

7208 BUCKLAND RD

11330234

1/3/2008

duponbj

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

Paid 5/8/01 100
Jeremy ck.# 120 Rf. CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 3767B

PERSON FILING APPLICATION:
NAME: Beachy (last) Andrew (first) I (mi)
ADDRESS: 7208 Buckland Rd PHONE: (704) 583-0894
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date:

PROPERTY OWNER:
NAME: Beachy (last) Andrew (first) I (mi)
ADDRESS: 7208 Buckland Rd. PHONE: (704) 583-0894
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-302-34
STREET ADDRESS: 7208 Buckland Rd. Charlotte NC 28278
ZONING: R-5

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Dining Room

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Andrew Beachy Date: May 8 2001

NOTICE:

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

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

...This permit is not transferable.

... Approval granted for dining room addition. Use Existing system

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

Jeremy R. Medlock 5/9/01
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

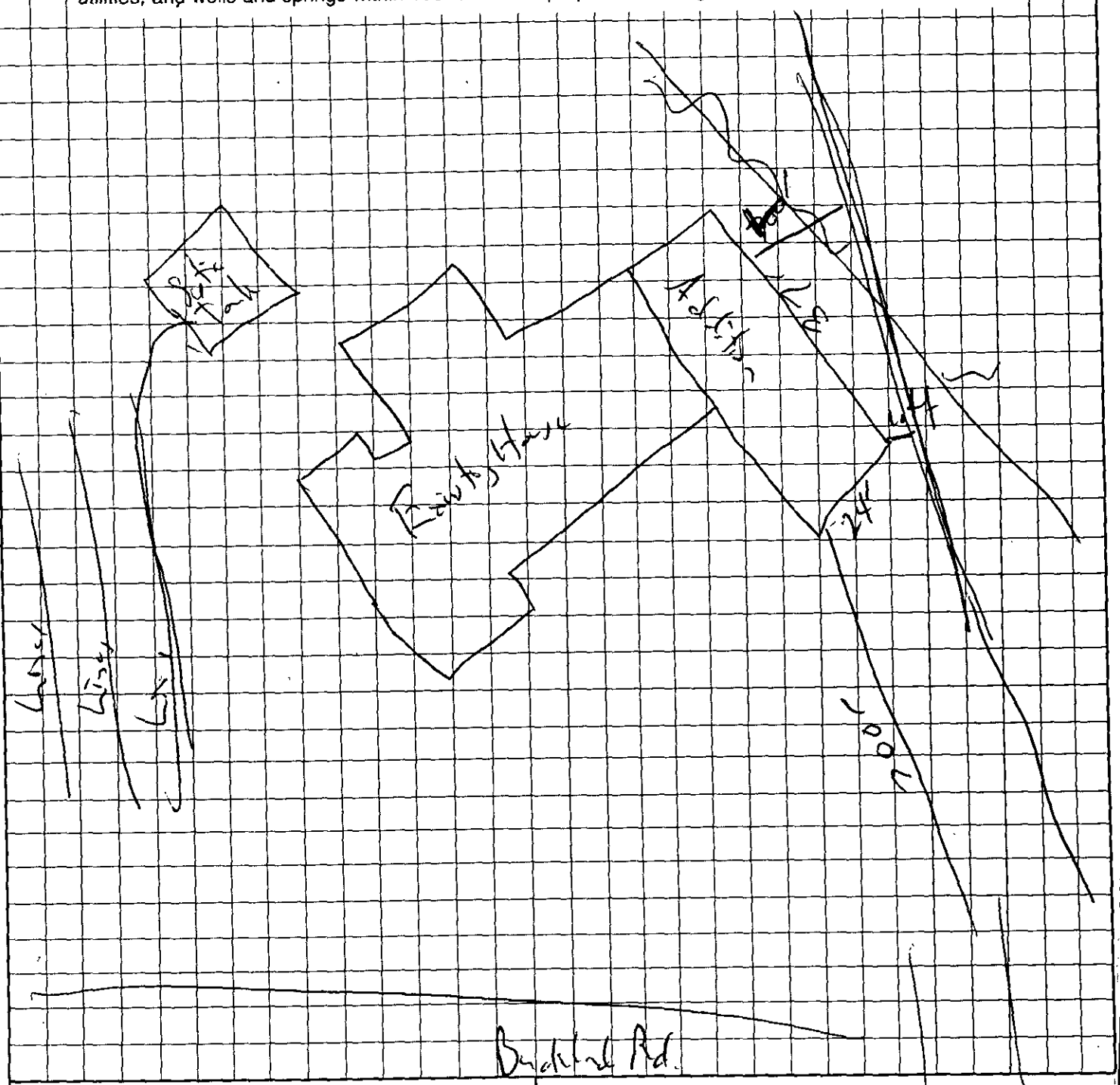
COPY

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

FILE: _____

TC: _____

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 5/8-2021

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

ORIGINAL COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

[ ] CRT

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

(704)336-5102 3767B

Date: 5-7-99

PERSON FILING APPLICATION:
NAME: Beachley (last) Andrew (first) T (mi)
ADDRESS: 7208 Buckland Rd PHONE: (704) 583-0894
CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-302-34
STREET ADDRESS: 7208 Buckland Rd
ZONING:

PROPERTY OWNER:
NAME: ~~Andrew~~ Beachley (last) Andrew (first) T (mi)
ADDRESS: 7208 Buckland Rd PHONE: (704) 583-0894
CITY: Charlotte STATE: NC ZIPCODE: 28208

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
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[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Deck

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
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NUMBER BEDROOMS: 2 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
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Signed: [signature] Date: 5/6/99

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... Approval granted for a Deck
Use existing System

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

Philo A. Walker RS 5/17/99
Environmentalist Date

WATER : 122791

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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Date
Environmentalist

WATER : 122791

PROPOSED PLOT PLAN

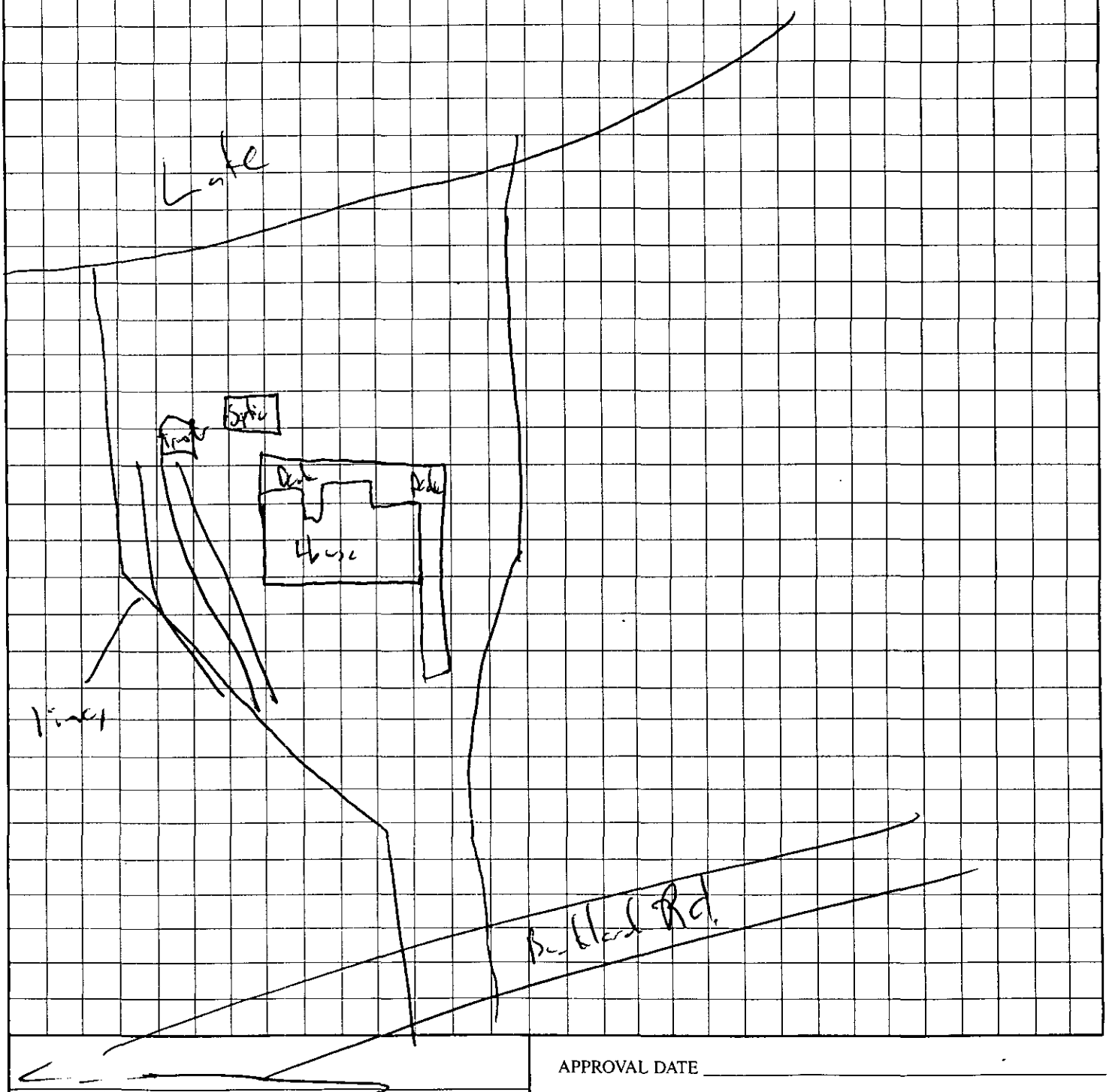
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3767B

TC: 113-302-34

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.



OWNER/AGENT SIGNATURE

DATE 5/6/99

APPROVAL DATE _____

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

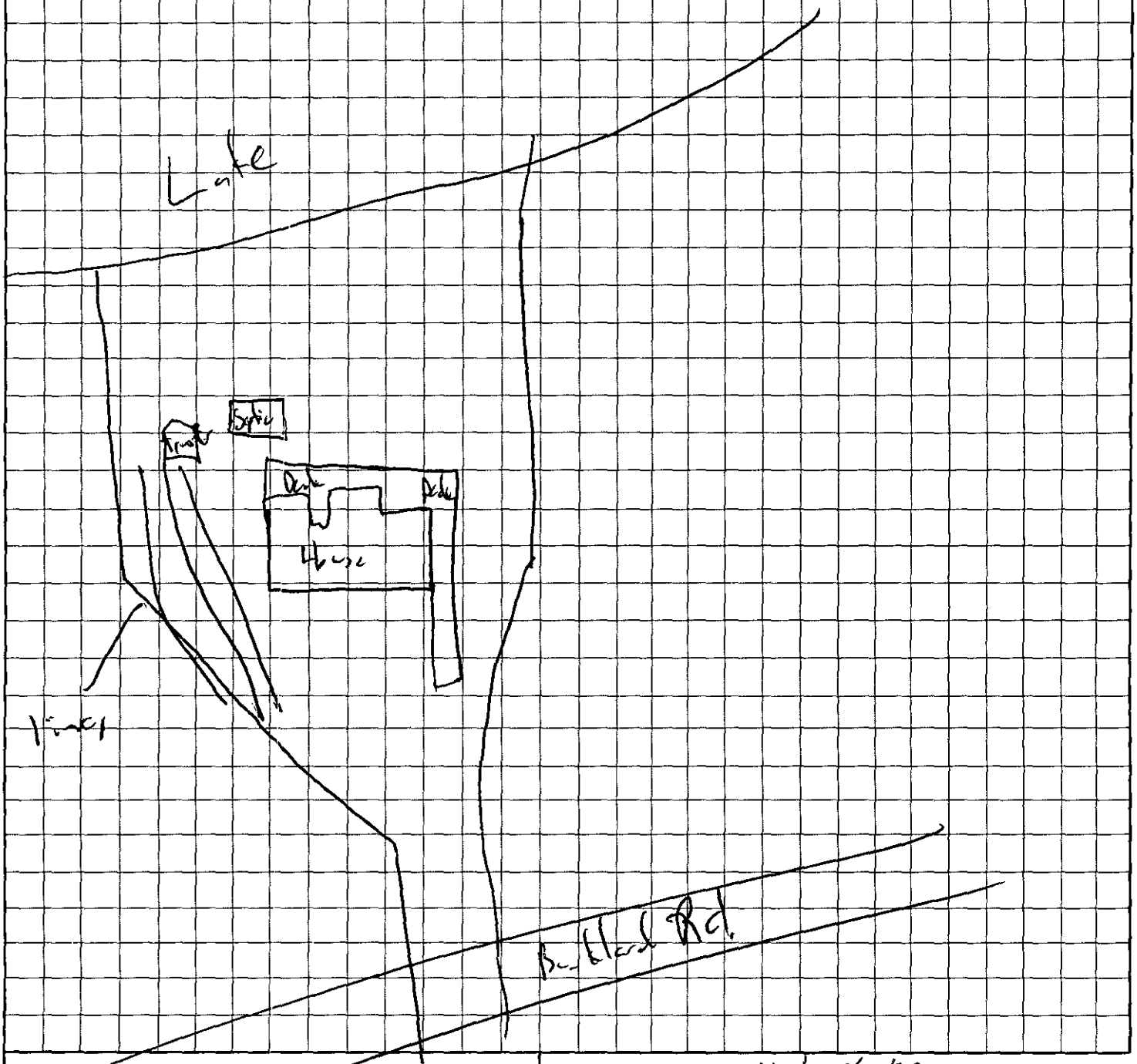
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OWNER/AGENT SIGNATURE

DATE 5/6/99

APPROVAL DATE JW 5/17/99

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3767B DATE: 8-7-96

TC: 113-302-34 ☐ L ☒ CRT

SERIAL No: 16781

Name of Owner: Andrew Beachley Juris.:

Address of Property: 7208 Buckland Rd.

Inspection Data:

Tank Material: PCC

Total Length of Drainfield: 400

Number of Lines: 4 @ 100

Cover Depth: 12"

Water Supply Source: WELL

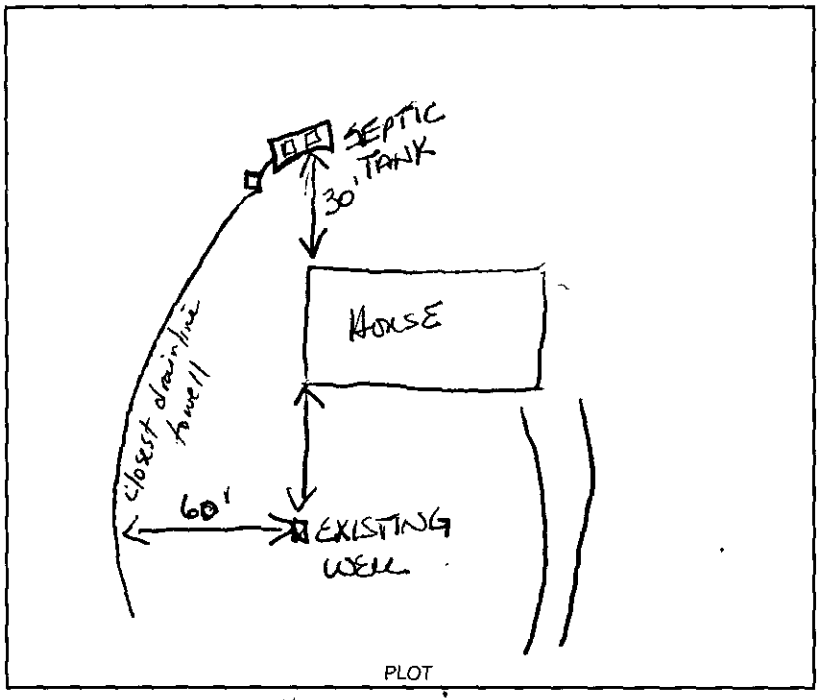
Distance to Water Source: 60' min

Excavation Inspected: 8/7/96

Tank(s) Inspected: 8/7/96

Wash Line Inspected:

High Water Alarm Inspected: —



PLOT

Design: 1500 SEPTIC T, 1200 SQ FT, T, 12" CEILCUKE CTR# 5

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. 1990 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: Type II - Approximately 200 repair available

Joni Higgins Barney
Environmental Health Specialist

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

400 D

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

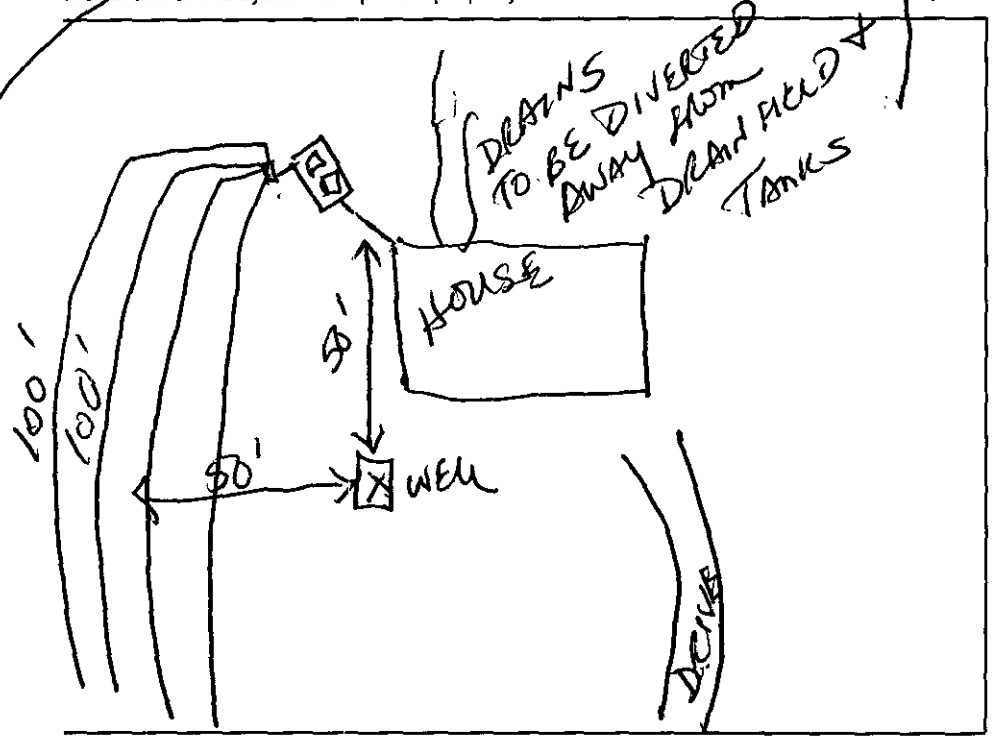
FILE: 3767B DATE: 7-22-96

TC: 113-302-34 ☐ L

SERIAL Nº 16536

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 7/22/96. All work shall be completed on or before 8/22/96, 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.

LAKE WYLIE



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 15 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 Andrew Beachley

LOCATION OF PROPERTY 7208 Buckland Rd

Comments: 1500 SEPTIC TANK, 1200 SQ FT, 4@ 3X100X12"
MAINTAIN 50' FROM ANY PART OF SYSTEM
W/ EXISTING WELL, INSTALL DRAINLINES ON CONTOUR

Jan Hyatt Bunn, R.S.
Environmental Health Specialist

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

CDH 0250

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 1-22-96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ **PERMIT NO:** 3767B
PARCEL NO: 113-302-34
JOB LOCATION ADDRESS: 7208 Buckland Rd
PROPERTY OWNER: ~~8301 Lilybet Lane~~ Andrew Beachley
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Joni Wiggs Bussey, RS **DATE:** 1-22-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3767B, 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: Must met all provisions of Improvement Permit and Installation Plan

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.

1/22/96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3767B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 113-302-34

- 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 s 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 transferab 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	___ 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 Experimen ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq.ft)	9 Trench spacing (min. o centers)	
✓ Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitabl must remain between trench bottom unsuitable soil conditions)	
3 Bedrooms in residence	— Gallon pump tank	12" Depth of stone		

Any surface waters present: YES Type: LAKE Wylie Minimum separation distance: 50' FROM HIGH WATER

Site modifications required:

Additional Conditions: (1) NO FURTHER EXCAVATION TO ANY PART OF THE DRAINFIELD.
(2) PROPERTY OWNER WAS INFORMED OF SYSTEM IWWS-93-2 and AND DPBPS concerning repair area conservation. Mr. Bradley chose to utilize the conventional system.

Repair Area System Type Type (circle one): I II III IV V VI LIMITED INFILTRATOR / PANEL / BLOCK / CONVENTIONAL REPAIR AREA	NOT REQUIRED AS PER .1945(C)(1) SEE SURVEY ___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experim ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench	

For existing system, enter the year originally installed:

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- This Improvement permit is transferable.

Joni Higgins-Bussey, R.S. 12-6-95
DEHNR Authorized Agent Date

Andrew J Bradley 12-6-95
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

DATE 1/19/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-302-34
PARCEL NUMBER

7208 Buckland Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	✓ Rwb **APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL 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: S.F House Min FFE 571.0

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 FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rwb

REVISED 1/91

FEE: 100.00
DATE: 12/1/05
CK. # 0234

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 #: 37675

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-307-34

STREET ADDRESS: ~~8301 Lily Pad Lane~~ 1208 BERKLAND RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 1172

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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	WELL, SPRINGS OR WATERLINES	☒ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Rhyne (LAST) Walter (FIRST) M (MI)	NAME: Bradley (LAST) Andrew (FIRST) T (MI)
ADDRESS: 8301 Lily Pad Lane	DAYTIME PHONE: (704) ~~362-1674~~ 583-0894
CITY: Charlotte STATE: NC ZIP: 28208	5967 Kirkpatrick Rd.
DAYTIME PHONE: (704) 588-0521	Charlotte NC 28211

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: Andrew T. Bradley DATE: 12/1/05

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

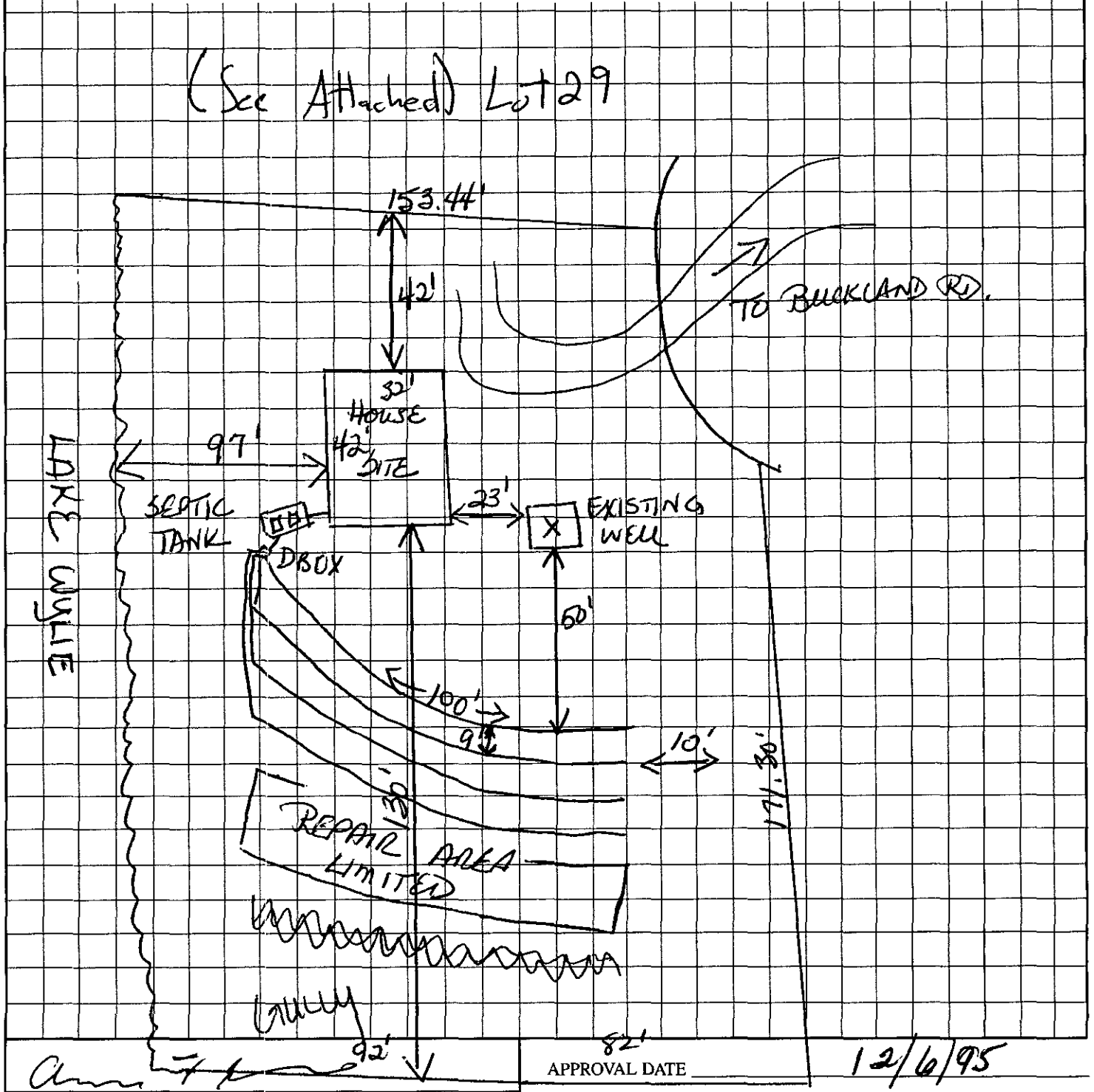
PROPOSED PLOT PLAN

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

FILE: 3767B

TC: 113-302-34

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.



OWNER/AGENT SIGNATURE

DATE 12/1/95

APPROVAL DATE 12/6/95

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 of 2
PROPERTY ID #: 3767-B
COUNTY: Mack

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Walter m Rhyne ~~1008 Buckhannon NC~~ APPLICANT: Andrew Beasly
ADDRESS: ~~9301 Lilybet Lane~~ APPLICATION DATE: 12-19-95 DATE EVALUATED: 12-11-95
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE:
LOCATION OF SITE: 9301 Lily bet Lane PROPERTY RECORDED: Jan 30 1976
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Nose 0-4%	0-4	SCL/ Crumb	SExp/Fr	N/A	38"	N/A	N/A	.3
		4-38"	C/SBK	SExp/Fi					
				SP					
2	Shoulder 0-2%	0-4	Scl/Crumb	SExp/FR	N/A	38"+	N/A	N/A	.3
		4-38	C/Sbk	SExp/Fi					
				SP					
3	shoulder	0-4	Scl Crumb	SExp/FR	NA	36"+	NA	NA	.3
		4-36"+	C/SBK	SExp/Fi					
				SP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Holly Randall
OTHER(S) PRESENT: Toni Bunney

OMMENTS:

LEGEND

use the following standard abbreviations

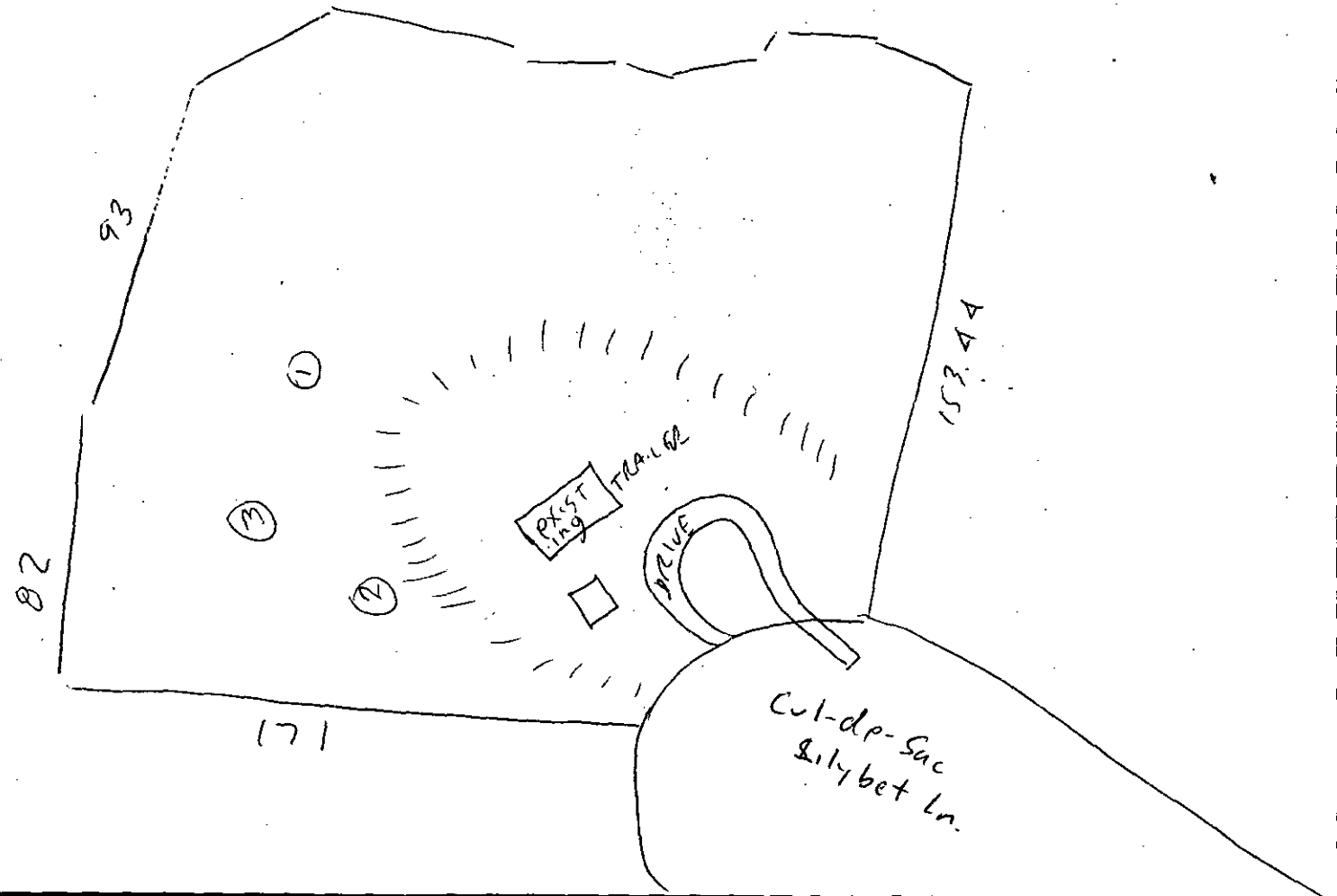
ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3767B

☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: ~~Andrew~~ Beachley Andrew T
(last) (first) (mi)
ADDRESS: 5967 Kirkpatrick Rd PHONE: (704) 362-1624
CITY: Charlotte STATE: NC ZIPCODE: 28211

Date: October 7 1995

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 11330234
STREET ADDRESS: ~~8301 Lithgow Ln~~ 7308 Buckland Rd
ZONING:

PROPERTY OWNER:
NAME: Rhyne Walter M
(last) (first) (mi)
ADDRESS: ~~8301 Lithgow Ln~~ 7308 Buckland Rd PHONE: (704) 588-0521
CITY: Charlotte STATE: NC ZIPCODE: 28208

SUBDIVISION OR MOBILE HOME PARK NAME: _____

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

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

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

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Walter M Rhyne Date: 10/10/95

NOTICE:

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

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

...This permit is not transferable.

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

10/12/95 Denied - Mr. Beachley is going to build a new house over existing septic tank & same system. During my visit, I told him to abandon existing system and install a new system. He was notified he needed to apply for a new ins. permit. JHB

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

COPY

Andrew Beachley
~~8301 Lilybeth Lane~~
7208 BUCKLAND RD

LAKE WYLIE

LOT 0.91 AC.

LOT 33 1.11 ACRES

LOT 32 1.74 ACRES

LOT 30 0.54 ACRE

LOT 29 0.95 ACRE

LOT 28 1.63 ACRES

LOT 28-A

KILPECK COURT

LILYBET LANE

BUCKLAND ROAD

OUTWELL ROAD

CRESCENT LAND & TIMBER CORP (J W OWENS) CAT. 251

CRESCENT LAND & TIMBER CORP. 1 MORGAN ERWIN CAT. 160

CONT. ON DWG. NO. L.W. 37-A

CONT. ON DWG. NO. L.W. 37-B

CONT. ON DWG. NO. L.W. 37-C

CONT. ON DWG. NO. L.W. 37-E

LOT 6

LOT 5

LOT 7

LOT 8

LOT 9

GEOGRAPHIC LOCATION

RECORDED: PLAT BOOK 18 PAGE 50, APRIL 6, 1977

LAKE WYLIE
(BEAVER DAM CREEK)

NOTE: DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 3146, PAGE 165. DATED MAY 1, 1969.

BUILDING SETBACK LINES ARE: 30 FEET FROM ROAD RIGHT OF WAY LIMIT, 30 FEET FROM CONTOUR ELEV 570 U.S.G.S. SEA LEVEL DATUM, AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

CRESCENT LAND & TIMBER CORP.
LAKE WYLIE
MAP OF
RECREATION LOTS
SECTION 37
LOTS 28-30 & 32-34
STEELE CREEK TOWNSHIP
MECKLENBURG COUNTY, N. C.

SCALE: 1" = 200' JANUARY 30, 1976
MISC. BOOK NO. 362 DWG. NO. L.W. 37-D

0 100 200 300 400
SCALE IN FEET

113-302-54

3767B

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) John Mullis CERTIFICATION # 2039

WELL CONTRACTOR COMPANY NAME DL Mullis Well Drilling PHONE # 704-545-5694

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

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

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
Buckland Drive
(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: Andy Beachley
Address 7208 Buckland Road
(Street or Route No.)
Charlotte, NC 28278
City or Town State Zip Code
(704) 578-6573
Area code - Phone number

DEPTH From	To	DRILLING LOG Formation Description
0-	50'	Red Clay
50-	90'	Gray Sandstone
90-	97'	Green Brown Granite
97-	285'	Blue White Granite

4. DATE DRILLED 1-31-05
5. TOTAL DEPTH: 285'
6. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: _____ FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 15 METHOD OF TEST air
10. WATER ZONES (depth): 165-170' 250' 275'
11. DISINFECTION: Type HTH Amount 1 pt
12. CASING:

	Depth From	To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	0	97	Ft.	6"	.325'	PVC
			Ft.			
			Ft.			

13. GROUT:

	Depth From	To	Ft.	Material	Method
	0	97	Ft.	Cement	Pumped
			Ft.		

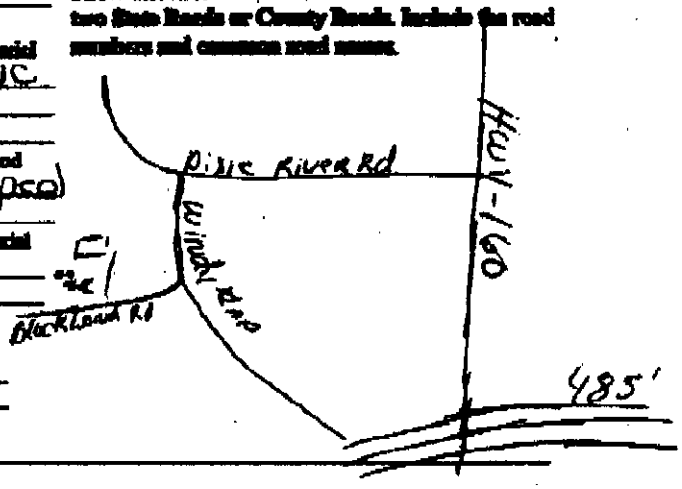
14. SCREEN:

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

15. SAND/GRAVEL PACK:

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

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



16. REMARKS:

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

John M. Mullis 2038 1-31-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit this original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC

$400 cc appt 888521 1/25/05 pc

GWS - RES, APP 12/04

[redacted]

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

[redacted]

FILE # 3767B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 113-302.34
STREET ADDRESS: 7208 Buckland Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 29 Sec 37 1996
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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

PROPERTY OWNER:

NAME: Andrew Beachley
ADDRESS: 7208 Buckland Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-583-0894 WORK PHONE:
MOBILE PHONE: 704-587-7482 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1996
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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.

Andrew J. Beachley
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
[illegible] SECTION

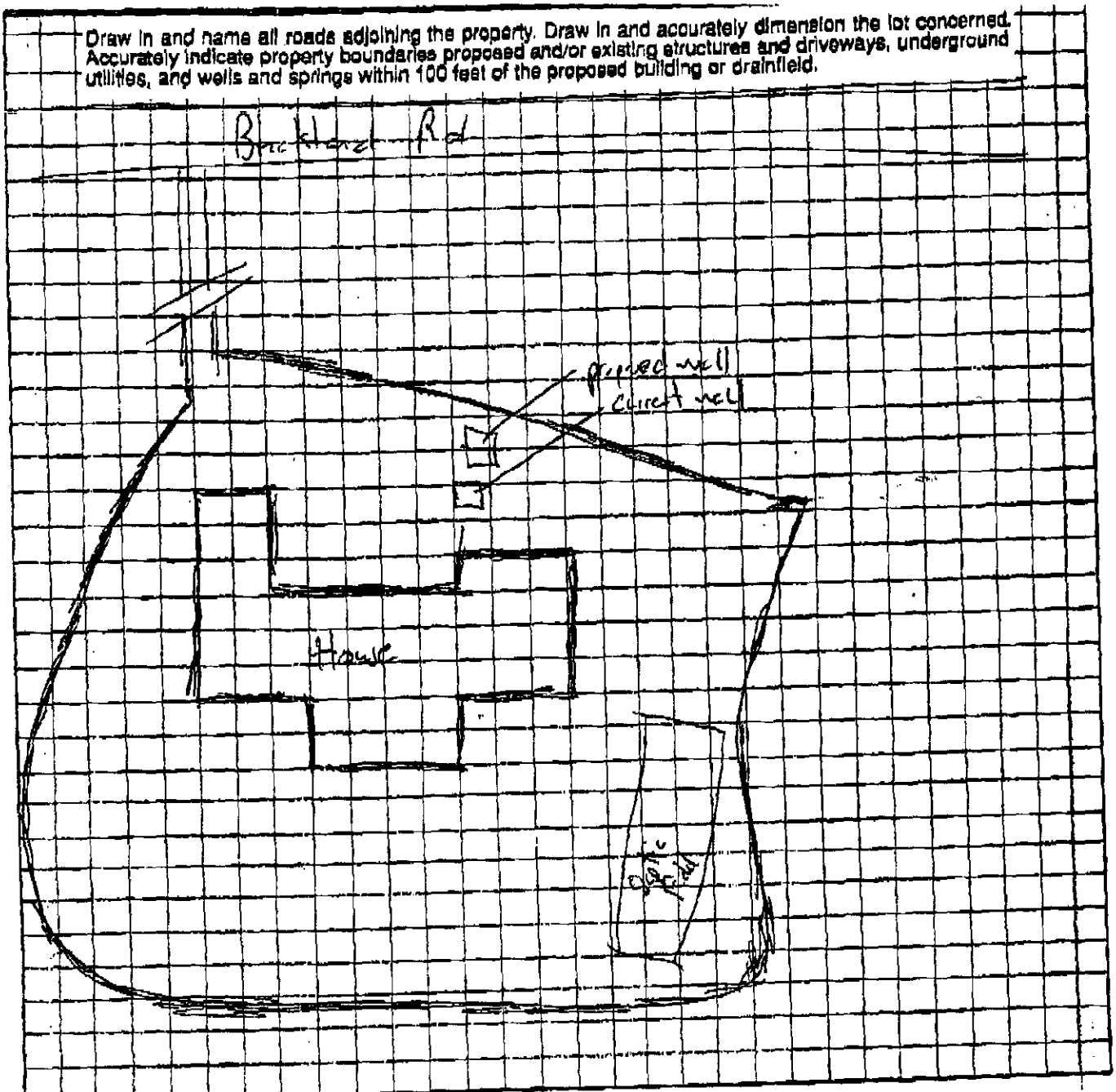
*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, 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
704-336-5109 / FAX: 704-336-5554

3767B
113-302-34

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.



OWNER/AGENT SIGNATURE

DATE 1-25-05

APPROVAL DATE

Pink - Owner's Copy

T-991 P.009/009 F-639
01-25-05 03:11pm From-

Fax

Marriott
WARDMAN PARK HOTEL

To: Gwen Craig
From: Andy Beachley

Fax: 704-336-6894
Pages: 3

Phone: 704-336-5103
Date: 1-25-05

Re:
CC:

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

- Comments:

Gwen,

Please find attached the well permit form. Please call me on my cell phone so we can process the $400.00. 704-587-7422

Thanks for your help,

Andy

This is a Confidential message, intended solely for the person whom it is addressed. If you received this message in error, please forward it to the correct Person, or fax it back to us. Thank You

Business Center

Marriott Wardman Park Hotel

2660 Woodley Road, N.W Washington, D.C, 20008

(202) 328-2946 Fax: (202) 234-0015

01-25-05 03:11pm From- T-981 P.001/003 F-639

0751

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

File # 3767B

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050126JRS02 **Tax Parcel #:** 113-302-34

Property Owner: Andrew Beachley

Job Location Address: 7208 Buckland Dr.

City/ETJ: Charlotte **State:** NC **Zip Code:** 28278

Permit Issuance Date: 01-26-2005

Use of Well: Potable

Type of Facility Served by Well: Single Family Residence

Sewage System Type: Septic

Area of Regulated Groundwater Usage Restrictions Apply: Yes If Yes, see requirements in Specific Conditions of This Permit.

Replacement for Existing Well: Yes 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 Certified Well Contractor that is currently registered with the Department 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.

☑ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☑ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☑ Metals (Specify in Other Conditions)

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: Metal Samples Required: Lead PCB's PAH's

Existing well must be either temporarily abandoned or permanently abandoned.

Authorized Agent: _____ Owner/Legal Agent: _____
Print Name

Signature: Joshua R. Sellers L.S./REHS 01-26-2005 Signature: _____

JLS 12/13/04 Final