

3902 VOYAGER RD

11317307

1/3/2008

duponbj

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

FEE: NA

DATE: _____

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

D1400

I JCRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 3491B (Ext. Feb 1996)

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-173-07

STREET ADDRESS: 3902 Voyager Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Berryhill Mtpark

LOT NUMBER: 9 (was 3822 Voyager Rd)

TYPE OF BUILDING (CHECK ONE):

X SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
___ HOUSE (H) ___ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

X WITHOUT BASEMENT ON SLAB ___ WITH BASEMENT /PLUMBING
___ CRAWL SPACE ___ WITH BASEMENT /NO PLUMBING

Met with David Ayers on site. Leak not near septic system. Septic system not showing evidence of malfunction. 7/1/97 - DLH Issue by. Water leak repaired. DLH 7/2/97

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ✓ YES ~~✓~~ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO

WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) MAUney (FIRST) W.K. (MI) Jr.	NAME: (LAST) Ayers (FIRST) David (MI) H.
ADDRESS: P.O. Box 1279	DAYTIME PHONE: (704) 399-3181
CITY: Kings STATE: MTN ZIP: 28086	
DAYTIME PHONE: (704) 399-3181	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: David H. Ayers DATE: 5-27-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

FEE: NA

DATE: —

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
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___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
___ HOUSE (H) ___ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 4

CLOSING DATE: ___

Made OSU w/ the David Ayers. Drainfield dry - Area in question apart from system.

FOUNDATION FOR RESIDENCE:

X WITHOUT BASEMENT ON SLAB ___ WITH BASEMENT /PLUMBING
___ CRAWL SPACE ___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: ___

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ✓ YES ~~___~~ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Mauney (FIRST) W.K. (MI) Sr.	NAME: (LAST) Ayers (FIRST) David (MI) H.
ADDRESS: P.O. Box 1279	DAYTIME PHONE: (704) 300-3181
CITY: Kings STATE: NC ZIP: 28086	
DAYTIME PHONE: (704) 399-3181	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ___

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

SIGNED: David H. Ayers DATE: 5-27-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Date Issued 6/9/83

Serial No. 6300

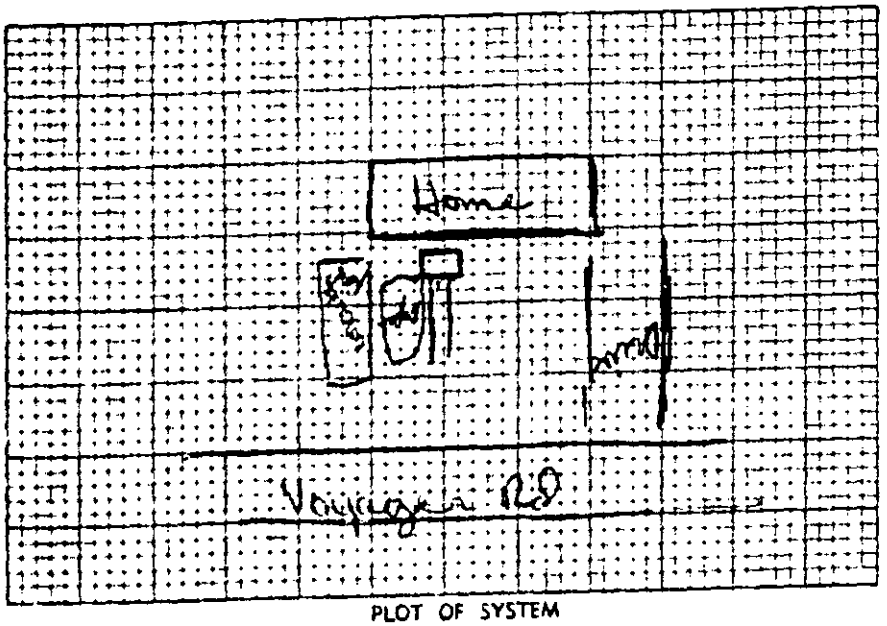
ICAR(S) Permit No 19746

T. C. No. 113-173-07

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 19746 dated 6/3/83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 6/9/83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank Repair

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 2

Distance from House >5'

Distance from Property Line >10'

Distance from Well Community

NAME OF OWNER Mauney W. K.

LOCATION OF PROPERTY 3822 Voyager Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: 6' wide x 15' long x 5' dep 4B stone straw cover from line or from tank replace line from tank to house

Sandy C Poole RS
Environmentalist

_____
Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

19089-D — DATA FORMS OF CHARLOTTE, INC.

SEE INSTRUCTIONS ON BACK

Date Received_____ ICAR(S) Application No._____

T. C. No._____

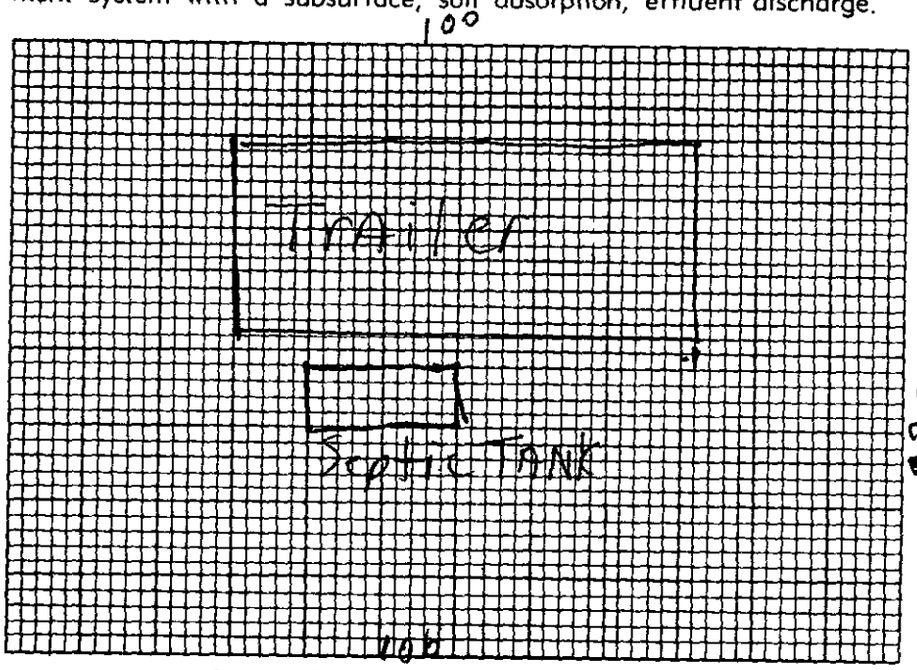
Map Date_____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) _____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

4) No. of Bedrooms 2
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ___ Yes ✓ No
9) Water Supply:
A) Individual Well _____
B) Governmental System _____
C) Community System:
1. Well source ✓
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Mauney (LAST), Jr. (FIRST) W. (MIDDLE) K.

14) ADDRESS OF OWNER P.O. Box 1279 Kings Mtn, N.C. 28086

15) PHONE NO. Home 399-3181 Office 399-3181

16) LOCATION OF SYSTEM 3902 Voyager Rd. -off of Walkers Ferry Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Berryhill M-H-Park Lot No. 9 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN?_____ YES _____ NO DATE RUN_____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5-27-97
DATE OF APPLICATION

W.K. Mauney, Jr.
OWNER

EHD-5-76

Environmental Health Department's Copy

INSTRUCTIONS

PLEASE TYPE OR PRINT

1) Check block (1) if the application is for a permit to install or construct a new system.

2) Check block 2) if the application is for a permit to alter or repair an existing system.

3) Draw in the subdivision the lot concerned. Draw in and name all roads adjoining the property and indicate which direction is north. Accurately diagram the house which is located or is to be located on the lot. Show the location or proposed location of all water lines and wells. If application is made to alter or repair an existing system also indicate the location of the existing system.

4) Indicate number of bedrooms in the building. Include all rooms which are to be used as bedrooms or might later be [illegible] or converted to bedroom use and any contemplated additional bedrooms to be constructed in the future.

5) If [illegible] is to be used for business purposes, indicate the maximum number of employees to be employed and attach a separate sheet giving a brief description of the nature and purpose of the business.

6) Indicate whether a washing machine has been or ever will be installed in the building.

7) Indicate whether a garbage disposal has been or ever will be installed in the building.

Indicate whether a dishwasher has been or ever will be installed in the building.

Indicate what kind of water supply is serving or will serve the building.

Check A if the water supply for the building will be a well which is located on the lot described herein and if the building [illegible] occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as or used in a food product.

Check B is the water supply for the building will be furnished by a City, County, Town or other governmental authority.

Check one of the blanks under C if the water supply for the building will be furnished by a private owned system other than an individual well as specified under 9A. Check 1. if the water source of the community system is a well or wells. Check 2. if the water source of the community distribution system is a city, county, town, or other governmental authority.

Indicate whether the building is located within 200 feet of a public (city or county) sewer line or within 200 feet of a privately owned sewer line.

If financing is to be provided by an FHA loan, indicate the FHA case number.

If financing is to be provided by a VA loan, indicate the VA case number.

Fill in full name of owner.

Fill in address of owner

Self explanatory.

Indicate location of property on which system is to be installed, constructed, altered, or repaired. Give street address, county road number, etc.

Name of subdivision (if applicable) in which the lot on which the system is to be built is located or name shown on recorded plot plan showing said lot. Lot and block number of lot on which application is being made to install or repair system. Book and page number where map is recorded in the Mecklenburg County Register of Deeds Office. This information is usually contained in the deed description.

Book and page number where deed to current owner is recorded in the Mecklenburg County Register of Deeds Office (see deed).

Indicate whether a soil investigation has been run by the Mecklenburg County Department of Environmental Health and if so, the approximate date it was run.

[illegible] investigation was run on the lot after Sept. 1, 1970, a soil investigation report was sent to the owner indicating [illegible]lts of the test. The number in the upper right hand corner of that report should be entered here.

[illegible]ion must be signed by the owner of the property or by the President or Vice-President or other proper official [illegible]ion if the property is owned by a corporation and the corporate seal affixed. The signature on an agent of the [illegible] be accepted only if accompanied by a specific letter of authorization or a recorded power of attorney authoriz-

[illegible] to tear off and retain the last copy of this application (marked Owner's Copy) for his records. The original [illegible]opies should be sent to the Mecklenburg County Department of Environmental Health, 1200 Blythe Boule-[illegible]e, North Carolina 28203.

#4920525 23

3490 B

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Charlie Nichols CERTIFICATION # 3155

WELL CONTRACTOR COMPANY NAME McCall brothers Inc. PHONE # (704) 399-1505

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:
Nearest Town: 7418 buck land rd County Mecklenburg
Charlotte N.C. 28278
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

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

3. OWNER: Dr tool
Address 7418 buckland rd
(Street or Route No.)
Charlotte N.C. 28278
City or Town State Zip Code
(704)-588-6751
Area code- Phone number

4. DATE DRILLED 5-16-05
5. TOTAL DEPTH: 400
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 36 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 15 METHOD OF TEST: Blow
10. WATER ZONES (depth): 186, 426
11. DISINFECTION: Type Chlorine Amount 2.5 lbs.

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	77	Que Courden
77	185	blue granite
185	211	blue/white marble
211	400	Dark grey granite

12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 84	Ft.	6 1/4	.188	GalV
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 42	Ft.	Neatcement	tremmie grout
From	To	Ft.		

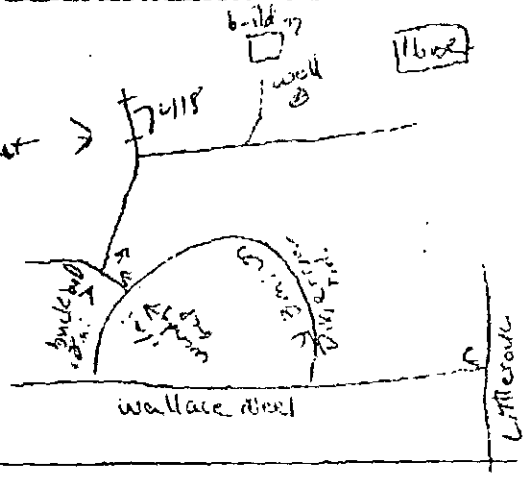
14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

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



16. REMARKS: _____

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

Charlie Nichols 7-17-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

DAVID

GWS – RES. APP 1204

X27070

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 # 3490B

WELL FEE: 400.00
DATE: 5/11/05
CRT [ ]: JCA

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 113-302-50
STREET ADDRESS: 7418 Buckland Rd
CITY: Charlotte
STATE: NC ZIP: 28278
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

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: D. & Alicia Foal
ADDRESS: 7418 Buckland Rd
CITY: Charlotte
STATE: N.C. ZIP: 28278
HOME PHONE: 588-6751 WORK PHONE:
MOBILE PHONE: 980-721-5432 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Bros Inc.
ADDRESS: 6700 Brookshire Blvd
CITY: Charlotte
STATE: NC ZIP: 28216
HOME PHONE: WORK PHONE: 399-1506
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1997

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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JOSHUA R. SELLERS, R.S.
Environmental Health Specialist
Health Department

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.

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

MECKLENBURG COUNTY GOVERNMENT

700 N. Tryon Street, Suite 211
Charlotte, NC 28202
Office: 704-336-5569
Fax: 704-336-6894
sellejr@co.mecklenburg.nc.us

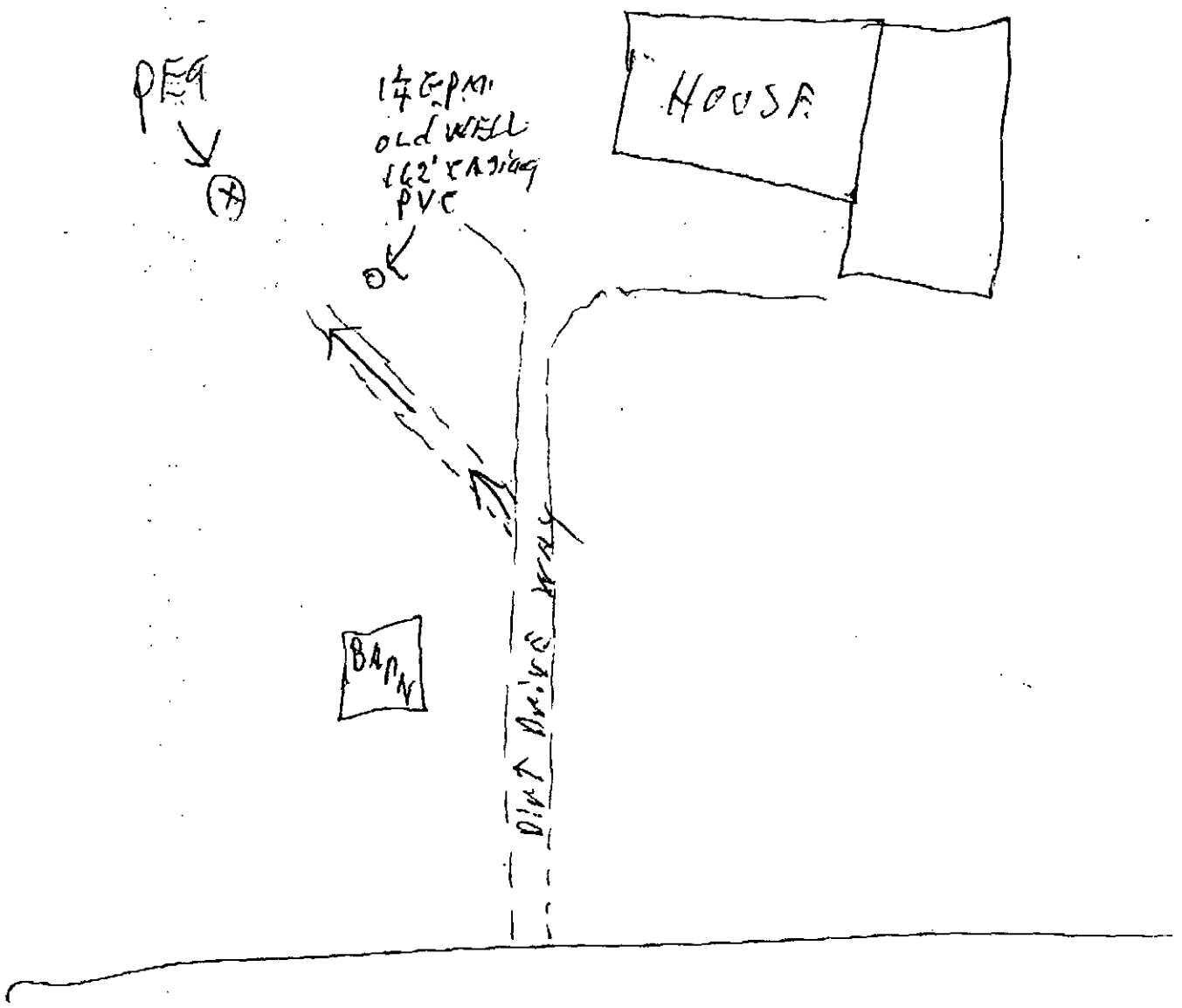
Waiting on Plot Plan

WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO. 92032523

Name D. TAL

Address

Location



N.M.

Salesman

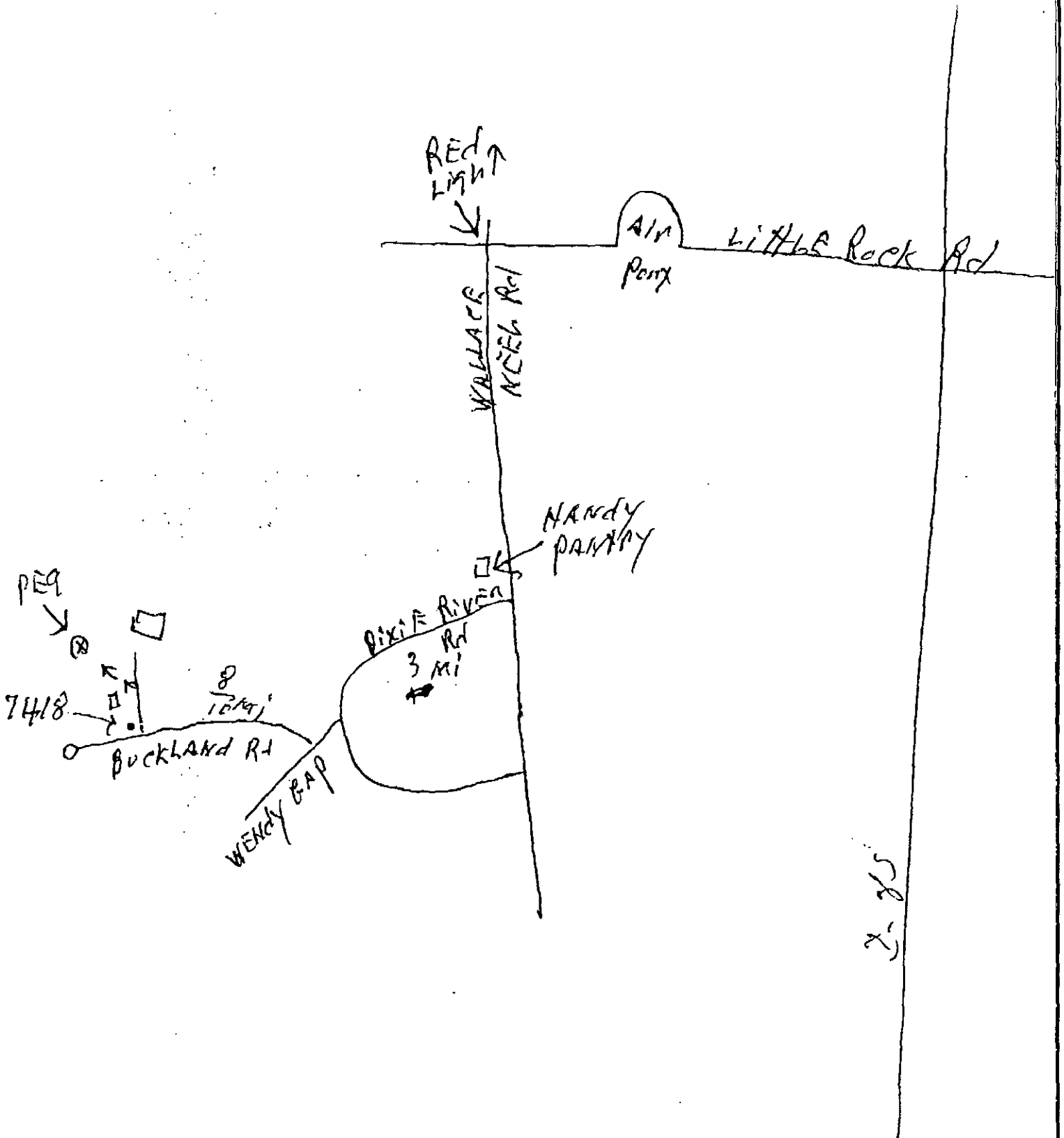
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.____

92032523

Name D. Teal

Address

Location



U. N. M.

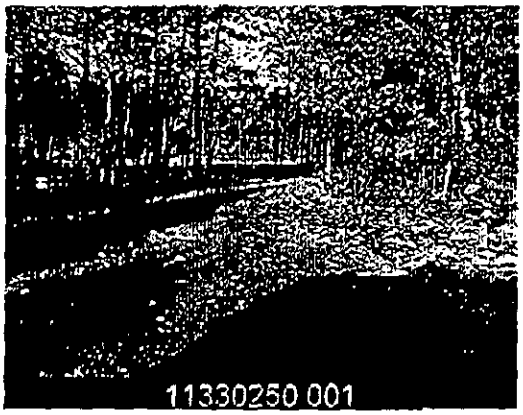
Salesman

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 5/10/2005 3:45:27 PM

Parcel ID #: 11330250 GIS ID #: 11330250	
Owner Name:	DESMOND JAMES JR TOAL AND ALICIA ISAACS TOAL
Mailing Address:	7418 BUCKLAND RD CHARLOTTE, NC 28208
Property Characteristics	
Legal Desc.:	NA
Land Area:	5.944AC
Fire District:	14-STEELE CREEK #1
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
10305-314 (3/8/1999) $0.00	
Situs Addresses Tied to This Parcel	
7418 BUCKLAND RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 59.01	
Parcel Falls Inside SWIM Buffer?: YES	
FEMA Flood Information	
FEMA Panel #:	3701590203E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	Lower Lake Wylie
Watershed Class:	CA

Building Photography

PHOTO #1
Location: 7418 BUCKLAND RD



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Need to look @ wellhead
? collect samples to complete
Herbicides PAH's ? PCB's