

6804 LONG RD

19721113

1/8/2008

duponbj

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5191B Permit #: _____ Tax Parcel #: 197-211-13

Property Owner: ROSTI MIALIK

Job Location Address: 6804 LONG RD.

City: CHARLOTTE State: NC Zip Code: 28227

Operation Permit Issuance Date: 11/17/06 *Contractor Name:* Howell

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.) INNOVATIVE E-Z FLOW 25% REDUCTION

Total line length: 330 feet

# of Lines: 3 @ 110 feet

Depth of Media: N/A inches (Type) III g

Depth of Cover: 12 inches

Distribution Device: D-Box

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

Inspection Dates

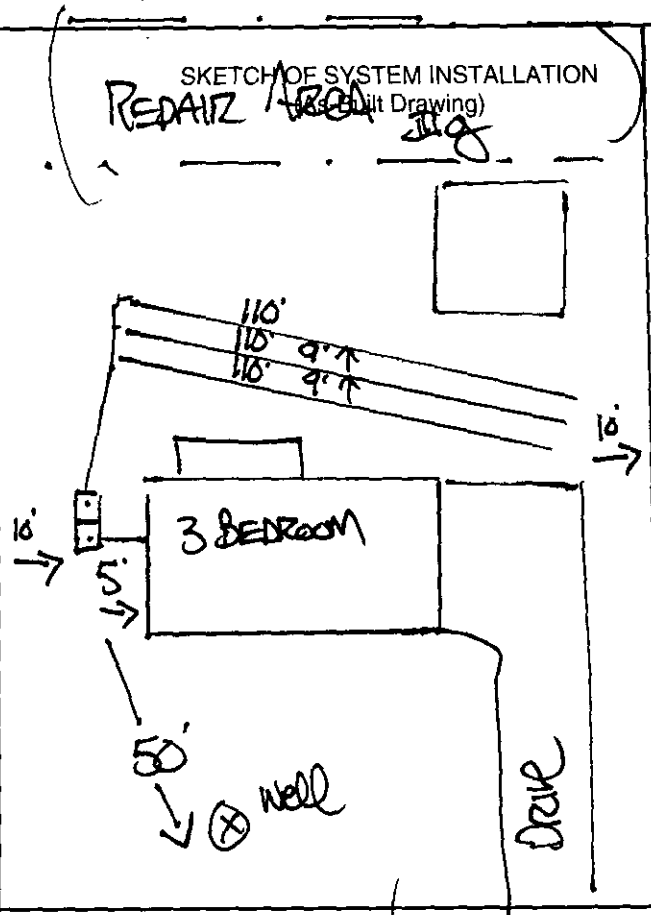
Tank(s) Inspected: _____

Excavation Inspected: _____

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

REPAIR / TRCA III g



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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 or Revocation of this permit.*

Comments: System Classification & Type: III g, INNOVATIVE, 25% REDUCTION, E-Z FLOW. 3 LINES @ 110' OC. 1500 GAL ST, D-Box >50' FROM WELL, 710' FROM P.L.

DENR Authorized Agent: DAVID CORNELIUS Signature: _____ IRS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5191B Permit #: Tax Parcel #: 197-211-13

Property Owner: ~~CHARLES ARZENBERG~~ ROSTI MIALIK

Job Location Address: 6804 LONG RD LOT 3

City: CHARLOTTE State: NC Zip Code: 28227

Installation Approval Issuance Date: 11/13/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 12/1/06, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 0 gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet INNOVATIVE

Line Spacing: 9 feet (O.C.) 25% REDUCTION

Total line length: 327 feet

# of Lines: 3 @ 110 feet

Depth of Media: N/A inches (Type) IIIg

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

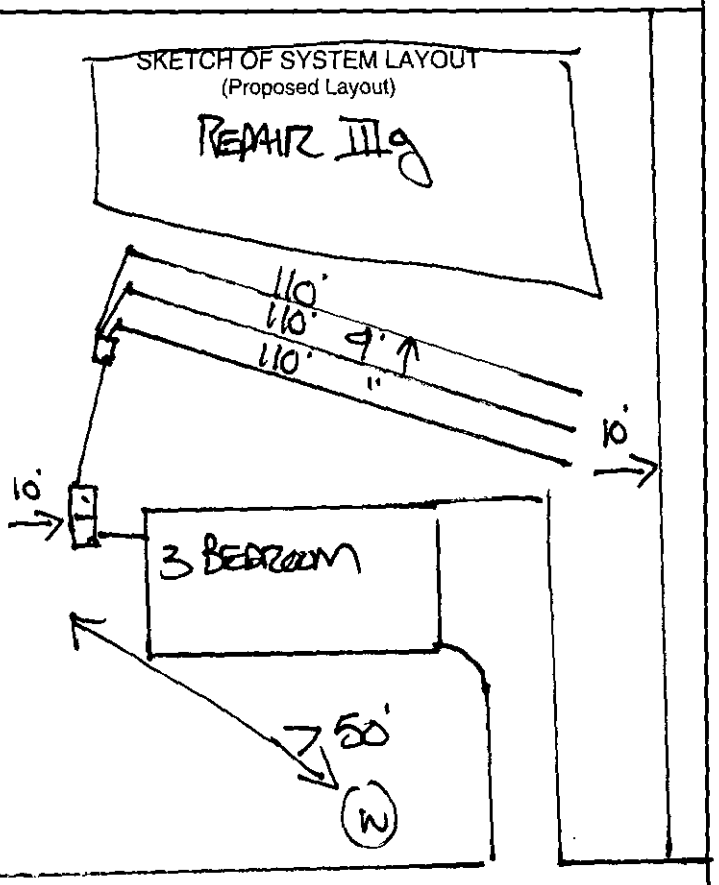
☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet



Comments: System Classification & Type: IIIg, INNOVATIVE, 25% REDUCTION.
INSTALL 3 LINES @ 110' ca. 9' CENTERS. 1500 GAL ST. D-BOX

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____

LD136385 , 136390

FEE: $200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: 4/17/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-5-03 **PERMIT NO:** 5191B
PARCEL NO: 192-211-13

JOB LOCATION ADDRESS: LONG ROAD
PROPERTY OWNER: CHARLES ARROWOOD
BUILDING CONTRACTOR: CHARLES ARROWOOD
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ **DATE:** 5/5/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5191B, 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: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITION 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 FO REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Charles Arrowood 7-1-03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5191B

Tax Number: 197-211-13

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	X 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	
.225 Long-term acceptance rate	360 Max gallons/day wastewater flow	1440 / 1304 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	440 Total trench length (ft)	32" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	SEE IMPROVEMENT PERMIT			
Repair Area System Type Type (circle one): I (II) III IV V VI	X 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	
1304 Absorption Area (Sq ft) ~~225~~ 440 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	32" 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 effec 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 Departmen
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 5-15-03

Owner/Agent Signature — Date 7-1-03

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

PROPOSED PLOT PLAN

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

FILE: 5191B

TC: 197-211-13

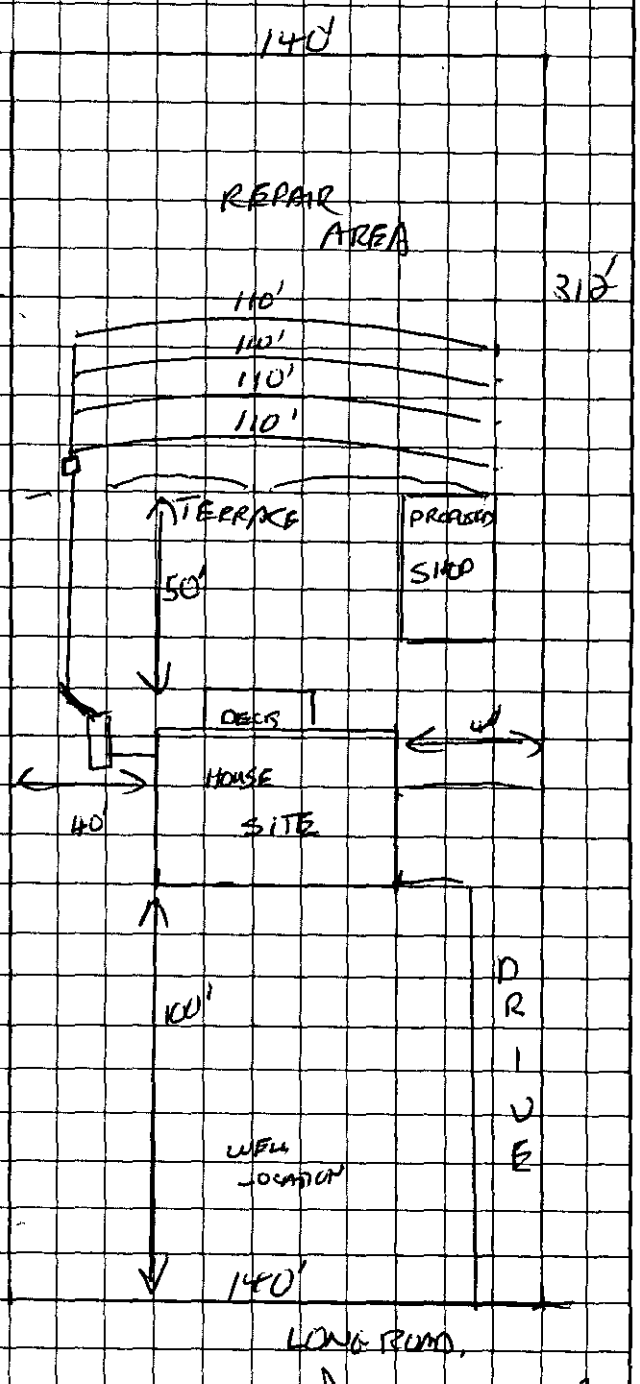
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

PERMIT FOR
LONG ROAD
BY CHARLES ARROWOOD

SCALE, 1" = 50'

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM AT LEAST 50' FROM ALL WELLS,

(2) INSTALL DRAINLINES SHALLOW (32") AND ON CONTOUR,



Charles Arrowood
OWNER/AGENT SIGNATURE

DATE 7-1-03

APPROVAL DATE 5/5/03

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

Sheet: 1
Property ID: 197-211-13
Lot #: 3
File #: 5191B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Charles W. Arrowood
Applicant:
Address: 6809 Long Road, Charlotte, N. C. 28227
Date Evaluated: 04/01/2003
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: 1.01a
Location of Site: Long Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-7	GR/CL	FR/SEXP/SS/SP	>41" TO SOIL WETNESS	41	"	"	PS, IV
		7-38	SBK/C	FI/SEXP/S/P					.25GPD/FT^2
		38-41	SBK/C	VFI/EXP/VS/VP					
3	LS, 8	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
4	"	0-5	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					
5	"	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	"	"	"	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
6	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-49	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.275GPD/FT

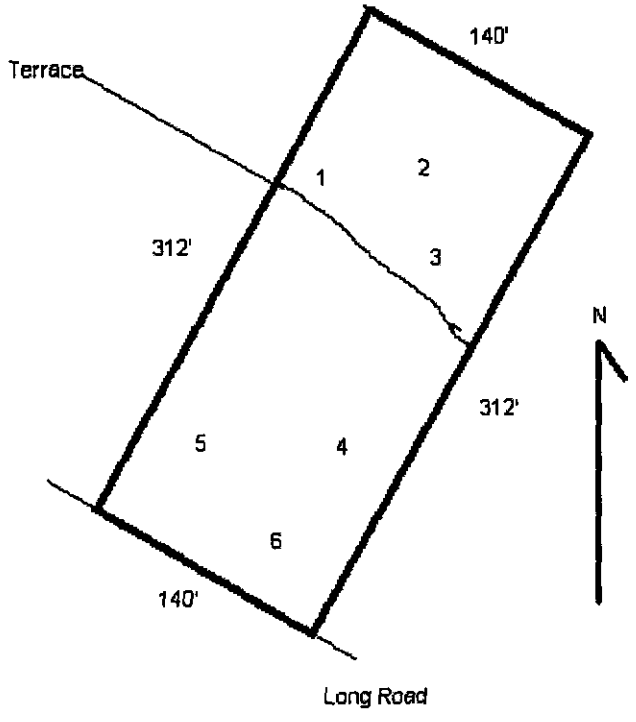
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 4/4/2003, W. R. Marlin
Others Present: C. Arrowood

FILE # 5191B

COMMENTS: 100% Repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



FEE: $30.00 Check # 762

DATE: 3/17/03 SC

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

$30.00 Cash 03735 3/17/03 LORT

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

1601

FILE #: 5178

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 19721113

STREET ADDRESS: Long Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X 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
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: Arrowood Charles W
(LAST) (FIRST) (MI)

ADDRESS: 6809 Long Road

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 634-5121

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Charles W. Arrowood DATE: 3-17-03

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

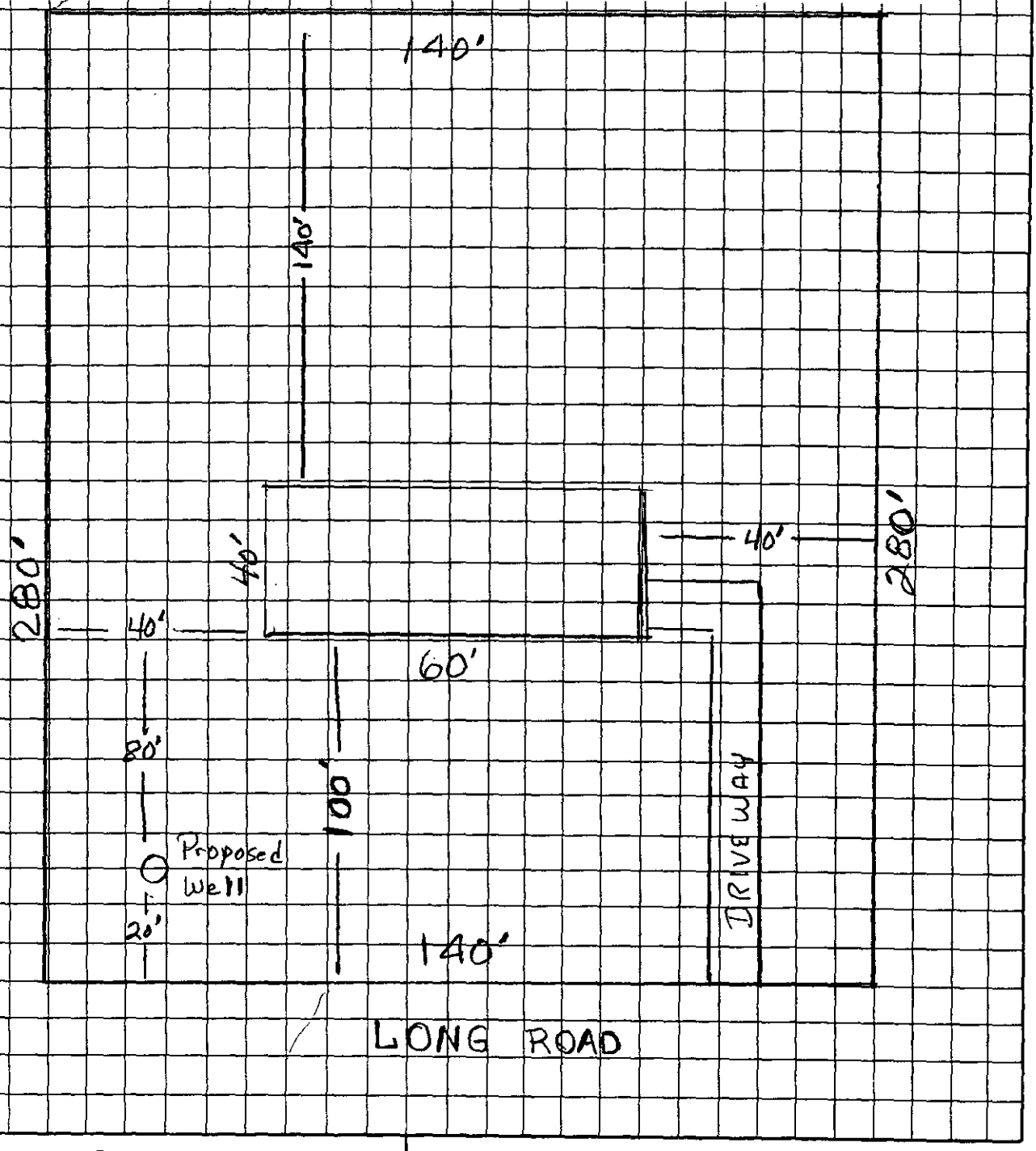
PROPOSED PLOT PLAN

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

FILE: 5191B

TC: 197-211-13

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.



Charles W. Arnwood
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

2

OFFER TO PURCHASE AND CONTRACT

Charles W + Betty R. Arrowood as Buyer,
hereby offers to purchase and Nellie Long 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 personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of Mint Hill, County of Mecklenburg, State of North Carolina, being known as and more particularly described as:
Street Address _____ Zip _____
Legal Description 197 21113

2. **PERSONAL PROPERTY:** _____

3. **PURCHASE PRICE:** The purchase price is $ 35,000.00 and shall be paid as follows:
(a) $ -0- in earnest money paid by — (cash; bank, certified or personal check) with the delivery of this contract, to be held in escrow by — as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;
(b) $ -0- by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;
(c) $ -0- by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of — % per annum payable as follows: _____
Prepayment restrictions and/or penalties, if any, shall be: _____
Assumption or transfer rights, if any, shall be: _____
(d) $ 35,000.00 the balance of the purchase price in cash at closing.

4. **CONDITIONS:** (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)
(a) The Buyer must be able to obtain a firm commitment on or before —, effective through the date of closing, for a — loan in the principal amount of $ — for a term of — year(s), at an interest rate not to exceed — % per annum, with mortgage loan discount points not to exceed — % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: —
(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed — % per annum fixed (or describe type of loan) —, with mortgage loan assumption and/or discount points not to exceed — % of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before — Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: —
(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for residential purposes.

5. **ASSESSMENTS:** Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: _____ (Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS:**
(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) _____

Lot must be approved for septic system.

IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before MARCH 31, 2003, at a place designated by Buyer
The deed is to be made to Charles W and wife Betty R. Arrowood

8. **POSSESSION:** Possession shall be delivered At closing
In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ _____ per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. **COUNTERPARTS:** This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in _____ counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer: 3-17-03 Date of Acceptance: 3-17-03
Buyer Charles W. Arrowood (SEAL) SELLER Nellie Lee Long (SEAL)
Buyer Betty R. Arrowood (SEAL) SELLER _____ (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date _____ Firm _____
By: _____

REALTOR®
Selling Agent/Firm _____ Acting as ☐ Buyer's Agent ☐ Seller's (subagent) ☐ Dual Agent
Listing Agent/Firm _____ Acting as ☐ Seller's (subagent) ☐ Dual Agent

This Standard Form has been approved jointly by the: NORTH CAROLINA BAR ASSOCIATION as Form No. 2 NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. as Standard Form No. 2(C) Copyright © 2005

DATE: 4/17/2003

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MINT

5191B

197-211-13

PARCEL NUMBER

6804 LONG RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

Charles Arrowood Co-SX

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____ APPROVED	____ NOT APPROVED
2. FLOODWAY REGULATIONS	____ APPROVED	____ NOT APPROVED
3. WATERSHED PROTECTION	____ APPROVED	____ NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	____ APPROVED	____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	____ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	____ NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	____ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	____ NO

Remarks:

ADDRESS VERIFIED- NEW SINGLE FAMILY HOME

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMAS OBSOLETE
__ NEW ADDRESS
REVISED 1/91

SIGNED: _____

CHARLOTTE

Laboratory Analysis Report
Report Date: 5/16/2006 10:13 AM

LABORATORY SERVICES DIVISION

LOCATION: G-6804, 6804 Long Rd
LOC ID: G-NEW
SAMPLE DATE-TIME: 4/20/2006 10:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB70161
CHAIN OF CUSTODY #: 06040408

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB70161	NITRATE	0.75	mg/L	0.05	EPA 353.2	4/21/2006 12:25	EWN
AB70161	NITRITE	<0.05	mg/L	0.05	EPA 353.2	4/21/2006 14:57	EWN

Comment: Nitrite: QC Measure for % Recovery failed at 59.4%, current limits 90% to 110%, Sample smelled strongly of Chlorine which would cause this interference, results may be biased.

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

19721113

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	6804 Long Rd.
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06040408
Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Nitrate	Nitrite
G-6804 Long Rd.	DH	4-20-06 10:35 am	N/A N/A	N	17.9°C	1.4				X	500 ml		1			X				X	X	
G-6804 Long Rd.	DH	4-20-06 10:35 am	N/A N/A	N	17.9°C	4.4				X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		4/20/06	1216
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

CHARLOTTE.

Laboratory Analysis Report
Report Date: 4/25/2006 04:55 PM

LABORATORY SERVICES DIVISION

LOCATION: G-6804, 6804 Long Rd
LOC ID: G-NEW
SAMPLE DATE-TIME: 4/20/2006 10:35
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB70160
CHAIN OF CUSTODY #: 06040407

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB70160	**E. COLI-PA**	***absent***	**P/A**		SM 9223B	4/20/2006 12:30	KEK
AB70160	**Total Coliform**	**absent**	**P/A**		SM 9223B	4/20/2006 12:30	KEK

Comment:

Laboratory Supervisor: WMcL — Report of 042506 report

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	6804 Long Rd.
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 0604067
Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
G-6804 Long Rd.	DH	4-20-06 10:35am	N/A N/A	N	N/A	2.5				X	100 ml		2						X		X

4570160

Instructions:
Complete all yellow shaded sections.
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		4/24/06	1216

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

6191B

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038

1. WELL CONTRACTOR:
John Mullis
Well Contractor (Individual) Name
D. Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704-5455604
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 2-23-06
TIME COMPLETED 4:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Mint Hill COUNTY Meck
10804 Long Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐Slope ☐Valley ☑Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE 35 09.883N
LONGITUDE 80 37.295W
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 Rostisky Mialik
STREET ADDRESS 8828 Robinson Church Rd
Charlotte NC 28215
City or Town State Zip Code
704-904-1066
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 190'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" If Above Top of Casing)
d. TOP OF CASING IS 1 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): 20 METHOD OF TEST AIR
f. DISINFECTION: Type HTH Amount 1-QT
g. WATER ZONES (depth):
From 130 To 138 From ____ To ____
From 165 To 180 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth	Diameter	Thickness/ Weight	Material
From 0	To 103 Ft.	6/8	SCH40	PVC
From ____	To ____ Ft.			
From ____	To ____ Ft.			

7. GROUT:

	Depth	Material	Method
From 0	To 20 Ft.	Cemment	pumped
From ____	To ____ Ft.		
From ____	To ____ Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

	Depth	Size	Material
From NA	To NA Ft.		
From ____	To ____ Ft.		
From ____	To ____ Ft.		

10. DRILLING LOG

From	To	Formation Description
0	40'	Red CLAY
40	103	Brown SAND
		STONE
103	190	Blue 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.

John M. Mullis 2-23-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John M. Mullis
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) 336-5894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000314 **File #:** 51918 **Tax Parcel #:** 197-211-13
Property Owner: Rostislav Mialik
Job Location Address: 6804 LONG RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 2/13/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

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

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

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to 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:

Authorized Agent: [signature] Print Name
Signature: [signature] 2/13/06

Owner/Legal Agent: Rostislav Mialik Print Name
Signature: Rostislav Mialik

2/13/06

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000314 **File #:** 5191B **Tax Parcel #:** 197-211-13
Property Owner: Rostislav Mialik
Job Location Address: 6804 LONG RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 2/13/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
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- 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 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:

DAVID CORNELIUS
Authorized Agent: Print Name

Signature: 2/13/06

Owner/Legal Agent: Print Name

Signature:

Application #314

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

FILE # 5191B

WELL FEE: $400.00
DATE: 2/10/06
CRT [ ] Mastercard
AP: 59990 V.W.

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 #: 197-211-13
STREET ADDRESS: 6804 Long Rd,
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

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: Rostislav Mialik
ADDRESS: 6804 Long Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704-568-9861 WORK PHONE:
MOBILE PHONE: 704-650-6946 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Rostislav Mialik 2/10-06
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

PROPOSED PLOT PLAN

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

FILE: 5191B

TC: 197-211-13

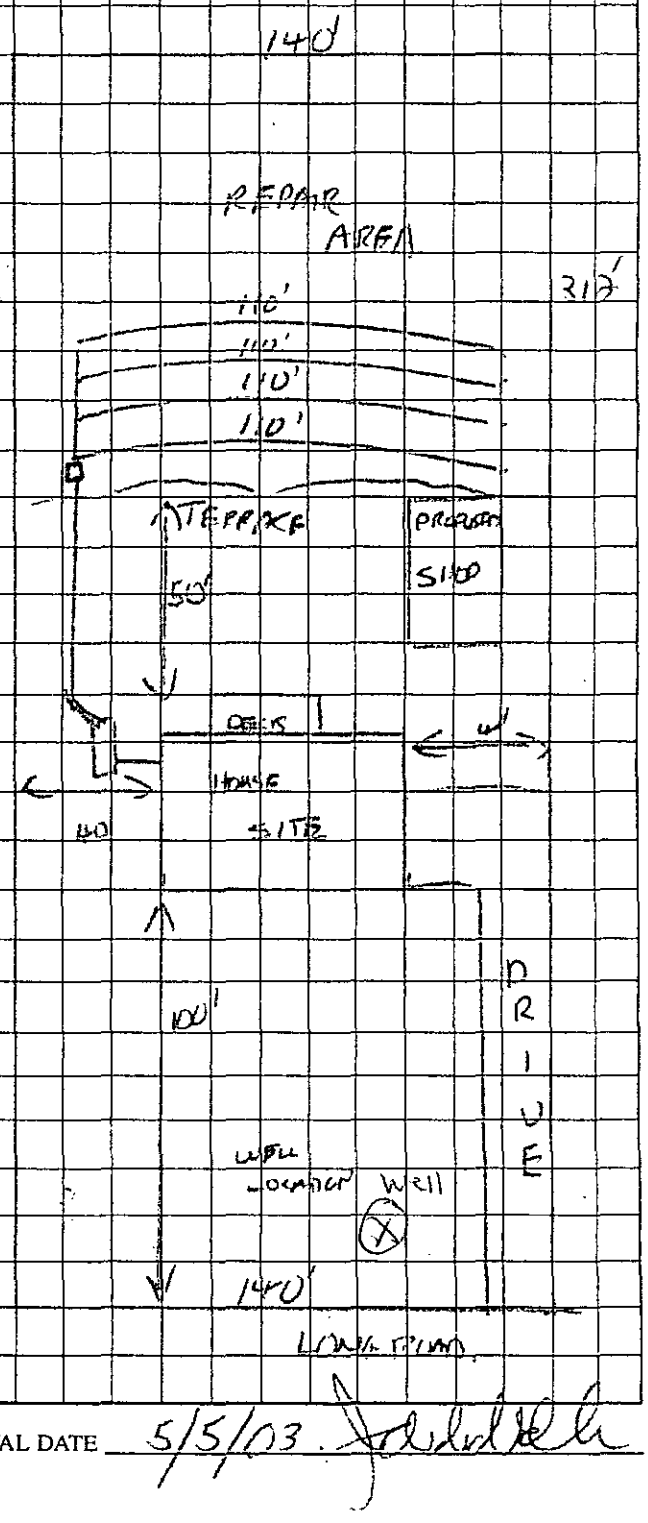
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

AFFMTT FOR
LONG ROAD
BY CHARLES MARWOOD

SCALE 1" = 50'

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM AT LEAST 50' FROM ALL WELLS.

(2) INSTALL DRAINLINES SHALLOW (32") AND ON CONTOUR.



Charles Gwynn
OWNER/AGENT SIGNATURE

DATE 7-1-03

APPROVAL DATE 5/5/03

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/10/06	**Amount:**	400.00
Receipt #:	41121	**Tendered:**	0.00
Check / Auth #:	MC 599790	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #:	200000
Contractor:	MIALIK ROSTISLAV
Attn:	
Address:	6804 LONG ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 6804 LONG ROAD		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
7.00					