comments: # Items requiring correction/modification: _____

**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 ☐ | |

Comments: # Items requiring correction/modification: _____

Application received date: 10/3/07 ES assigned date: _____ Permit issued date: 10/25/07

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

Review performed by: _____ Date performed: _____

JS.

FILE NUMBER: 21785

Revised On: August 31, 2007

APPLICATION NUMBER: 2788

SEPTIC FEE: _____
DATE: _____

**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**

WELL FEE: 460.00
DATE: 10/3/07

4724

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:
STREET ADDRESS: 3401 MINTSTONE DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 22.2
TOWNSHIP: TAX ID 19507105

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

#1

Built 1991

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 6500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 3
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):*

8A. **RANK:** ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

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 |

10. **PROPERTY OWNER:**

NAME: ROBERT ZBOCH
ADDRESS: 4808 CAMPOBELLO DRIVE
CITY: MONROE
STATE: NC ZIP: 28110
HOME PHONE: 704-218-8021 WORK PHONE:
MOBILE PHONE: 980-253-6581 FAX: 704-644-4499

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** MARCH 1998
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.

10-2-07
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.

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 10/02/07 | **Amount:** | 800.00 |
| **Receipt #:** | 52976 | **Tendered:** | 800.00 |
| **Check / Auth #:** | CHECK 4724 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

| | |
|---|---|
| **Account #:** | 200000 |
| **Contractor:** | TBK INC |
| **Attn:** | PAULOWNIA SUPPLY ACCT |
| **Address:** | 4475 MORRIS PARK DR, STE J |
| **Address:** | |
| **City/State/Zip:** | CHARLOTTE, NC 28227 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>2 WELLS | | 1 | 800.00 | 800.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| [redacted] | | | | | |

Well #2

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

GWS File #: 21785 WASPS App #: 2728

Primary ES assigned to project: Josh Ellen

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 ☐ | | |

Comments: # Items requiring correction/modification: _____

**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 ☐ | |

Comments: # Items requiring correction/modification: _____

Application received date: 10/3/07 ES assigned date: _____ Permit issued date: 10/25/07

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

Review performed by: _____ Date performed: _____

FILE NUMBER: 21785 Revised On: August 31, 2007 JS. APPLICATION NUMBER: 2789

SEPTIC FEE: _____
DATE: _____

**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**

WELL FEE: 400.00
DATE: 10/3/07
CHK 4724

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:
STREET ADDRESS: 3401 MINTSTONE DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 22.2
TOWNSHIP: TAX ID 19507105

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

#2

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 6,500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 3
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:** ____ ____ ____ ____ ____

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 |

10. **PROPERTY OWNER:**
NAME: ROBERT ZBOCH
ADDRESS: 4808 CAMPOBELLO DRIVE
CITY: MONROE
STATE: NC ZIP: 28110
HOME PHONE: 704-218-8021 WORK PHONE:
MOBILE PHONE: 980-253-6581 FAX: 704-644-4499

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** MARCH 1998
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.

_____ 10-2-07
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.

_____
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*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 10/02/07 | **Amount:** | 800.00 |
| **Receipt #:** | 52976 | **Tendered:** | 800.00 |
| **Check / Auth #:** | CHECK 4724 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** 200000
**Contractor:** TBK INC
**Attn:** PAULOWNIA SUPPLY ACCT
**Address:** 4475 MORRIS PARK DR, STE J
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>2 WELLS | | 1 | 800.00 | 800.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| [redacted] | | | | | |

# MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
# CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE - _____

**CREDIT** ☐ **REFUND** ☒ **CANCEL** ☐

1. Property Owner's Name: Robert Zboch 2. Permit #: _____
3. Permit Address: 3401 Minstone Dr. 4. Posting Date: 5/26/06 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # 980-253-6581
8. *If Refund*, Check payable to: Robert Zboch (Please Print) 9. Phone # 704-545-1504
10. Mailing Address: 3401 Minstone (Street) Charlotte (City) NC (State) 28227 (Zip)
11. Signature: Jcroy for Robert Zboch 12. Printed Name Robert Zboch 13. Date: 12/12/06

**REASON FOR REQUEST**

☐ Plan Change ☒ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN _____ (Correct contractor) CHARGES REAPPLIED _____ (Staff Initials)

☐ Other (Specify) _____

For Departmental use only. Do not write below this line.

## IF ADJUSTMENT
*(to be completed by Emp & Supervisor)*

Incorrect Entry - _____

Correct Entry -

Reason - _____

_____
_____
_____
_____

Initials _____ Date / /

Superv Initials _____ Date / /

## INSP. COUNT & CANCELLATION OF PERMIT
*(Completed by Applicable Core Process)*

Number of Inspections

| B | E | M | P | F | L |
|---|---|---|---|---|---|
| | | | | | |

Cancellation of Permit
*(completed by Applicable Core Process)*

| B | E | M | P | F | L |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

## CALCULATIONS
*(Completed by Applicable Core Process)*

| | |
|---|---|
| Plan Review<br>80% = Plan Review<br>90% = No Plan Review | % |
| Insp. Info<br>Each Insp (10%) | % |
| Total Crdt/Rfnd %<br>PR% - Insp | 75 % |
| Pmt or Fee Amt<br>$ Total Amt | $ 400.00 |
| Zoning Fee<br>$ Amt | $ |
| $ | X % = |
| Total Pmt/ Fee Credit/Refund<br>Permit Fee- Zoning X C/R% or Min/- Whichever is greater | $ 300.00 |

AJC (Initials) 12/12/06 (Date)

## VERIFICATION *(To Be Completed By Revenue Collection)*

| If Refund | If Refund with Credit Balance | If Credit (Trans #) | Serv Chg Cr | Initials & Date | Posting Date |
|---|---|---|---|---|---|
| | 8 _ 03=0 9004=$ | | $ | | |
| Org/Account [ 8 _ 03 = 0] | Refund . Charge to account | 88 - - - | 88116 | | |

## APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ____-____-____

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

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 05/26/06 | **Amount:** | 400.00 |
| **Receipt #:** | 44198 | **Tendered:** | 0.00 |
| **Check / Auth #:** | MC 003460 | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

**Account #:** 200000
**Contractor:** ZBOCH ROBERT
**Attn:**
**Address:** 3401 MINTSTONE
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>3401 MINTSTONE | | 1 | 400.00 | 400.00 |

**Outstanding Balances**

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

FAX:

TO: Gwynn Craig
Mecklenburg Water & Sewer
FAX: 704-336-6894
DATE: 12/11/06

FROM: Robert Zboch
FAX: 704/943-4488

I spoke with Debra (?) in your department today, and she directed me to you in order to request a refund. The total amount we paid for a well permit was $400.00, and we are requesting a partial refund of $300.00. This is for the location of 3401 Mint Stone Drive, Charlotte 28227. Even though we got the permit, we did not drill for that well.

Thank you for your assistance in this matter.

Robert Zboch

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5100
Fax: (704) 336-6894

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10000873 **File #:** 21785 **Tax Parcel #:** 196-071-05
**Property Owner:** ROBERT ZBOCH
**Job Location Address:** 3401 MINTSTONE DR
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28227
**Permit Issuance Date:** 6/1/2006
**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 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:**

Phil S. Walker
Authorized Agent: Print Name
Phil S. Walker JS
Signature:

ROBERT ZBOCH
Owner/Legal Agent: Print Name
Signature:

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 #:** 10000873 **File #:** 21785 **Tax Parcel #:** 195-071-05
**Property Owner:** ROBERT ZBOCH
**Job Location Address:** 3401 MINTSTONE DR
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28227
**Permit Issuance Date:** 6/1/2006
**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 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:**

Philo S. Walker
Authorized Agent: Print Name

Philo S. Walker PS
Signature:

Owner/Legal Agent: Print Name

Signature:

ROBERT ZBOCH
FAX 704-943-4488
CELL 980-253-6581
Fax Well permit to
mr Zboch

Philo # 873

GWS - RES. APP 07/05

SEPTIC FEE: _____
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 # 21785

WELL FEE: 400
DATE: 5/16/06
CRT # MC JBA

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 #: 195 071-05
STREET ADDRESS: 3401 mintstone Dr
CITY: CHARLOTTE
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

1991

**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: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

**WATER SUPPLY:**

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES ☒ NO | WELLS, SPRINGS, OR WATER LINES | ☒ YES | ☐ NO |
| EXISTING WASTEWATER SYSTEMS | ☒ YES ☐ NO | DESIGNATED WETLANDS | ☐ YES | ☒ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☒ YES ☐ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☒ NO |

**PROPERTY OWNER:**

NAME: ROBERT ZBOCH
ADDRESS: 3401 MINTSTONE
CITY: CHARLOTTE
STATE: NC ZIP: 28227
HOME PHONE: 704-545-150[illegible] WORK PHONE: 704-945-7268
MOBILE PHONE: 980-253-6581 FAX:

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

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?**

**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.

Owner's/Agent's Signature Date

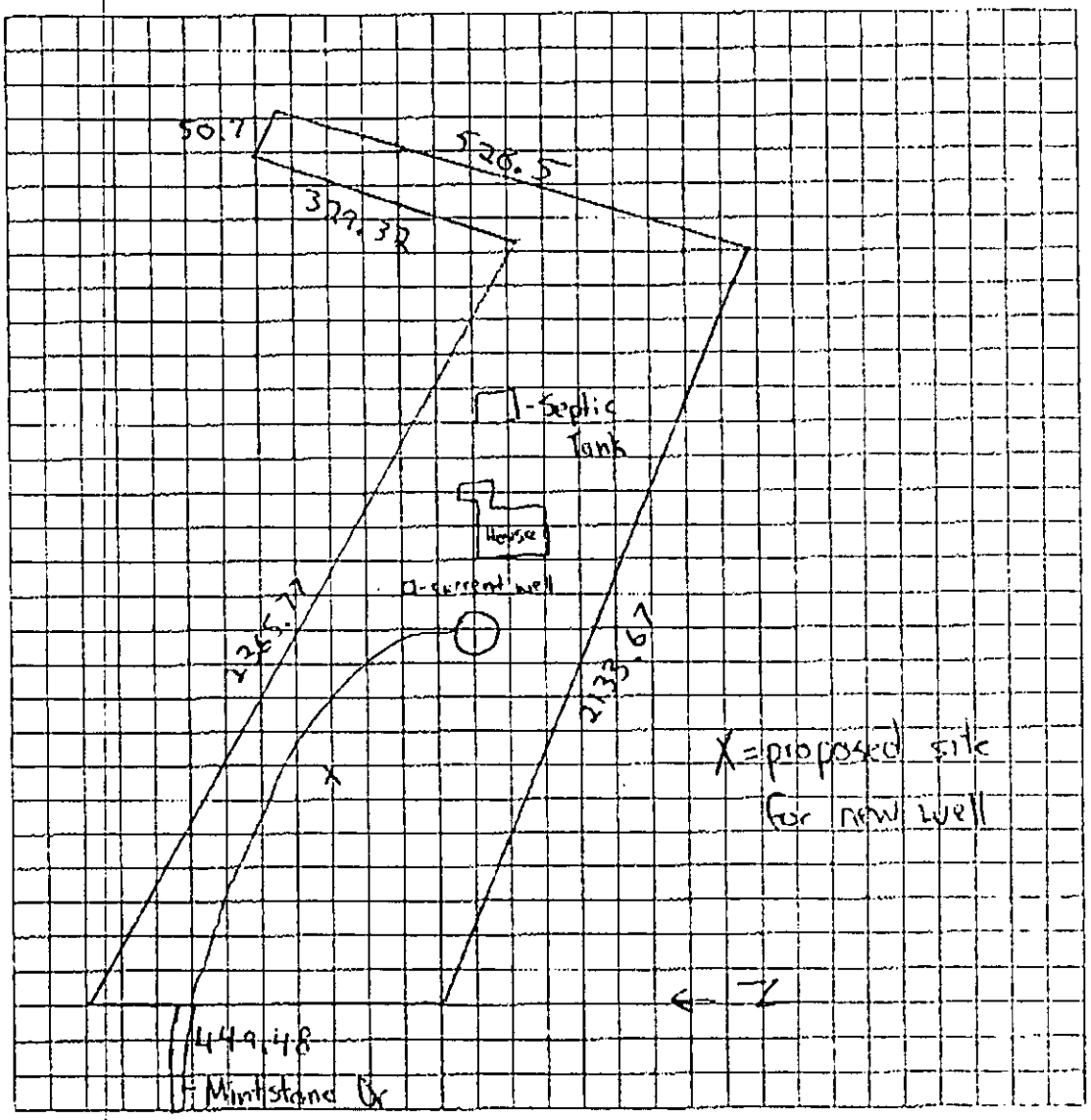
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704 336-8804

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

File # 21785
Date

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




Owner/Agent Signature

Date 5.25.06

LBC 12/15/04