

4216 ROCKWOOD RD

11316112

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 4182B DATE: 11/15/05

TC: 113-161-12 ☒ L ☒ CRT

SERIAL Nº 20066

Name of Owner JEFF GAUSMAN Juris.:

Address of Property 4216 ROCKWOOD RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 24"-36"

Water Supply Source WELL

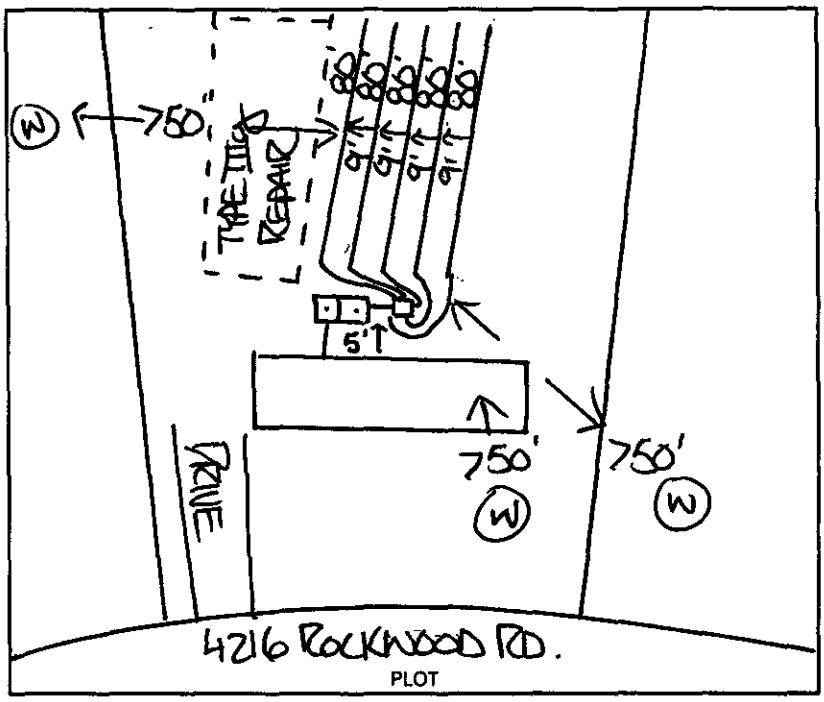
Distance to Water Source 750'

Excavation Inspected 11/15/05

Tank(s) Inspected 11/16/05

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005, INV, E-Z Flow, 25% REDUCTION, 5 LINES @ 80', T CTR# AUTRY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system 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. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: 25% REDUCTION, E-Z FLOW, 5 LINES @ 80', 1500 GAL ST.
NEW WELL COMPLETED ON 11/15/05, >50' FROM SEPTIC SYSTEM
750' FROM NEIGHBORING WELLS; >10' FROM PROPERTY LINE; >5' FROM HOUSE.

TYPE III

RS 11/16/05
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 4182B DATE: 11/15/05

TC: 113-161-12 ☒ L

SERIAL Nº 20293

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 the application dated 1/23/00. All work shall be completed on or before 12/1/05, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.

SEE OPERATION PERMIT

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 36"-48"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400' feet

Number of Lines 5@80'

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER JEFF GALSMAN

LOCATION OF PROPERTY 4216 Rockwood Rd.

Comments: INSTALL 5 LINES @ 80', 25% REDUCTION, E-Z FLOW, 1500 GAL ST
SETBACKS: 750' FROM ANY WELL, 710' FROM PROPERTY LINE, 5' FROM HOUSE
REPAIR TYPE III-g

RS 11/16/05

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Improv cost

FEE: 150 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11/13/00 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE ACS

DATE: _____ PERMIT NO: 4182B
PARCEL NO: 113-161-12

JOB LOCATION ADDRESS: 4216 Rockwood Road
PROPERTY OWNER: E.D. Stephens
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Tommy L. Medlin R.S. DATE: 8/14/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4182B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See Conditions of I.P.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

E.D. Stephens 8-14-01

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 41828 — Tax Number: 113-161-12

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	900' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: Property does not require 100% Repair Area

Additional Conditions: Install 4 lines x 100' x 3' x 12" Stone
Type II Conventional System.

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 900 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, 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 Improvement permit is transferable.

Jeanny P. Medlin 11/9/00
DEHNR Authorized Agent — Date

Michael L Wall 11-13-00
Owner/Agent Signature — Date

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/29/05	**Amount:**	150.00
Receipt #:	38352	**Tendered:**	0.00
Check / Auth #:	VISA 008401	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	GAUSMAN JEFF
Attn:	
Address:	4216 ROCKWOOD ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 4216 ROCKWOOD RD/FILE 4182B		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
30.00					

ENVIRONMENTAL HEALTH
700 N TRYON ST MEC
CHARLOTTE, NC 28202

BATCH: 189
S-A-L-E-S D-R-A-F-T
73822355
000500158410

REF: 0001
CC TYPE: VISA
TR TYPE: MAIL/PHONE
INV: 0502
DATE: NOV 29, 05 14:54:53

[illegible] ZIP MATCH
[illegible] MATCH

[illegible] $150.00*

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AP: 008401

[illegible]

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CUSTOMER COPY

FEE: 50 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/13/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4182B

PARCEL NO: 113-161-12

JOB LOCATION ADDRESS: 4216 Rockwood Road

PROPERTY OWNER: Michael Lee Wall

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Jimmy P. Mickelson DATE: 11/9/00

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

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2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

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Michael L. Wall 11-13-00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
11-13-00	Improvement Permit	150 00	150 00	0	0 00	0	Mike Wall

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

Permit # 4102-B
pd cash 150 00

Thank you

3709

Forms HG2-NP L97RC008932M 8/98 115-00

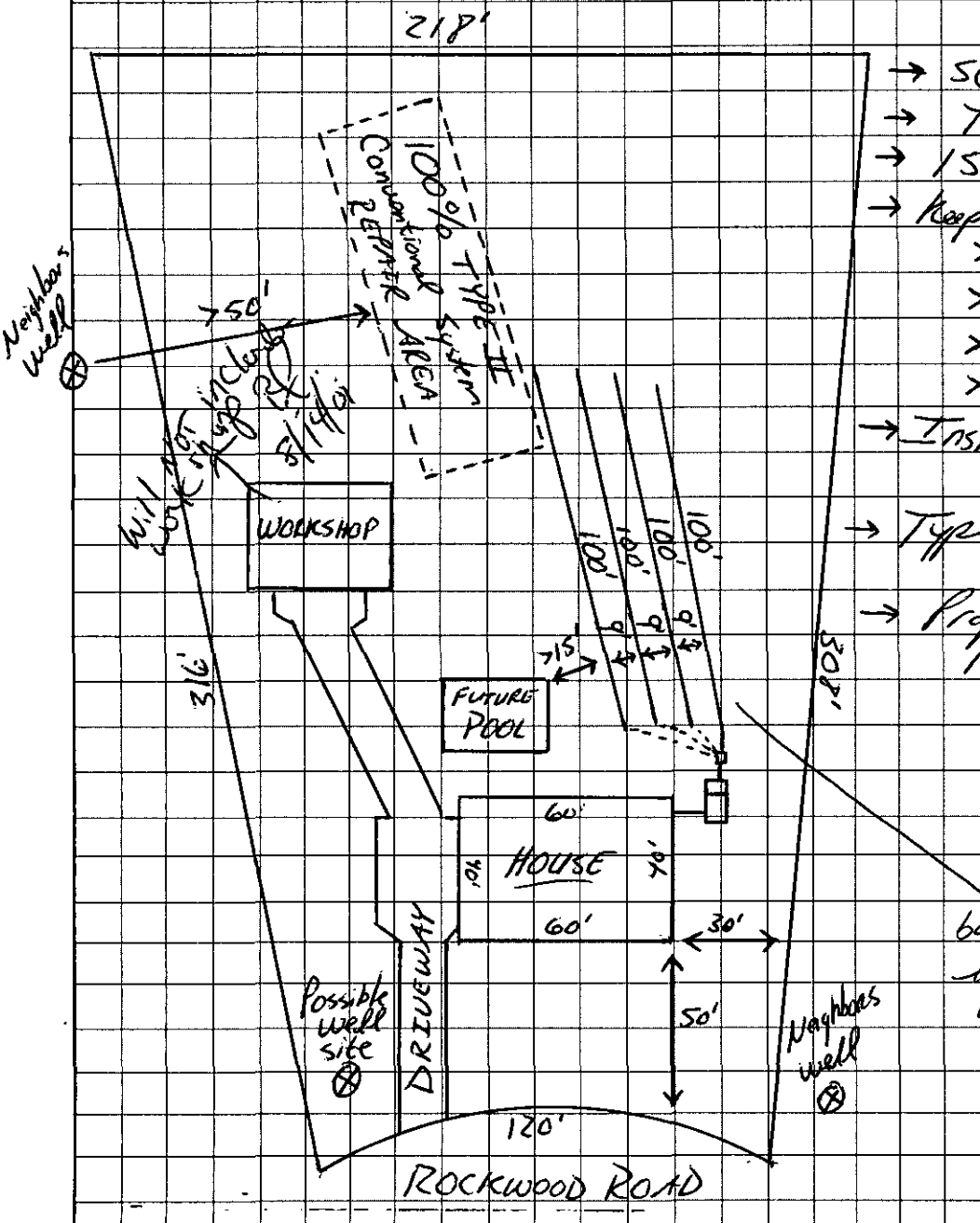
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 41828

TC: 113-161-12

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS

→ SCALE = 1" = 50'
→ Three Bedroom House
→ 1500 Gallon Septic Tank
→ Keep all parts of system:
- > 5' from foundation
- > 10' from property line
- > 50' from all wells
- > 15' from future pool

→ Install 4 Lines x 100' x 3' x 12" Stone (400 TLF)
→ Type II Conventional System
→ Property does not require 100% Repair

House site moved back 105' from R.O.W. line. Septic system will go in back of house as shown.

J.P.M.
8/30/01

E. D. Stephenson agent
OWNER/AGENT SIGNATURE

DATE 8-14-01

APPROVAL DATE Jenny P. Nichols

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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

AS #1

Sheet: _____
Property ID: 113-161-12
Lot #: 4
File #: 4182B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Keith Thompson Services, Inc. APPLICANT: Michael L. Wall
ADDRESS: 9225 Walkers Ferry Road, Charlotte DATE EVALUATED: 2-8-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd / PROPERTY SIZE: 1.06
LOCATION OF SITE: 4216 Rockwood Road PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 2-8% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	46" TO soil wetness	48"+	N/A	None	PS .391 Fr IV
		4-48"	SBK/C	Fi/SEXPl S/P					
2	LS	0-5"	gr/scl	Fr/SEXPl SS/SP	48" TO soil wetness	48"+	N/A	None	PS .391 Fr IV
		5-48"	SBK/C	Fi/SEXPl S/P					
3	LS	0-2"	gr/cl	Fr/SEXPlSS/SP	46" TO soil wetness	46"	N/A	None	PS .391 Fr IV
		2-27"	SBK/C	Fi/SEXPl S/P					
		27-46"	SBK/Cl	Fr/SEXPl SS/SP					
4	LS	0-4"	gr/scl	Fr/SEXPlSS/SP	48" TO soil wetness	48"+	N/A	None	PS .391 Fr IV
		4-15"	SBK/sc	Fi/SEXPl S/P					
		15-39"	SBK/C	Fi/SEXPl S/P					
		39-48"	SBK/scl	Fr/SEXPlSS/SP					
5	LS	0-4"	gr/scl	Fr/SEXPlSS/SP	48" TO soil wetness	48"+	N/A	None	PS .391 Fr IV
		4-48"	SBK/C	Fi/SEXPl S/P					
6	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	46" TO soil wetness	48"+	N/A	None	PS .391 Fr IV
		4-48"	SBK/C	Fi/SEXPl S/P					
7	LS	0-5"	gr/scl	Fr/SEXPl SS/SP	46" TO soil wetness	48"+	N/A	None	PS .391 Fr IV
		5-48"	SBK/C	Fi/SEXPl S/P					
8	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	36" TO soil wetness	36"	N/A	None	PS .391 Fr IV
		4-36"	SBK/sc	Fi/SEXPl S/P					
			Boring Terminated @ 36" Due To Floater Rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin 2-8-00
OTHER(S) PRESENT: LSS

FILE # 4182 B

COMMENTS Lot probably not 100' square

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

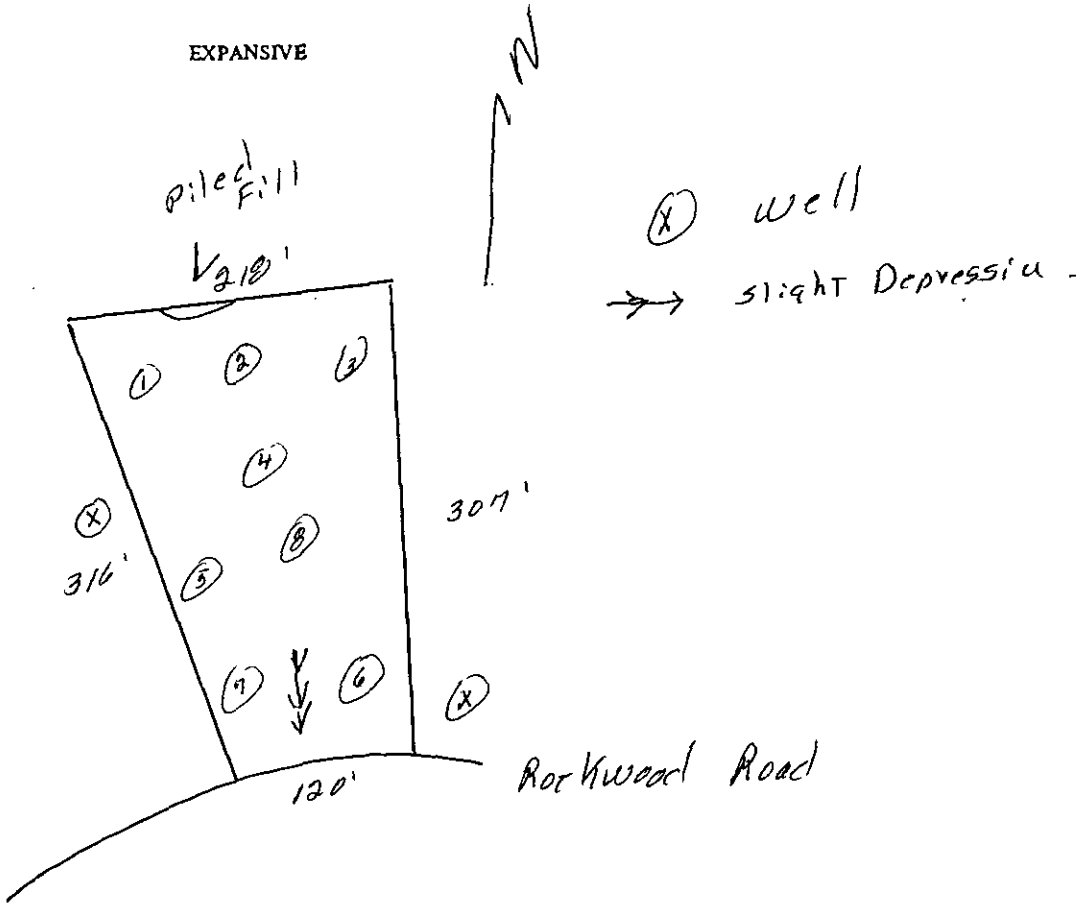
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 ck # 9700

DATE: 1-26-2000 JG

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

[ ] CRT

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

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

FILE #: 4182B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-161-12

STREET ADDRESS: 4216 Rockwood Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

CLOSING DATE 2-15-2000

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ 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 ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ 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:

NAME: (LAST) Wall (FIRST) Michael (MI) LEE

ADDRESS: 1836 Choyce Circle

CITY: Charlotte STATE: N.C. ZIP: 28217

DAYTIME PHONE: (704) 527-7006

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Thompson Keith Services, INC (FIRST) (MI)

DAYTIME PHONE: ( ) —

9225 Walkers Ferry Rd 28214

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: Michael K. Wall DATE: 1-23-2000

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

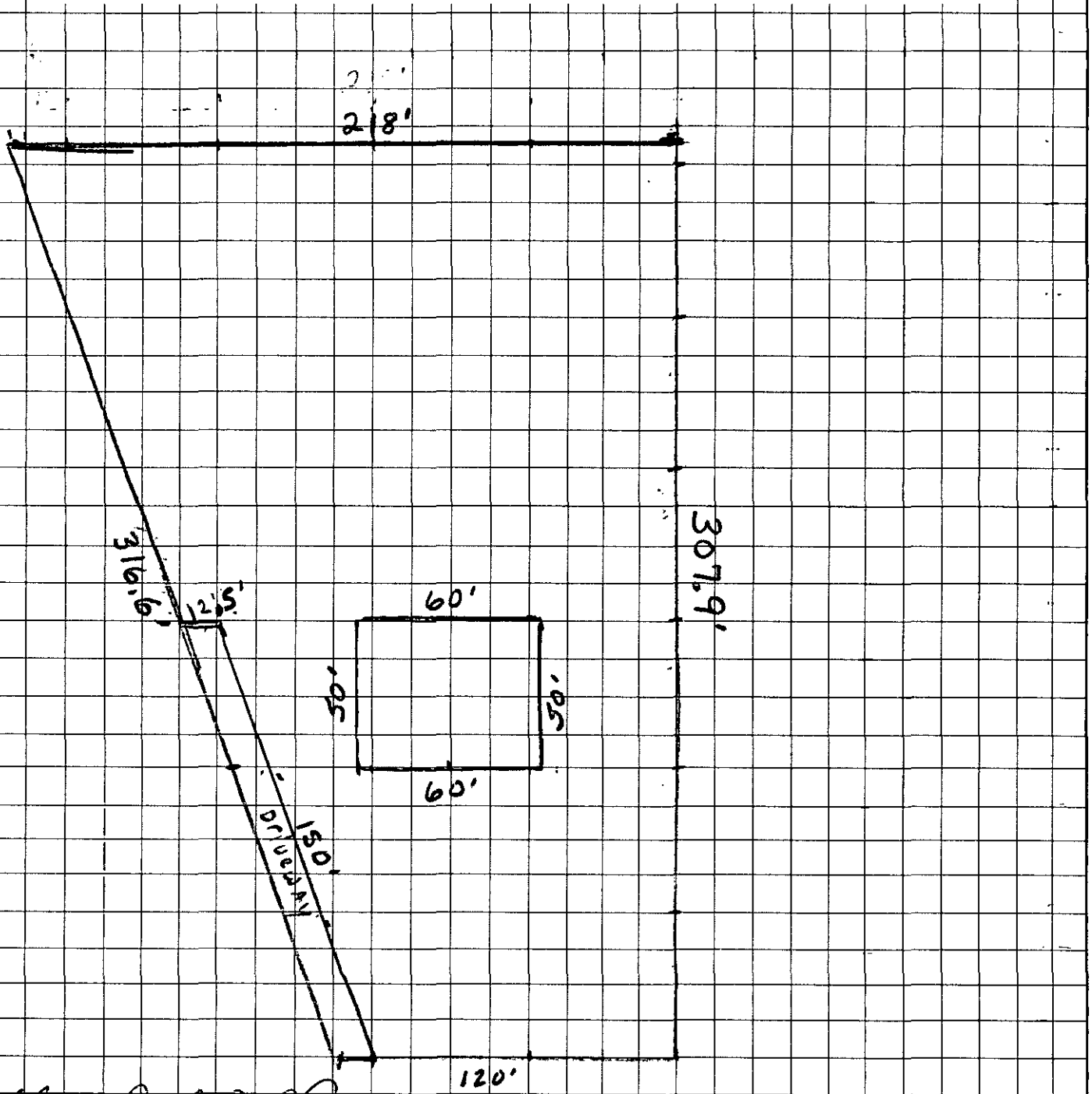
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4182B

TC: 113-161-12

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Michael L. Wall
OWNER/AGENT SIGNATURE

DATE 1-25-2000

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Prudential
Carolinas Realty

OFFER TO PURCHASE AND CONTRACT

Michael L. + wife Jacqueline Wall, as Buyer, hereby offers to purchase and _____, as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such fixtures and personal property as are listed below (collectively referred to as the "Property"), upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of _____, County of Mecklenburg State of North Carolina, being known as and more particularly described as: Street Address 4216 Rockwood Zip _____ Legal Description: L-4 BAM 7347
(☒ All ☐ A portion of the property in Deed Reference: Book _____, Page No: _____, _____ County.)
NOTE: Prior to signing this Offer to Purchase and Contract, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, and to read the Declaration of Restrictive Covenants, By-Laws, Articles of Incorporation, Rules and Regulations, and other governing documents of the owners' association and/or the subdivision, if applicable.

2. **FIXTURES:** The following items, if any, are included in the purchase price free of liens: any built-in appliances, light fixtures, ceiling fans, attached floor coverings, blinds, shades, drapery rods and curtain rods, brackets and all related hardware, window and door screens, storm windows, combination doors, awnings, antennas, satellite dishes and receivers, burglar/fire/smoke alarms, pool and spa equipment, solar energy systems, attached fireplace screens, gas logs, fireplace inserts, electric garage door openers with controls, outdoor plants and trees (other than in movable containers), basketball goals, storage sheds, mailboxes, wall and/or door mirrors, and any other items attached or affixed to the Property, EXCEPT the following items:
N/A

3. **PERSONAL PROPERTY:** The following personal property is included in the purchase price: N/A

4. **PURCHASE PRICE:** The purchase price is $ ~~16,500~~ 18,000 from NA MLW and shall be paid as follows:
(a) $ 500 ~~-~~, EARNEST MONEY DEPOSIT with this offer by ☐ cash ☒ personal check ☐ bank check ☐ certified check ☐ other: _____ to be deposited and held in escrow by Prudential C.R. ("Escrow Agent"), until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated. In the event: (1) this offer is not accepted; or (2) any of the conditions hereto are not satisfied, then all earnest monies shall be returned to Buyer. In the event of breach of this contract by Seller, upon Buyer's request, all earnest monies shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this contract, then all earnest monies shall be forfeited upon Seller's request, but receipt of such forfeited earnest monies shall not affect any other remedies available to Seller for such breach.
NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of earnest money held in escrow by a broker, the broker is required by state law to retain said earnest money in the broker's trust or escrow account until a written release from the parties consenting to its disposition has been obtained or until disbursement is ordered by a court of competent jurisdiction.
(b) $ NA, ADDITIONAL EARNEST MONEY DEPOSIT to be paid to Escrow Agent no later than _____, TIME BEING OF THE ESSENCE WITH REGARD TO SAID DATE.
(c) $ NA, BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum.
(d) $ NA MLW BY SELLER FINANCING in accordance with the attached Seller Financing Addendum.
(e) $ ~~16,000~~ 17,500 BALANCE of the purchase price in cash at Closing.

5. **CONDITIONS:** (State N/A in each blank that is not a condition to this contract.)
(a) Buyer must be able to obtain a __FHA __VA (attach FHA/VA Financing Addendum) ☒Conventional __Other: _____ loan at a __Fixed Rate __Adjustable Rate in the principal amount of $14,000 (plus any financed VA Funding Fee or FHA MIP) for a term of 10 year(s), at an initial interest rate not to exceed 12% per annum, with mortgage loan discount points not to exceed 0% of the loan amount. Buyer shall apply for said loan within 5 days of the Effective Date of this contract. Buyer shall use Buyer's best efforts to secure the lender's customary loan commitment letter on or before Feb. 8, 2000 and to satisfy all terms and conditions of the loan commitment letter by Closing. After the above letter date, Seller may request in writing from Buyer a copy of the loan commitment letter. If Buyer fails to provide Seller a copy of the loan commitment letter or a written waiver of this loan condition within five days of receipt of Seller's request, Seller may terminate this contract by written notice to Buyer at any time thereafter, provided Seller has not then received a copy of the letter or the waiver. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer, except if Seller is to pay any of the Buyer's Closing costs (including loan discount points), those costs are as follows:
None
(b) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the Property for residential purposes.
(c) The Property must be in substantially the same or better condition at Closing as on the date of this offer, reasonable wear and tear excepted.
(d) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at Closing such that cancellation may be promptly obtained following Closing. Seller shall remain obligated to obtain any such cancellations following Closing.
(e) Title must be delivered at Closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of Closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. **SPECIAL ASSESSMENTS:** Seller warrants that there are no pending or confirmed governmental special assessments for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no pending or confirmed owners' association special assessments, except as follows:
None
(Insert "None" or the identification of such assessments, if any.) Seller shall pay all owners' association assessments and all governmental assessments confirmed through the time of Closing, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows:
NA

7. **PRORATIONS AND ADJUSTMENTS:** Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at Closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of Closing; (b) Ad valorem taxes on personal property for the entire year shall be paid by the Seller unless the personal property is conveyed to the Buyer, in which case, the personal property taxes shall be prorated on a calendar year basis through the date of Closing; (c) All late listing penalties, if any, shall be paid by Seller; (d) Rents, if any, for the Property shall be prorated through the date of Closing; (e) Owners' association dues and other like charges shall be prorated through the date of Closing. Seller represents that the regular owners' association dues, if any, are $ NA per NA.

8. **CLOSING EXPENSES:** Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at Closing.

9. **FUEL:** Buyer agrees to purchase from Seller the fuel, if any, situated in any tank on the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

10. **EVIDENCE OF TITLE:** Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the Effective Date of this contract, copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

11. **LABOR AND MATERIAL:** Seller shall furnish at Closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of Closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

12. PROPERTY DISCLOSURE AND INSPECTIONS:

(a) Property Disclosure:

☐ Buyer has received a signed copy of the N.C. Residential Property Disclosure Statement prior to the signing of this Offer to Purchase and Contract.

☐ Buyer has NOT received a signed copy of the N.C. Residential Property Disclosure Statement prior to the signing of this Offer to Purchase and Contract and shall have the right to terminate or withdraw this contract without penalty prior to WHICHEVER OF THE FOLLOWING EVENTS OCCURS FIRST: (1) the end of the third calendar day following receipt of the Disclosure Statement; (2) the end of the third calendar day following the date the contract was made; or (3) Closing or occupancy by the Buyer in the case of a sale or exchange.

☒ Exempt from N.C. Residential Property Disclosure Statement because (SEE GUIDELINES) unimproved property.

☐ The Property is residential and was built prior to 1978 (Attach Lead-Based Paint or Lead-Based Paint Hazards Disclosure Addendum.)

(b) Property Inspection: Unless otherwise stated herein, or as otherwise provided on an inspection addendum attached hereto, Buyer shall have the option of inspecting or, obtaining at Buyer's expense, inspections to determine the condition of the Property. Unless otherwise stated herein, it is a condition of this contract that: (i) the built-in appliances, electrical system, plumbing system, heating and cooling systems, roof coverings (including flashing and gutters), doors and windows, exterior surfaces, structural components (including foundations, columns, chimneys, floors, walls, ceilings and roofs), porches and decks, fireplaces and flues, crawl space and attic ventilation systems (if any), water and sewer systems (public and private), shall be performing the function for which intended and shall not be in need of immediate repair; (ii) there shall be no unusual drainage conditions or evidence of excessive moisture adversely affecting the structure(s); and (iii) there shall be no friable asbestos or existing environmental contamination. Any inspections shall be completed and written notice of necessary repairs shall be given to Seller on or before Feb 11, 2000. Seller shall provide written notice to Buyer of Seller's response within _____ days of Buyer's notice. Buyer is advised to have any inspections made prior to incurring expenses for Closing and in sufficient time to permit any required repairs to be completed by Closing.

(c) Wood-Destroying Insects: Unless otherwise stated herein, Buyer shall have the option of obtaining, at Buyer's expense, a report from a licensed pest control operator on a standard form in accordance with the regulations of the North Carolina Structural Pest Control Committee, stating that as to all structures except N/A there was no visible evidence of wood-destroying insects and containing no indication of visible damage therefrom. The report must be obtained in sufficient time so as to permit treatment, if any, and repairs, if any, to be completed prior to Closing. All treatment required shall be paid for by Seller and completed prior to Closing, unless otherwise agreed upon in writing by the parties. The Buyer is advised that the inspection report described in this paragraph may not always reveal either structural damage or damage caused by agents or organisms other than wood-destroying insects. If new construction, Seller shall provide a standard warranty of termite soil treatment.

(d) Repairs: Pursuant to any inspections in (b) and/or (c) above, if any repairs are necessary, *Seller shall have the option of completing them or refusing to* complete them. If Seller elects not to complete the repairs, then Buyer shall have the option of accepting the Property in its present condition or terminating this contract, in which case all earnest monies shall be refunded. Unless otherwise stated herein, or as otherwise provided on an inspection addendum attached hereto, any items not covered by (b) (i), b (ii), b (iii) and (c) above are excluded from repair negotiations under this contract.

(e) Acceptance: CLOSING SHALL CONSTITUTE ACCEPTANCE OF EACH OF THE SYSTEMS, ITEMS AND CONDITIONS LISTED ABOVE IN ITS THEN EXISTING CONDITION UNLESS PROVISION IS OTHERWISE MADE IN WRITING.

13. REASONABLE ACCESS: Seller will provide reasonable access to the Property (including working, existing utilities) through the earlier of Closing or possession by Buyer, to Buyer or Buyer's representatives for the purposes of appraisal, inspection, and/or evaluation. Buyer may conduct a walk-through inspection of the Property prior to Closing.

14. CLOSING: Closing shall be defined as the date and time of recording of the deed. All parties agree to execute any and all documents and papers necessary in connection with Closing and transfer of title on or before Feb 15, 2000, at a place designated by Buyer. The deed is to be made to as directed.

15. POSSESSION: Unless otherwise provided herein, possession shall be delivered at Closing. In the event possession is NOT to be delivered at Closing:

☐ a Buyer Possession Before Closing Agreement is attached. OR, ☐ a Seller Possession After Closing Agreement is attached.

16. OTHER PROVISIONS AND CONDITIONS: (ITEMIZE ALL ADDENDA TO THIS CONTRACT AND ATTACH HERETO.)
Seller agrees to have perk test on the property if this has not already been done

17. RISK OF LOSS: The risk of loss or damage by fire or other casualty prior to Closing shall be upon Seller. If the improvements on the Property are destroyed or materially damaged prior to Closing, Buyer may terminate this contract by written notice delivered to Seller or Seller's agent and all deposits shall be returned to Buyer. In the event Buyer does NOT elect to terminate this contract, Buyer shall be entitled to receive, in addition to the Property, any of the Seller's insurance proceeds payable on account of the damage or destruction applicable to the Property being purchased.

18. ASSIGNMENTS: This contract may not be assigned without the written consent of all parties, but if assigned by agreement, then this contract shall be binding on the assignee and his heirs and successors.

19. PARTIES: This contract shall be binding upon and shall inure to the benefit of the parties, i.e., Buyer and Seller and their heirs, successors and assigns. As used herein, words in the singular include the plural and the masculine includes the feminine and neuter genders, as appropriate.

20. SURVIVAL: If any provision herein contained which by its nature and effect is required to be observed, kept or performed after the Closing, it shall survive the Closing and remain binding upon and for the benefit of the parties hereto until fully observed, kept or performed.

21. ENTIRE AGREEMENT: This contract contains the entire agreement of the parties and there are no representations, inducements or other provisions other than those expressed herein. All changes, additions or deletions hereto must be in writing and signed by all parties. Nothing contained herein shall alter any agreement between a REALTOR® or broker and Seller or Buyer as contained in any listing agreement, buyer agency agreement, or any other agency agreement between them.

22. NOTICE AND EXECUTION: Any notice or communication to be given to a party herein may be given to the party or to such party's agent. This offer shall become a binding contract (the "Effective Date") when signed by both Buyer and Seller and such signing is communicated to the offering party. This contract is executed under seal in signed multiple originals, all of which together constitute one and the same instrument, with a signed original being retained by each party and each REALTOR® or broker hereto, and the parties adopt the word "SEAL" beside their signatures below.

IF YOU DO NOT UNDERSTAND THIS OFFER TO PURCHASE AND CONTRACT OR FEEL THAT IT DOES NOT PROVIDE FOR YOUR LEGAL NEEDS, YOU SHOULD CONSULT A NORTH CAROLINA REAL ESTATE ATTORNEY BEFORE YOU SIGN IT.

Buyer acknowledges having made an on-site personal examination of the Property prior to the making of this offer.

Date: Jan. 10, 2000 — Date: _____

Buyer Michael L. Wall (SEAL) — Seller _____ (SEAL)

Date: Jan. 10, 2000 — Date: _____

Buyer Jacqueline L. Wall (SEAL) — Seller _____ (SEAL)

Escrow Agent acknowledges receipt of the earnest money and agrees to hold and disburse the same in accordance with the terms hereof.

Date _____ Firm: _____

By: _____

Selling Agent/Firm/Phone _____

Acting as ☐ Buyer's Agent ☐ Seller's (sub)Agent ☐ Dual Agent ☒ Designated Agent

Listing Agent/Firm/Phone _____

Acting as ☐ Seller's (sub)Agent ☐ Dual Agent ☒ Designated Agent

4182B

WELL CONSTRUCTION RECORD # 47032624

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) 10000181 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: Charlotte County Mecklenburg
   4216 Rockwood rd
   (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/minutes/seconds)
   Latitude/longitude source: ☐GPS ☐Topographic map
   (check box)

3. OWNER: Geoffrey Galson
   Address 2720 Hart rd.
   (Street or Route No.)
   Charlotte NC 28214
   City or Town State Zip Code
   (704)- 241-5492
   Area code- Phone number

4. DATE DRILLED 11.10.05
5. TOTAL DEPTH: 320'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 25' FT.
   (Use "+" if Above Top of Casing)
8. TOP OF CASING IS +1.50 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): 80 METHOD OF TEST b/ow
10. WATER ZONES (depth): 310' - 80gallons.
11. DISINFECTION: Type HTH Amount 2lbs
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +1.50	To 66	Ft.	6 1/4	SRD 21	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 40	Ft.	neat cement	tremie
From	To	Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

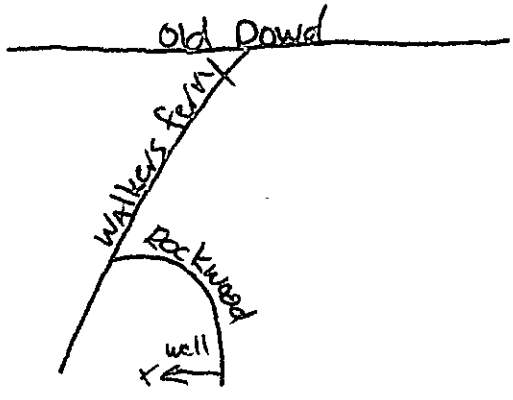
	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

16. REMARKS:

DEPTH From	To	DRILLING LOG Formation Description
0'	- 61'	overburden
61'	- 320'	grey granite

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.



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

Matt Edens 11.10.05

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

TestAmerica
INCORPORATED

Bacteriological Analysis

Private Water System

Laboratory ID # 37737

Client Name: Geoffrey Gausman

Telephone # (704) 241-5492 (mble)

Address: 4216 Rockwood

City: Charlotte Zip Code: 28208

Location Where Collected: Well (see above) Collected By: Geoff Gausman

Date Collected: 11-21-05 Time Collected: 6:00pm Sample Source: Well spout

Mail Results To: 4216 Rockwood (Geoff Gausman)

Address: 4216 Rockwood City: Charlotte

Zip Code: 28208

Fax to David Cornelus
704 336-6894

Attention: Please complete all information above this line. Water samples are only accepted Monday thru Thursday. If there are any questions please call us at: 704-392-1164.

Lab Use Only

Contaminant	Method	Result: Present	Absent
Total Coliform	312	___	✓
Fecal Coliform	316	___	✓

Date Analysis Begun: 11/22/05 Time Analysis Begun: 1055

Date Analysis Complete: 11/23/05 Time Analysis Complete: 1120

Comments: _____

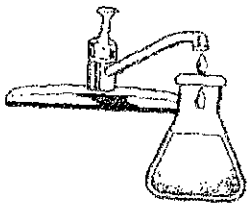
K&W LABORATORIES
FAX COVER SHEET

Send to: David Cornelius	**From:** Gosia Kraska
Attention:	Date: 11/29/05
Fax number: 704-336-6894	Phone number: 704-569-1800

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Total pages, including cover:

Comments:



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

Date: 11/29/05

Client: Geoffrey Gausman
4216 Rockwood Rd.
Charlotte, NC 28214

Project: 4216 Rockwood Rd.
Charlotte, NC 28214

Sample Description: Drinking Water
Sample Number: D8847
Sample Date: 11/28/05
Sample Time: 10:30

Parameter	Results	Units	Reporting Limit	Method	Date Analyzed
Nitrate	**<1**	mg/l	1.0	SM4500-NO3-D	11/28/05
Nitrite	**<0.05**	mg/l	0.05	SM4500-NO2-B	11/28/05

EPA Maximum Contaminant Level
Nitrate 10 mg/l
Nitrite 1.0 mg/l

Certified By: G. Kanska

NC Certification: 37767
SC Certification: 99051

David Cornlei

GWS – RES. APP 07/05

SEPTIC FEE: DATE: CK#:

WELL FEE: #400 DATE: 10/12/05 CK#: SC

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

Permit# 181 FILE # 4182B

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 #: 113-161-12

STREET ADDRESS: 4216 Rockwood Rd

CITY: Charlotte, NC 28208

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT #:

TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE

☐ 1-CHARLOTTE ☐ 5-MATTHEWS

☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE

☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION: DC

TYPE OF BUILDING:

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

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

☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1407

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

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: Bernice Cole

ADDRESS: 19700 Old Ferry Rd

CITY: West Point

STATE: VA ZIP: 23181

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Geoffrey Gausman

ADDRESS: 2730 Hart Rd.

CITY: Charlotte, NC 28214

STATE: ZIP:

HOME PHONE: 704 399 0309 WORK PHONE:

MOBILE PHONE: 704 241 5492 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature Date

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

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

X Geoffrey Gausman 10-12-05

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

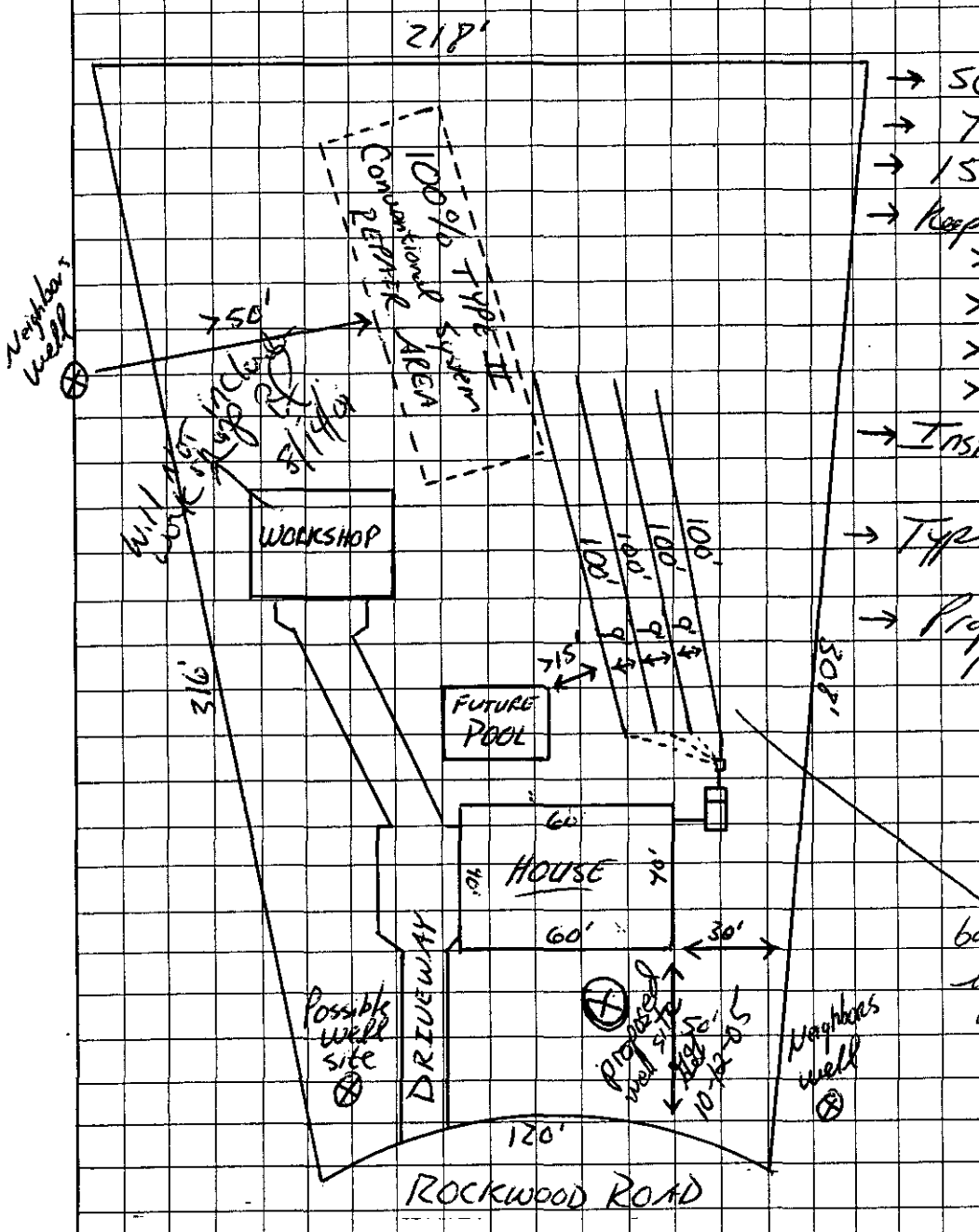
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 41828

TC: 113-161-12

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



COMMENTS

→ SCALE = 1" = 50'
→ Three Bedroom House
→ 1500 Gallon Septic Tank
→ Keep all parts of system:
- > 5' from foundation
- > 10' from property line
- > 50' from all wells
- > 15' from future pool

→ Install 4 lins x 100' x 3' x 12" Stone (400 TLF)
→ Type II Conventional System
→ Property does not require 100% Repair

House site moved back 105' from R.O.W. Lins, Septic system will go in back of house as shown.
J.P.M.
8/30/01

E.D. Stepens agent
OWNER/AGENT SIGNATURE

DATE 8-14-01

APPROVAL DATE Jenny P. Michelle

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

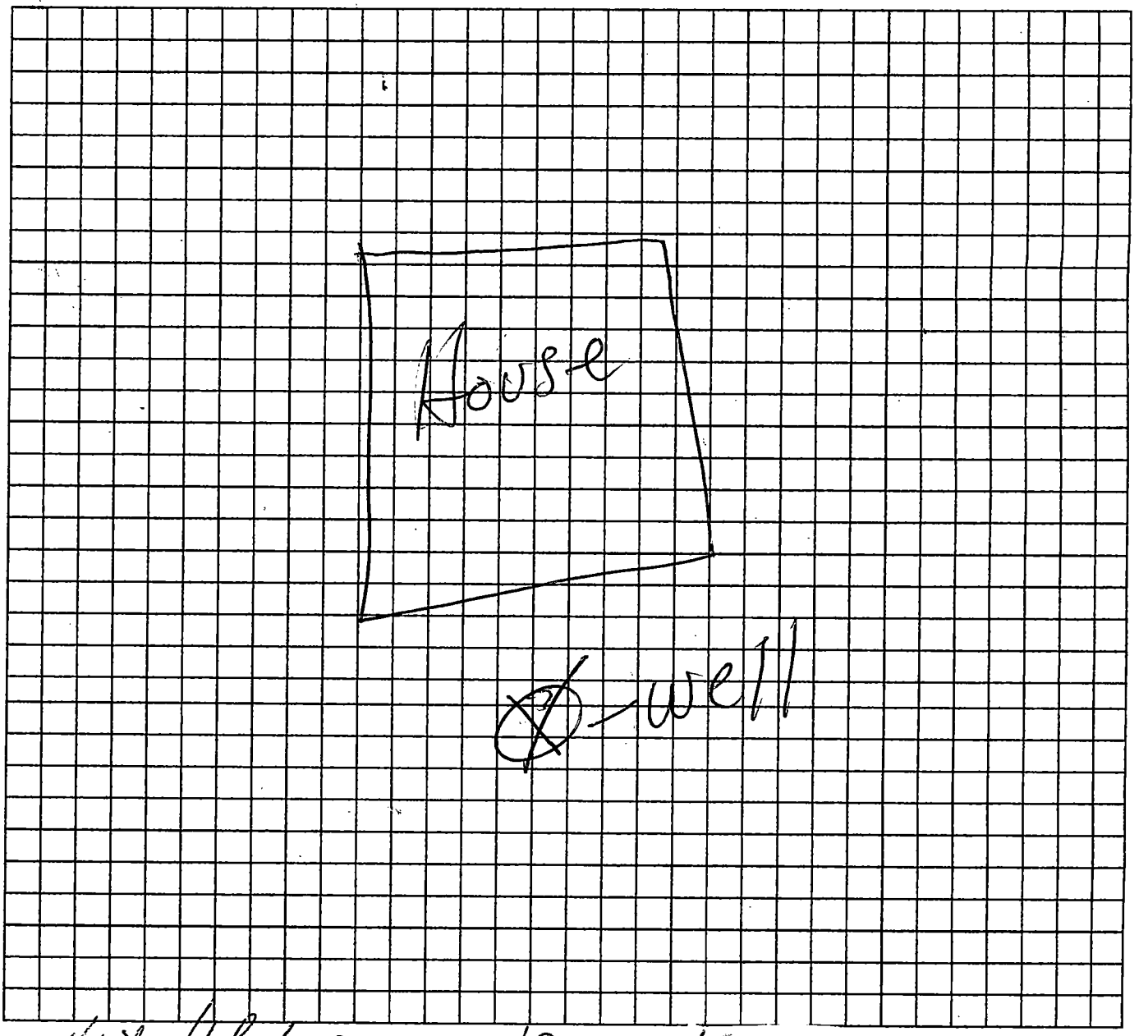
File #: _____

PROPOSED PLOT PLAN

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

Street Address: 4216 Rockwood Rd. Tax Parcel #: 113/6/12

Subdivision Name: _____ Lot #: _____



Mike Abel Divers Road Demo - 4-24-13

Property Owner's or Owner's Legal Representative Signature — Date

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

Revised on: 12/15/10

4182B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 6172

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

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

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

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 11916112
STREET ADDRESS: 4216 Rockwood Rd.
CITY: CLT
STATE: NC ZIP: 28216
SUBDIVISION NAME: —
LOT #: — LOT SIZE (acres): 30,600SF.

TOWNSHIP:
✓ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ✓ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
✓ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 1904
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: Vacant.

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
✓ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

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

6. **WATER SUPPLY:** ○ MUNICIPAL ✓ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

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

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

☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ✓ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ✓ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ✓ NO	JURISDICTIONAL WETLANDS	○ YES ✓ NO
WELLS, SPRINGS, OR WATER LINES	✓ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ✓ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ✓ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ✓ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ✓ NO
WASTE STORAGE	○ YES ✓ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ✓ NO

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

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: City of Charlotte
ADDRESS: 600 E Fourth St.
CITY: Charlotte
STATE: NC ZIP: 28202
WORK PHONE: 704-359-4008 Bob Andress
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

NAME: Well Contractor: John Holcomb - 3135-A
ADDRESS: 8808 Arrowhead Pl. Ln.
CITY: Cornelius
STATE: NC ZIP: 28031
WORK PHONE: _____
MOBILE PHONE: 980-395-2634
FAX: _____
E-MAIL: Luckyjgg1N2@gmail.com

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14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

_____ 4-23-13.

Property Owner's or Owner's Legal Representative Signature — Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: Dws

GWS FILE NUMBER ASSIGNED: 4182B

APPLICATION ID NUMBER ASSIGNED: 6172

COMMENTS: WELL Abandonment -
Please Call me ASAP.
Thanks, J. Michael Malcomb 980-395-2634

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Parcel Information

Parcel ID	Account	Parent	Previous
11316112	EXEMPT		

Owner(s)

Owner Name	Mailing Address	City/State
CITY OF CHARLOTTE	600 EAST FOURTH ST	CHARLOTTE NC 28202
C/O REAL ESTATE DIVISION	600 EAST FOURTH ST	CHARLOTTE NC 28202

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L4 BA M7-347	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	WEST MECKLENBURG	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
89500	30600	600	120700	CITY			120700

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Aug 24 2010	133000	266.00000		IMP	25846 - 390	WARRANTY D	25846-390	GAUSMAN,GEOFFREY G
Nov 10 2005	92000	184.00000		IMP	19614 - 191	WARRANTY D	19614-191	COLE,BERNICE W
May 18 2001	24000			VAC	12243 - 429	DEED STAMPS	12243-429	WALL MICHAEL L &WF J
Feb 23 2000	18000			VAC	11100 - 422	DEED STAMPS	11100-422	THOMPSON KEITH SERVI

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1.19	AC	L301	30600

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1967	4216 ROCKWOOD RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1904	1334	CRAWL SPACE	FACE BRICK -	AVERAGE 01	89500

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP3	AC-NONE		3	2		0

Sub Areas

Bldg	Description	Size
1	CARPORT - FINISHED	400
1	UTILITY - FINISHED	64
1	PORCH - OPEN - FINISHED	96
1	BASE (FIRST FLOOR)	1334
1	PORCH - OPEN - FINISHED	10

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2004	TERRACE	1	5x10	600

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Apr 12 2005	2005	Imp/Addn/Remod Completed for Tax Year	116000	0
Apr 12 2005	2005	Improvement/Addition/Remodeled Completed	116000	0
Oct 13 2004	2004	Bldg/Addn/Remod/Partially Completed	48800	0