

11701 DOWNS RD

20506136

1/2/2008

duponbj

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

July 22, 1994

Downs Road Partnership
1850 East Third Street
Charlotte, NC 28204

RE: Property located at Downs Road
FILE: 3139B
PARCEL: 205-061-11PO

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20423) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20423

File: 31398 Action 3

Parcel: PO 205-061-11 400 DPC

Location: Downs Road

Subdivision:

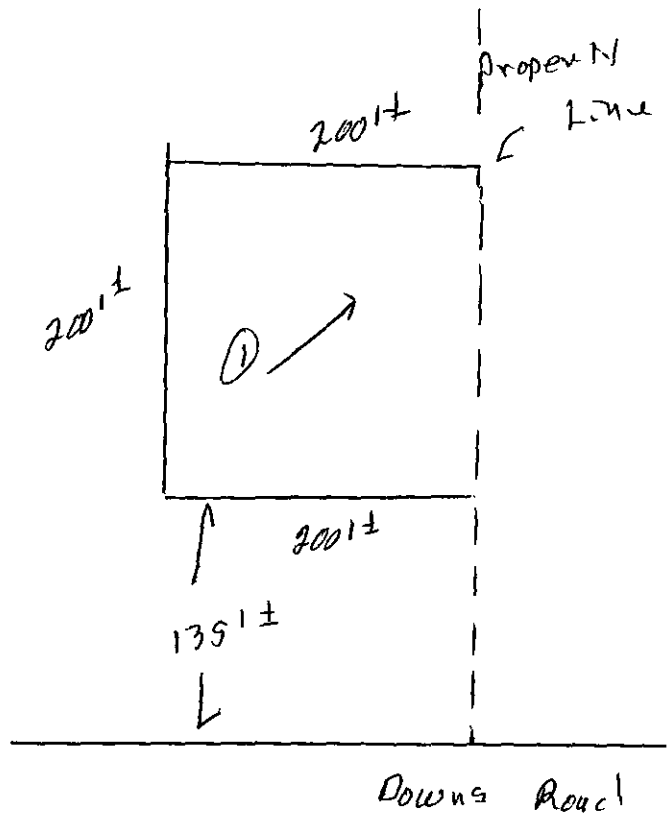
Lot: Block: Acres: Approx. 1.0

Owner: Downs Road Partnership
Address: 1850 E. Third St.
Charlotte, NC 28204

Comments: Lot to Repair

Described by: William R. Marlin

Date: 7-20-94



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U to sub & Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U) some perched water 24-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Mecklenburg-Iredell					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Application for

RECONNAISSANCE SURVEY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES
REQUEST (Pertaining to Application No. 3139B) ☐ CRT

$135.00 7/22/94 ck#30748

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 7/21/94

PERSON FILING APPLICATION:
NAME: Polites (last) John (first) (mi)
ADDRESS: 1850 E. Third St. PHONE: (704) 333-0064
CITY: Charlotte STATE: N.C. ZIPCODE: 28204

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 205-61-11
STREET ADDRESS: 11701 Downs Rd.
Pineville, N.C.
ZONING: I-2

PROPERTY OWNER:
NAME: Downs Road Group (last) (first) (mi)
ADDRESS: 1850 E. Third St. PHONE: (704) 333-0064
CITY: Charlotte STATE: N.C ZIPCODE: 28204

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☑ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: 1 LOT SIZE (in acres):

TYPE APPLICATION (check one):
RECONNAISSANCE SURVEY
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☑ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business WAREHOUSE/OFFICE Employees 6 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
☑ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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: John A Polites Date: 7/21/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

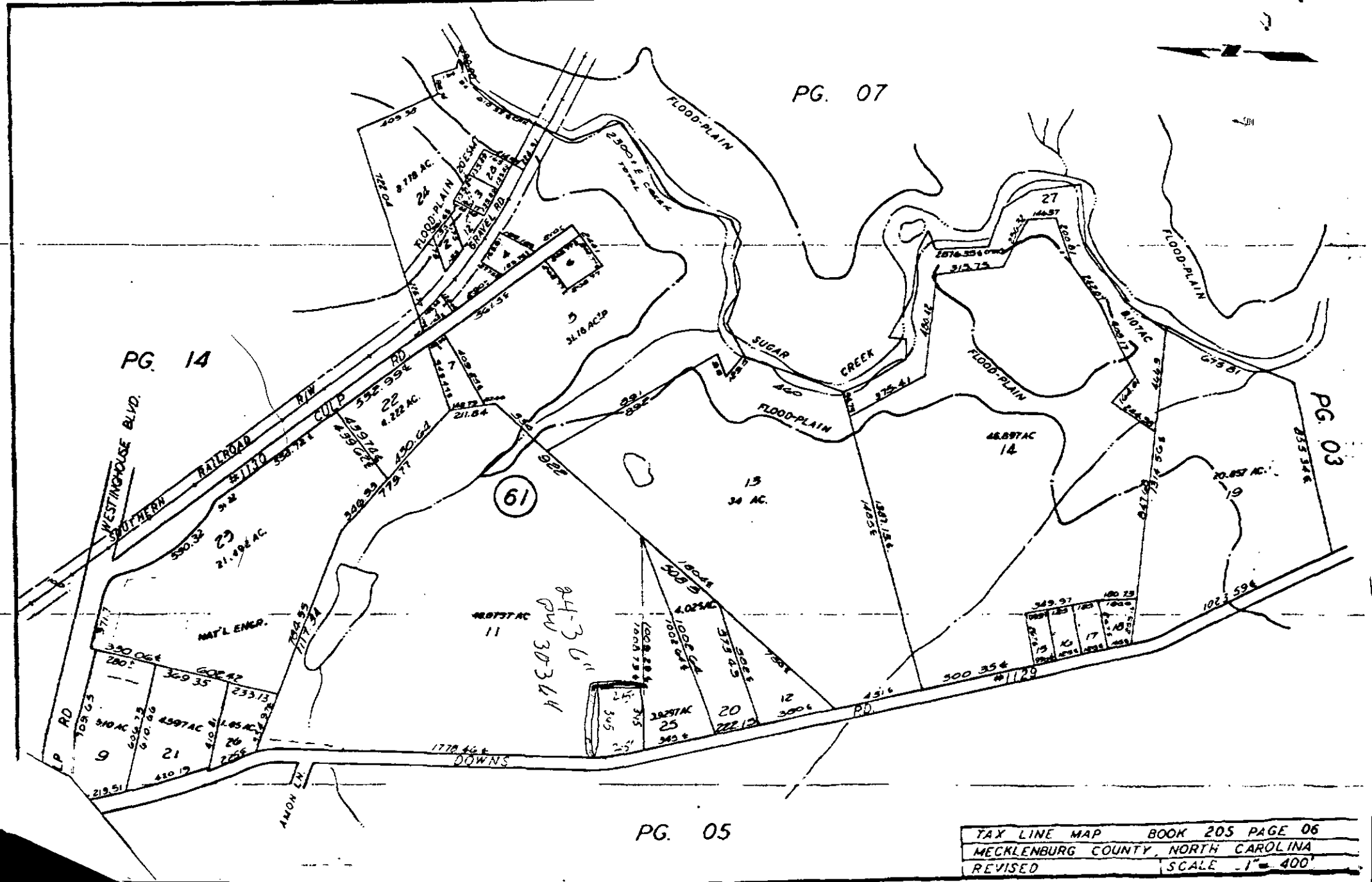
☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

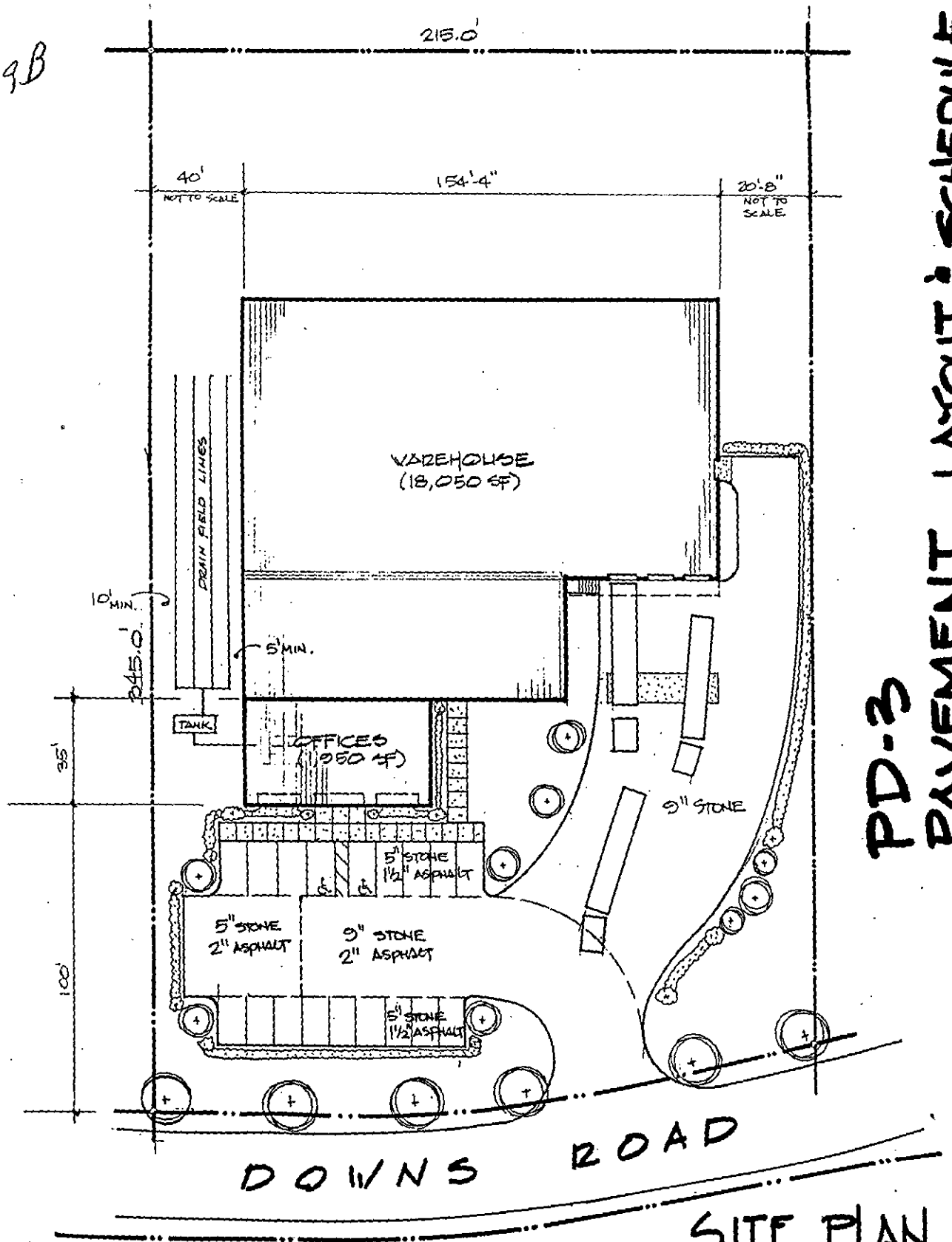
WATER : 122791

Exhibit A


PG. 07
PG. 14
PG. 03
PG. 05
FLOOD-PLAIN
SUGAR CREEK
WESTINGHOUSE BLVD.
SOUTHERN RAILROAD R/W
CULP RD
GRAVEL RD
DOWNS
AMON LN.
61
24
8.718 AC.
22
4.222 AC.
23
21.492 AC.
21
9
25
26
27
11
12
13
34 AC.
14
46.897 AC
19
20.857 AC.
20
5
31.18 AC±
4.025 AC.
1.107 AC
84-36
DW 30344
TAX LINE MAP BOOK 205 PAGE 06
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED SCALE 1" = 400'
FOR TAX PURPOSES ONLY

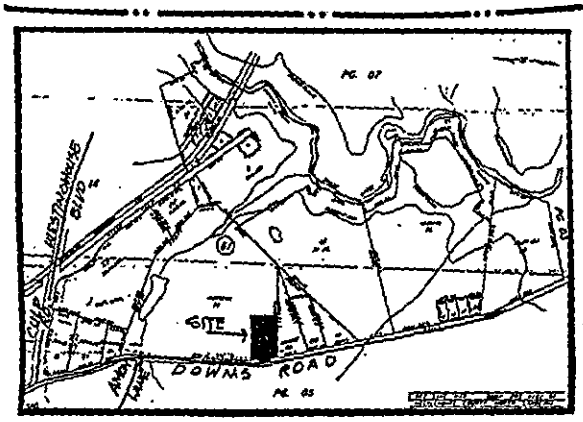
~~139B~~

PD-2 PAVEMENT LAYOUT & SCHEDULE



SITE PLAN

1" = 30'



VICINITY MAP

FOR PERCOLATION TEST SUBMITTAL

DISTRIBUTOR REP'S INC.

NEW OFFICE/

PD-1

Application for RECONNAISSANCE SURVEY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES
REQUEST (Pertaining to Application No. 3139B) ☐ CRT

PA 93-01 7/22/94 Ck#30748

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 7/21/94

PERSON FILING APPLICATION:
NAME: Polites (last) John (first) (mi)
ADDRESS: 1850 E. Third St. PHONE: (704) 333-0064
CITY: Charlotte STATE: N.C. ZIPCODE: 28204

PROPERTY OWNER:
NAME: Downs Road Group (last) (first) (mi)
ADDRESS: 1850 E. Third St. PHONE: (704) 333-0064
CITY: Charlotte STATE: N.C ZIPCODE: 28204

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 205-61-11
STREET ADDRESS: 11701 Downs Rd.
Pineville, N.C.
ZONING: I-2

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☑ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: 1 LOT SIZE (in acres):

TYPE APPLICATION (check one):
RECONNAISSANCE SURVEY
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☑ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (2)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business WAREHOUSE/OFFICE Employees 6 Per Shift
Industrial Wastes (Y/N)
Underground Storage Tanks On Property (Y/N) N Type

WATER SUPPLY (check one):
☑ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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: John A Polites Date: 7/21/94

NOTICE:

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...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

3139B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 560' ok F 5/10/94 pd [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Distributor Reps Inc (last) (first) (mi)
ADDRESS: 4101-E Barringer Dr. PHONE: (704) 527-2706
CITY: Charlotte STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 205-061-11
STREET ADDRESS: Downs Rd
ZONING: I-2

PROPERTY OWNER:
NAME: Downs Road Partnership (last) (first) (mi)
ADDRESS: 1850 E. Third St FF225 PHONE: (704) 3330064
CITY: Charlotte STATE: NC ZIPCODE: 28204

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [X] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 205-061-11 LOT SIZE (in acres): 1,7

[X] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business OFFICE/WAREHOUSE Employees 5 Per Shift 1
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: John A Poletes Date: 5/2/94

NOTICE:

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[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

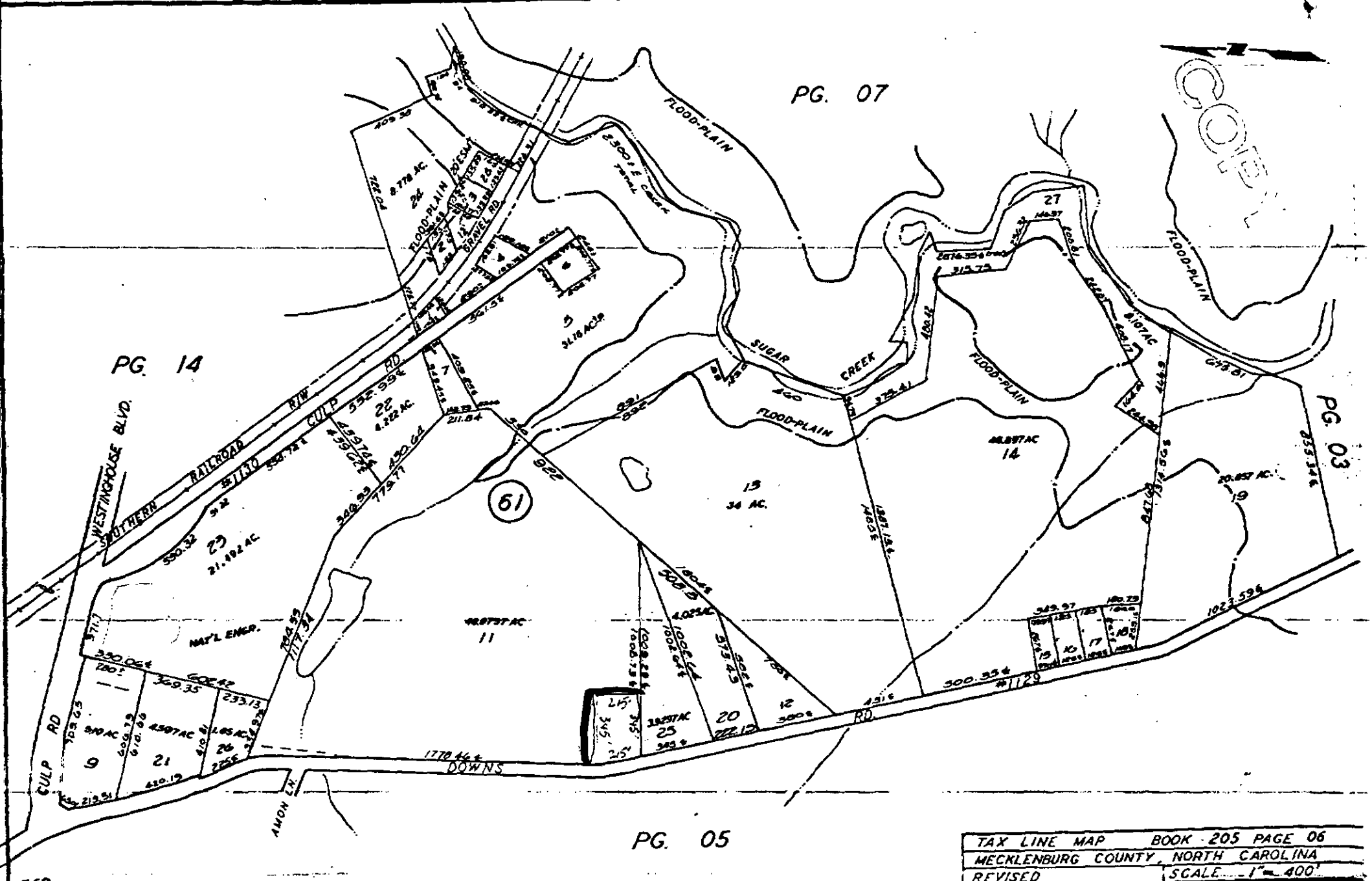
Director or Authorized Section Head Date

WWATER : 122791

Exhibit A

31398

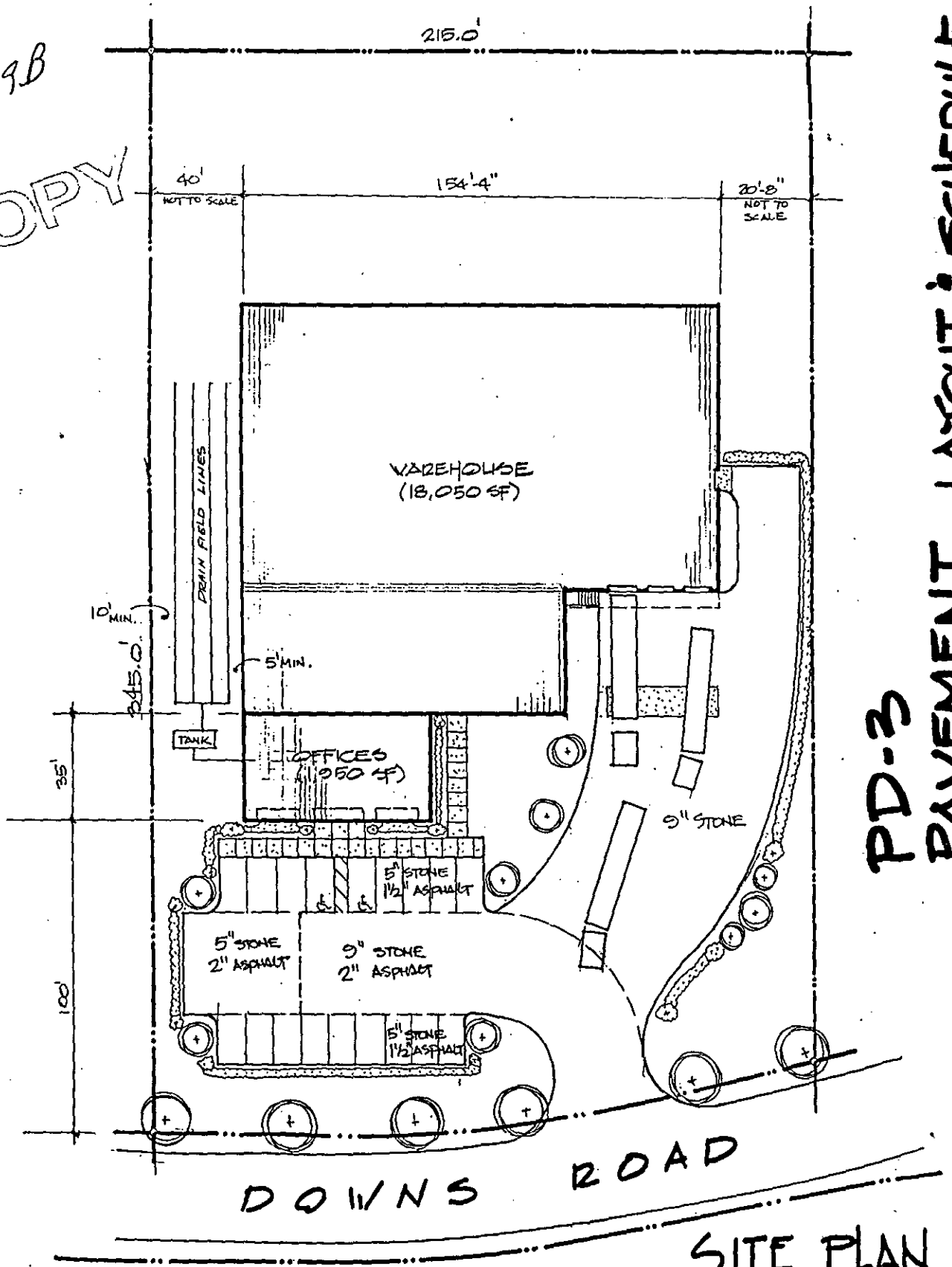
205-0



3139B

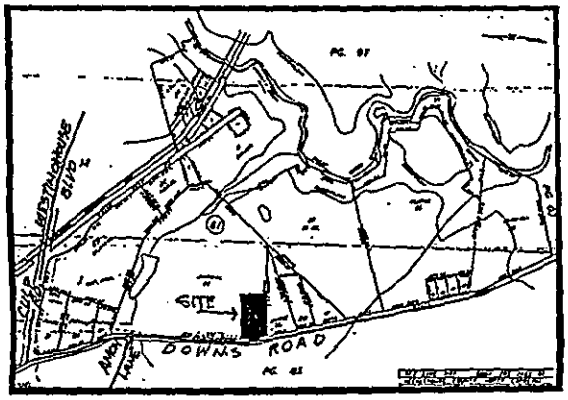
COPY

PD-3 PAVEMENT LAYOUT & SCHEDULE



SITE PLAN

1" = 30'



VICINITY MAP

FOR PERCOLATION TEST SUBMITTAL

DISTRIBUTOR REP'S INC.

4181-E Berringer Dr
Charlotte, North Carolina 282
704-522-2706 FAX 704-522-83

MBI CAROLINA BUILDERS, INC.
GENERAL CONTRACTORS

NEW OFFICE/WAREHOUSE FACILITY

DRAWING NO. PD-3 | DATE 2-94 | REV.

#1189

GWS- COM. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

FILE # 3140B

CK 1651, 00
WELL FEE: 400
DATE: 7/28/06
CRT [ ] AC

Deposits is th. N to C in a

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

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 011-111-03 church
STREET ADDRESS: 16445 POPLAR TENT RD.
CITY: HUNTERSVILLE, NC ~~28036~~ 28078
STATE: NC **ZIP:**
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: FAIRGROUNDS

☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☒ TOILETS/URINALS ☒ HANDSINKS ☐ SHOWERS
☒ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: PARK ROAD SHOPPING CENTER
ADDRESS: PO BOX 11795
CITY: CHARLOTTE
STATE: NC ZIP: 28220
HOME PHONE: WORK PHONE: 704-523-2640
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: JEFF SIEGEL - CAROLINA RENAISSANCE
ADDRESS: PO BOX 165
CITY: DAVIDSON
STATE: NC ZIP: 28036
HOME PHONE: 704-896-8804 WORK PHONE: 704-896-5335
MOBILE PHONE: 480-225-7757 FAX: 704-896-5335

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A
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:704-336-6894

0753

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5133
Fax: (704) 336-5494

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001188 **File #:** 31408 **Tax Parcel #:** 011-111-03
Property Owner: PARK ROAD SHOPPING CENTER
Job Location Address: 16445 POPLAR TENT CHURCH RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 8/7/2006
Use of Well:
Type of Facility Served by Well:
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):

- [x] Grout must be placed the full extent of the casing
- [ ] Casing to bedrock
- [x] 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:

No additional construction or sampling requirements prescribed per ARGU review DFT 7/28/2006. 8/4/06 Kelly told me to hold off on issuing until he could conference with Jack and Josh. CAB 8/7/06 Jack instructed me to go ahead and issue the well permit.

Cina Buchanan RS
Authorized Agent: Print Name

Cina Buchanan RS
Signature:

JEFFREY SIEGEL
Owner/Legal Agent: Print Name

Signature:

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3239 3140B

1. WELL CONTRACTOR:

Charles Moses
Well Contractor (Individual) Name

Advanced Well Drilling
Well Contractor Company Name

STREET ADDRESS 2221 Pump Road

Catawba NC 28609
City or Town State Zip Code

(828) 241-4300
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable)

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

DATE DRILLED 8-23-06

TIME COMPLETED 6:00 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Huntersville COUNTY Mecklenburg

16445 Poplar Tent Rd. Huntersville 28078
(Street name, numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

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

LATITUDE 3 ___ ___

LONGITUDE ___ ___ ___

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map

(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME Park Road Shopping Center

STREET ADDRESS PO Box 165

Davidson NC 28036
City or Town State Zip Code

(704) 896-5555
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 305

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

c. WATER LEVEL Below Top of Casing: 50 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): 5 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 2 tablets

g. WATER ZONES (depth):

From 285	To 286	From	To
From 290	To 292	From	To
From	To	From	To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 70	Ft.	6	6/4	PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Concrete	Poured
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	50	red dirt
50	60	mud
60	65	mud
65	70	Hard granite
70	105	granite
105	205	granite
205	305	granite

11. REMARKS:

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

Charles Moses 8-23-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Charles Moses
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

Form GW-1a
Rev. 7/05

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5994

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001189 **File #:** 3140B **Tax Parcel #:** 011-111-03
Property Owner: PARK ROAD SHOPPING CENTER
Job Location Address: 16445 POPLAR TENT CHURCH RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 8/7/2006
Use of Well:
Type of Facility Served by Well:
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:

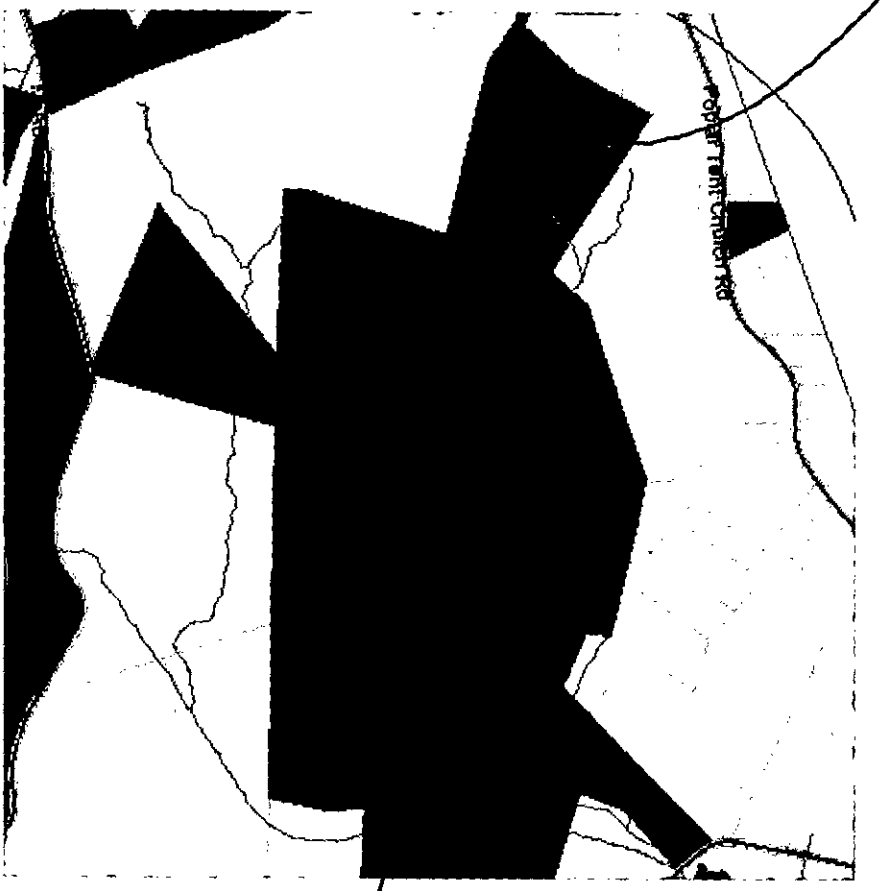
No additional construction or sampling requirements prescribed per ARCC review OFT 7/28/2006. 8/4/06 Kelly told me to hold off on issuing until he could conference with Jack and Josh. CAB 8/7/06 Jack instructed me to go ahead and issue the well permit.

Authorized Agent: Cina Buchanan, RS — Print Name: Cina Buchanan, RS
Signature: Cina Buchanan, RS

Owner/Legal Agent: JEFFREY SIEGEL — Print Name:
Signature:

011-092-15
MPL H
James Konieczny
15619 Davidson-Concord Rd.

MECKLENBURG COUNTY
Well Information System



LEGEND

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

This site is a PME program site with a private well. No ANGW review req. DFT.

The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, elections information, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Proposed well site.

North Carolina State Laboratory of Public Health
Department of Health and Human Services
306 N. Wilmington St. - P.O. Box 28047, Raleigh, NC 27611-8047

INORGANIC CHEMICAL ANALYSIS – NITRATE ONLY

Complete All Items - Please Write Legibly
(See Instructions on Reverse Side)

Name of System: Renaissance Festival R-well #2

Address: Prosperity Church Rd

City: Charlotte ZIP

County: Mecklenburg County

Report To: Gina Buchanan

Address: 700 N Tryon St
Charlotte NC

ZIP

Collected By: Gina Buchanan

Date Collected: 8/30/06 Time: 3:00 (AM) PM

Location of Sampling Point: Well head

Source of Water
- [x] Ground
- [ ] Surface
- [ ] Both
- [ ] Purchased

Type of Sample
- [x] Raw
- [ ] Treated

Type of Treatment
- [x] None
- [ ] Chlorinated
- [ ] Fluoridated
- [ ] Filtered
- [ ] Alum
- [ ] Lime
- [ ] Soda Ash
- [ ] Polyphosphate
- [ ] Water Softener
- [ ] Other

Sample Category
- [ ] Foster/Therapeutic Home
- [ ] Intensive Livestock Operation
- [x] Other

Remarks

Laboratory Use Only

DHHS 4017
State Laboratory (Review 10/01)

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Renassance Festival R-well #2
Address: Prosperity Church Rd
Charlotte, NC **Zip:**
County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** Cina Buchanan
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Collected By: CINA BUCHANAN **Date:** 8/30/2006 **Time:** 8:00:00 AM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	8/31/2006
Nitrate as N	1.69	mg/l	8/31/2006

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be < 1.0 mg/l and Nitrate-N < 10.0 mg/l

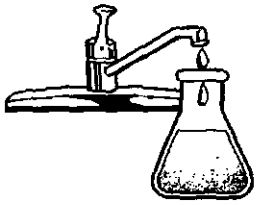
Sample Temperature on Receipt: 11.0 °C
Date Received: 8/31/2006 **Report Date:** 9/14/2006 **Reported By:** [signature]
Today's Date: 9/14/2006 **Reference:** 11462 **Login Batch** 06080083 **Sample Number:** AB46611

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l



K & W Laboratories

9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 08/29/06

Client: Cina Buchanan
Mecklenburg Cty Health Dept
700 N Tryon St.
Ste 211
Charlotte, NC 28202

Project: Renessance Festival
Well #1 Before

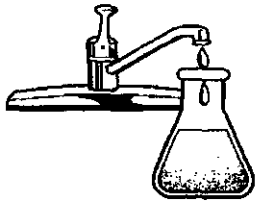
Sample Description:	Drinking Water		
Date Collected:	08/28/06	at	11:30
Date/Time analysis begun:	08/28/06	at	12:45
Date/Time analysis completed:	08/29/06	at	13:00

Contaminant	Method	Results
Total Coliform	Colilert	**Absent**
Fecal Coliform	Colilert	**Absent**

Lab Log #: E2532

Certified By: G. Kinoske

NC Certification: 37767
SC Certification: 99051



K & W Laboratories

9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 08/29/06

Client: Cina Buchanan
Mecklenburg Cty Health Dept
700 N Tryon St.
Ste 211
Charlotte, NC 28202

Project: Renessance Festival
Well #1 After

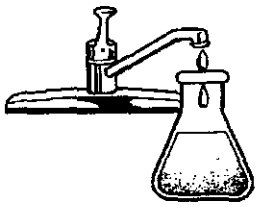
Sample Description:	Drinking Water		
Date Collected:	08/28/06	at	11:30
Date/Time analysis begun:	08/28/06	at	12:45
Date/Time analysis completed:	08/29/06	at	13:00

Contaminant	Method	Results
Total Coliform	Colilert	**Absent**
Fecal Coliform	Colilert	**Absent**

Lab Log #: E2533

Certified By: G. Kraska

NC Certification: 37767
SC Certification: 99051



K & W Laboratories

9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 08/29/06

Client: Cina Buchanan
Mecklenburg Cty Health Dept
700 N Tryon St.
Ste 211
Charlotte, NC 28202

Project: Renessance Festival
Well #2
new well

Sample Description:	Drinking Water		
Date Collected:	08/28/06	at	11:30
Date/Time analysis begun:	08/28/06	at	12:45
Date/Time analysis completed:	08/29/06	at	13:00

Contaminant	Method	Results
Total Coliform	Colilert	**Absent**
Fecal Coliform	Colilert	**Absent**

Lab Log #: E2534

Certified By: C. KROSKA

NC Certification: 37767
SC Certification: 99051

K & W Laboratories

9331-B Albemarle Rd. Charlotte, NC 28227

Tel. (704) 569-1800
Fax (704) 569-0055

CHAIN OF CUSTODY RECORD

Client / Inspector: MCHD

Address:

Phone:

Fax:

Project Name: Renessance Festival
(Location Site)

Report To: Cina Buchanan
704 201-7950

Copy To:

Fax To:

Sampled By: Cina Buchanan, RS

Item No.	Sample Description/ Location	Collected Date	Collected Time	Number of Containers	Preservatives: Unpreserved	Na2S2O3	H2SO4	HNO3		Analysis Requested: Total Coliform	Nitrate	Nitrite	Lead				Lab Log #
	Well #1 Before	8/28/06	11:30A			✓				✓							E2532
	Well #1 After	8/28/06	11:30A			✓				✓							E2533
	Well #2	8/28/06	11:30A			✓				✓							E2534
																	ADS/ADS
																	12:45/13:00

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Cina Buchanan	8/28/06	12:40	G. Knauer	8/28/06	12:40
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

Temp:

On Ice: Y / N

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

September 26, 2006

Jeff Siegel, Carolina Renaissance
P.O. Box 165
Davidson, NC 28036

Re: Well Water Sampling Results
16445 Poplar Tent Rd.
Tax Parcel # 011-111-03

Dear Jeff:

On August 28 & 30, 2006 water from the well located on the above referenced parcel was sampled and analyzed for the following parameters: Total Coliform, Nitrate, and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent, the Nitrate level was 1.69 mg/l (Nitrate-N levels are acceptable if $\leq$ 10 mg/l) and the Nitrite level was <0.10 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
kimberly.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/28/06	**Amount:**	400.00
Receipt #:	45307	**Tendered:**	400.00
Check / Auth #:	CHECK 1651	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: CAROLINA RENAISSANCE LTD PTNR
Attn: DBA CAROLINA RENAISSANCE FEST
Address: PO BOX 165
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	*Private Well, New* 16445 POPLAR TENT CHURCH RD/FILE 3140B		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

THE CAROLINA
RENAISSANCE FESTIVAL™
& ARTISAN MARKETPLACE

July 26, 2006

Mr. Jack Stutts
Mecklenburg County Health Department
Groundwater & Wastewater Services
700 North Tryon St.
Suite 211
Charlotte, NC 28202

Dear Mr. Stutts,

Thank you taking time to clarify the Well application process.

Enclosed is an application, the $400.00 well permit fee and a site map.

Please contact me at if any questions arise. And, if this application is acceptable, please call if you may to let us know when or how the permit can be made available.

Sincerely,

Jeffrey Siegel, Producer
Carolina Renaissance Festival

107 NORTH MAIN STREET • P. O. BOX 165 • DAVIDSON, NORTH CAROLINA 28036 • TEL 704-896-5555 • FAX 704-896-5533