

14900 MAJESTIC OAK DR

21701210

5/22/07

duponbj

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

FEE: 100 + acct B 62550
DATE: 11/27/06
CRT [ ]

1665

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

PD 210261
GWS – UES.APP 01/05

FILE #: 4687A

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

Chris

PERSON FILING APPLICATION:

NAME: S&R Construction Inc
ADDRESS: PO Box 681
CITY: Indian Trail
STATE: NC ZIP: 28079
PHONE: 7048248464
ALTERNATE PHONE: 7043613724

PROPERTY OWNER:

NAME: John Duff
ADDRESS: 14900 Majestic Oak Dr
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 704-236 3443
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 217-012-10
STREET ADDRESS: 14900 Majestic Oak Dr.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks
LOT #: 47

B 62550

TOWNSHIP:

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

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☑ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☑ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Susan Daniels — Owner's/Agent's Signature
11/27/06 — Date

"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 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 y this Department.
- This permit is not transferable.

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

Please release holds on permit

Christopher M Steinl — EHS Signature
11/30/06 — Date

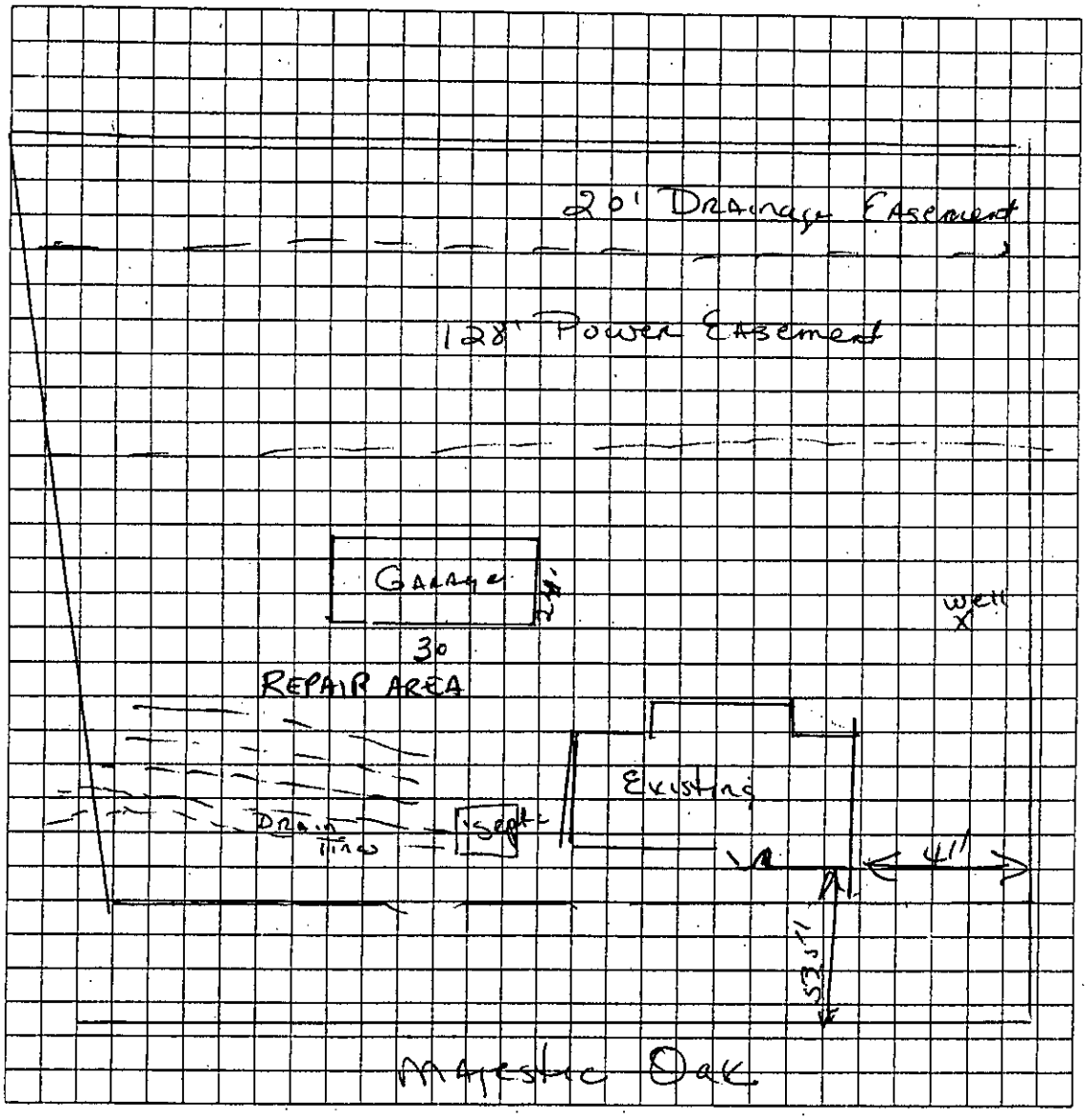
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

COPY

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Duncan Lamm
Date	11/27/01

LBC 12/15/04

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4687A DATE: 10/31/05

TC: 217-012-10 ☒ L ☐ CRT

SERIAL Nº 20028

Name of Owner S & L CONSTRUCTION, INC Juris.:

Address of Property 14900 MAJESTIC OAK DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 457'

Number of Lines 5 @ 91'

Cover Depth 12"

Water Supply Source WELL

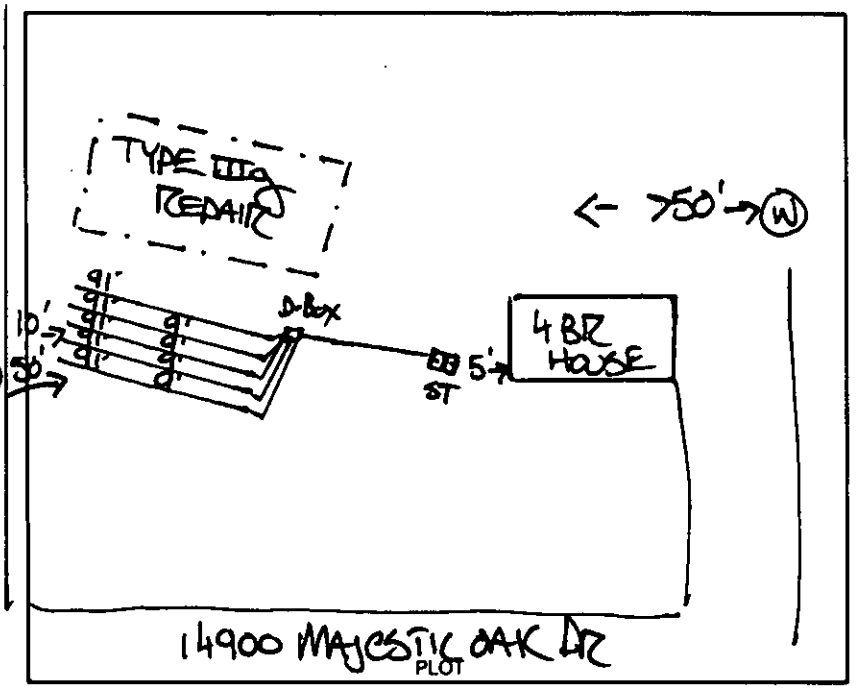
Distance to Water Source 750'

Excavation Inspected 10/31/05

Tank(s) Inspected 10/31/05

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005, TYPE II, CON, 1371SF, 12G, T, 1500ST CTR# RCS

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: CONVENTIONAL TYPE II, 5 LINES @ 91', 457 TLF, 1371SF
750' FROM EXISTING WELLS

TYPE II

RS 10/31/05
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

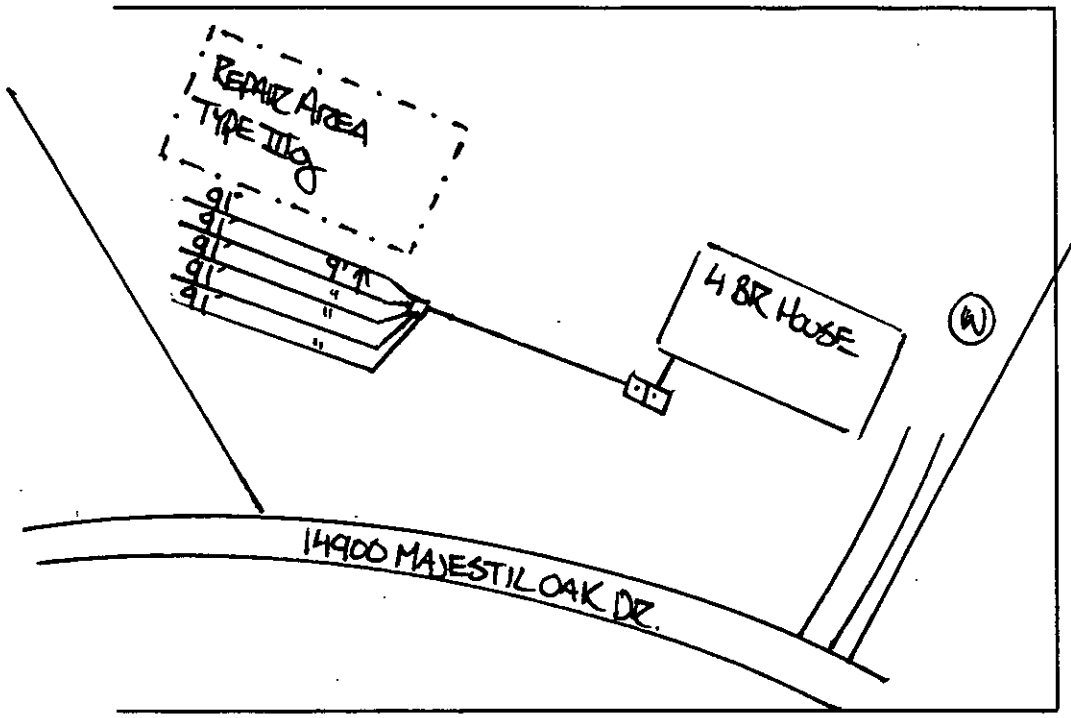
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 46087A DATE: 10/3/05

TC: 217-012-10 ☐ L

SERIAL Nº 20093

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 8/9/04. All work shall be completed on or before _____, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 457' feet

Number of Lines 5@91'

Depth of Stone 12 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 S & L CONSTRUCTION, INC.

LOCATION OF PROPERTY 14900 MAJESTIC OAK DR

Comments: 1371 FT² ABSORPTION AREA, 1500 GAL ST., 457' TLF, INSTALL 5 LINES @ 91', 9' CENTERS, ON CONTOUR. SETBACKS: 50' FROM WELL, 75' FROM HOUSE, 10' FROM PROPERTY LINE

_____ _____, RS
Environmental Health Specialist

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

FEE: 300.00
DATE: 11/8/04
Check 21623

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

MD 103980

PERMIT NUMBER: 4687A
PARCEL NUMBER: 217-012-10

JOB LOCATION ADDRESS: 14900 Majestic Oak Dr.
PROPERTY OWNER: S&L Construction
BUILDING CONTRACTOR:
SUBDIVISION NAME: Royal Oaks
AUTHORIZATION ISSUED BY: David Cornelius, RS **DATE:** 08/31/04

David Cornelius, RS 8/31/04
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 4687A, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **4687A** Tax Number: **217-012-10**

- The IMPROVEMNET 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 ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ 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:

0.35 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1371 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	457 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	1000 Gallon pump tank	12 Depth of stone (in)	

Any surface water present: **No** Type: Minimum separation distance (ft):

Additional conditions: **Install Pressure Manifold**

Repair Area System

Type: ☐ 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:

1028 Absorption Area (ft^2) 343 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The 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.

RS. 8/31/04
DENR Authorized Agent Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, NC 28202
(704) 336-5103

Owner/Agent Signature 11-8-04
Date

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: 4687A

TC: 217-012-10

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.

1" = 60'

SEPTIC SYSTEM DESIGN FOR A 4 BEDROOM.
480 MAX GAL/DAY WASTEWATER FLOW.
LTAR = 0.35 GPD/FT²
1371 FT² ABSORPTION AREA
457' TOTAL TRENCH LENGTH

INSTALL 5 LINES @ 91'
CONVENTIONAL, TYPE II
DRAIN LINES PLACED
LEVEL & ON CONTOUR,
WITH MIN. TRENCH SPACING
@ 9' ON CENTERS

1500 GAL SEPTIC TANK
1000 GAL PUMP TANK
PRESSURE MANIFOLD.

TYPE IIIa REPAIR AREA.

SYSTEM SETBACKS:
- 50' FROM ANY EXISTING OR PROPOSED WELL
- 5' FROM HOUSE FOUNDATION
- 10' FROM PROPERTY LINES

LOT 48

9' REPAIR AREA TYPE IIIa

POWER LINES

P.M.

P.T.

S.T.

4 BR HOUSE

DRIVE

MASSACHUSETTS OAK DRIVE

Troy D Emerson
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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: PO 217-012-10
Lot #: 48
File #: 4687A
Code: 1

A09

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: S & H Construction
Applicant:
Address: PO Box 681, Indian Trail, N. C. 28079
Date Evaluated: 8/25/2004
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: approx..7a
Location of Site: 14900 Majestic Oak Drive
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, 6	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .35GPD/FT^2
		4-29	SBK/C	FI/SEXP/S/P					
		29-48	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-5	GR/CL	"	"	"	"	"	"
		5-9	SBK/SCL	"					
		9-32	SBK/C	FI/SEXP/S/P					
		32-48	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-5	GR/SCL	"	"	"	"	"	"
		5-23	SBK/C	FI/SEXP/S/P					
		23-48	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-5	GR/SCL	"	"	"	"	"	"
		5-29	SBK/C	FI/SEXP/S/P					
		29-48	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.35GPD/FT^2	.35GPD/FT^2

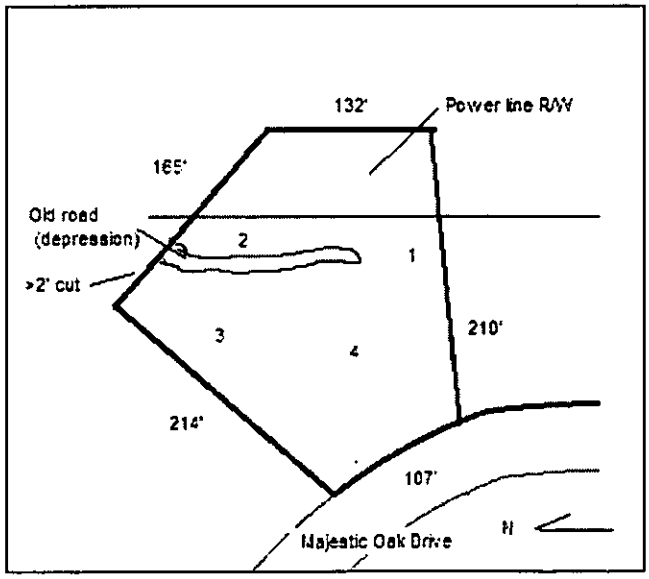
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 8/27/2004, W. R. Marlin
Others Present:

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



4687A

FEE: 200.00
DATE: 8/18/04
Check 7380 JKA

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

Jeremy

FILE #: 4687A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21701210

STREET ADDRESS: 14900 Majestic Oak Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks

LOT NUMBER: 48

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3200

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) S+L Construction (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: PO Box 681	DAYTIME PHONE: (704) 821 - 8464
CITY: Indian Trail STATE: NC ZIP: 28079	
DAYTIME PHONE: (704) 821 - 8464	

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: Susan Hamm DATE: 8/9/04

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

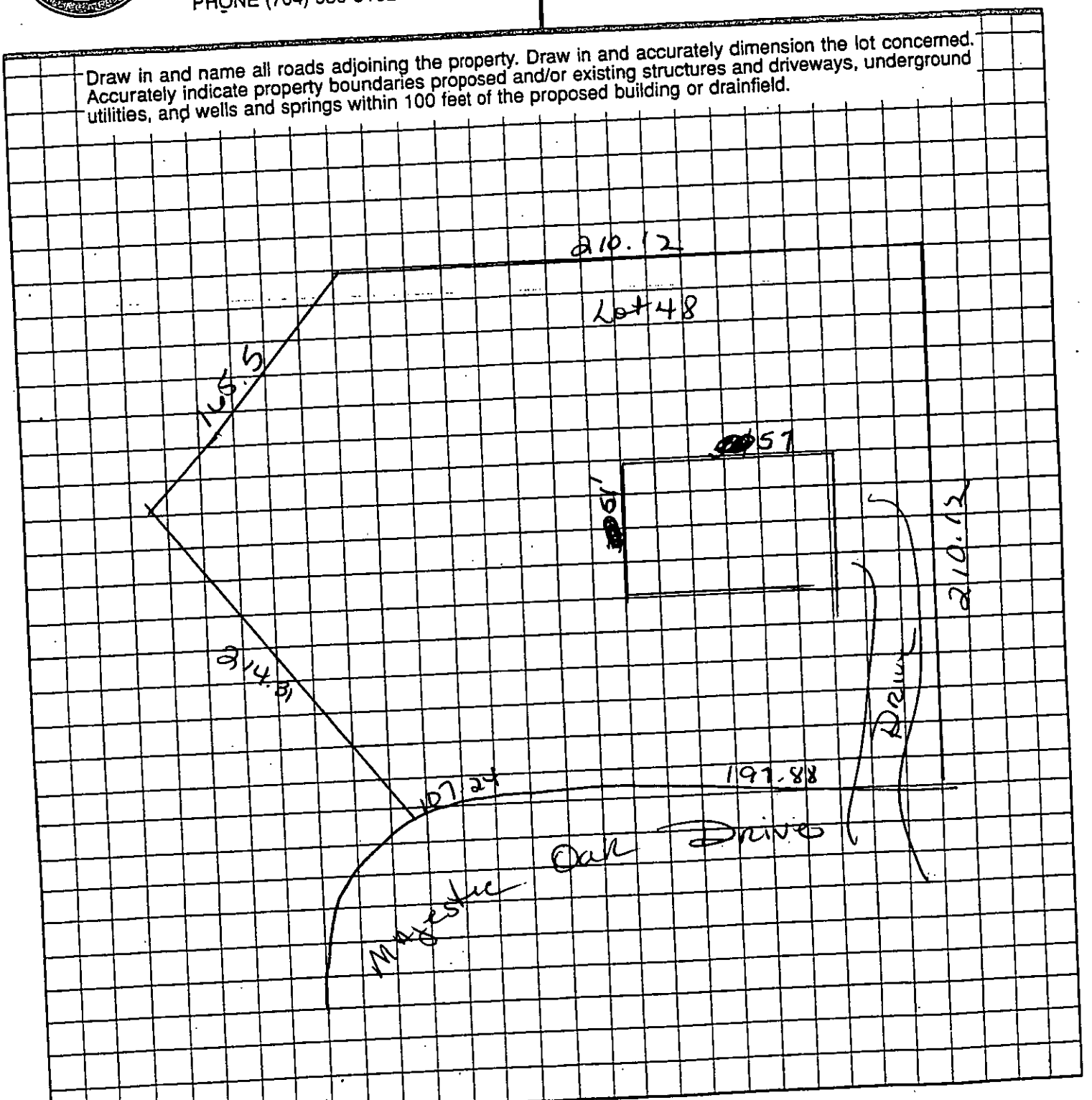
PROPOSED PLOT PLAN

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

FILE: 4687A

TC: 217-012-10

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 8/9/04

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

P.O. BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM

Fax

To:	DAVID CORNELIUS	FROM	ALLISON
Fax:	336-6894	Pages:	2
Phone:	704-545-5694	Date:	6-10-05
RE:	WELL RECORD	CC:	

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

• Comments: D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) KELVIN BELK-CHARLES BRIDGES CERTIFICATION # 2036

WELL CONTRACTOR COMPANY NAME MULLIS WELL DRLG. PHONE # 7045455699

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: LAKE WYLIE County MECKLENBURG
14900 MAJESTIC OAK DR.
(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 sourced ☐GPS ☐Topographic map (check box)

3. OWNER: S&L CONSTRUCTION
Address P.O. BOX 1081 (Street or Route No.)
INDIAN TRAIL NC 28079 City or Town State Zip Code
Area code- Phone number (704) 821-8464

4. DATE DRILLED 6-8-05
5. TOTAL DEPTH: 460'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 40' FT. (Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1' FT. Above Land Surface*
*Top of casing terminated after below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 7 METHOD OF TEST AIR
10. WATER ZONES (depth): 90

DEPTH From	To	DRILLING LOG Formation Description
0'	45'	clay
45'	55'	sand
55'	85'	sandstone
85'	105'	sandstone
105'	450'	granite

11. DISINFECTION: Type HTH Amount 1lb.
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +1'	To 85'	Ft	6 5/8"	.23"	pvc
From	To	Ft			
From	To	Ft			

13. GROUT:

	Depth		Material	Method
From 0	To 20'	Ft	cement	poured
From	To	Ft		

14. SCREEN:

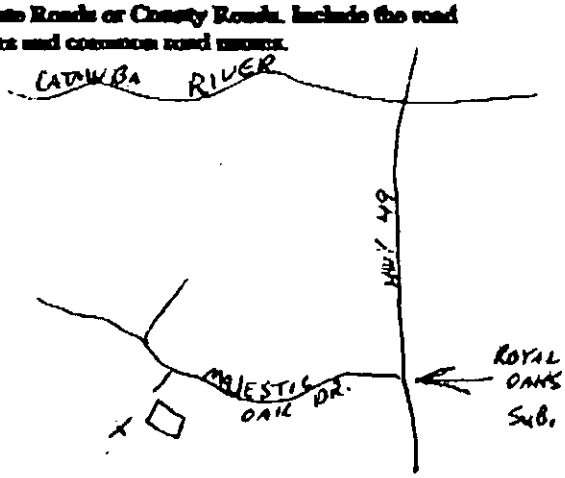
	Depth		Diameter	Slot Size	Material
From	To	Ft	in.	in.	
From	To	Ft	in.	in.	

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft		
From	To	Ft		

LOCATION SKETCH

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



16. REMARKS: _____

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

Kelvin D. Belk 6-9-05
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

Select a Task

Login

Search

Re-Assignment

Permit Applications

Residential

Commercial/Industrial

Existing Septic Sys.

Well Permit Process

EHS Review

HydroGeo Review

Inspections

SIP Application

Register a Well

Septic Permit Process

Soil Evaluation

EHS Review

Logout

(Get Address Help)

Well And Septic Permitting System

Mecklenburg County Groundwater & Wastewater Services

Print

New Well Construction Activity Checklist **Permit #:** 10000052 Well Contractor Database

1. Application & Well Siting

☑ Well permit Issued.		5/12/2005
☑ Registered Well Driller. Certification Number:	Chad Mullis - #2039	5/12/2005

2. Onsite Inspection

☑ Observed	☐ Driller	Required setbacks satisfied, approved per permit.	6/9/2005

Grouting:

☑ Observed	☐ Driller	Grouted to a minimum of 20 ft. below land surface.	6/9/2005

Well Disinfection:

☑ Notification of disinfection	10/18/2005

Well Head:

☑ Well head construction approved.	12/13/2005

3. Well Sampling

☑ Appropriate water samples collected as required by permit.	12/20/2005

4. Approval

☑ Well construction form (GW-1) on file	6/10/2005
☑ Construction approval granted.	2/21/2006
☐ Construction approval denied.	

5. Additional Comments / Observations

```
2-15-06:  Bact and nitrate samples taken by Ch ris Sherrill
3-1-06:  Bact samples negative
3-1-06:  Nitrite as N <0.1 mg/L; Nitrate as N  <1.0mg/L
```

Select a Task

Login

Search

Re-Assignment

Permit Applications

Residential

Commercial/Industrial

Existing Septic Sys.

Well Permit Process

EHS Review

HydroGeo Review

Inspections

SIP Application

Register a Well

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Soil Evaluation

EHS Review

Logout

(Get Address Help)

Well And Septic Permitting System

Mecklenburg County Groundwater & Wastewater Services

Review Site Details

Well Information: Date Added: Date Updated: Updated By: SIP #:

Add

Seq. #: 3 | Well #: | Well Type: Drinking Water | Well Status: Active | Date Abandoned: | Well Verified: Pending

Site Parcel: 217-012-10 | Well Parcel: 217-012-10 | Installer Name: Kelvin Belk | Certification #: | Registration #: 2036 | Install Date: 6/9/2005

Well Depth: 450 | Casing Depth: 85 | Diameter: 6.125 | Yield-GPM: 2 | Yield-SC: 0

Water Level: 40 | Level Date: 6/8/2005

EPIC Well: False | EPIC Parcel ID:

NC Grid X: 0 | NC Grid Y: 0

GPS Lat.: 0 | GPS Long.: 0

Initial MPL Proximity: | Exceeds 2L: False

MPL Proximity Updated: False

MPL Proximity Update Date:

Well Comments:

Site Information: 21701210_1 | Review Well | Update Site | Add Well

Address:	City:	State:	Zip Code:	Site Verified	Date Verified:
14900 MAJESTIC OAK DR	CHARLOTTE	North Carolina	28278	Valid	3/7/2006

Property Owner Address	City:	State:	Zip Code:	Exceeds 2L:	Soil Contam.:
BOX 681	INDIAN TRAIL	NC	28079	False	False

Contact Name	Phone 1:		Phone 2:		E-mail:
S&L CONSTRUCTION		Home		Work	

Parcel ID:	Well Type:	Public Type:	Registrant:
217-012-10	Private water supply well	N/A	Representative

Rent/Own:	Have Concerns:	Want Testing:	Property Use:	Registered By:	
Own	False	False	Single-family	Public	☐ UST Priority Site

Total Wells:	2	Active	2	Inactive	0	Site Comments:
Connections	0	Potable: Active Irrigation:	0	Potable: Inactive Irrigation:	0	
Pop. Served	0	Active Geothermal:	0	Inactive Geothermal:	0	
		Active Other:	0	Inactive Other:	0	

Well Supplies water to:

☑ Home ☐ Business ☐ Church ☐ Other

Well System Name:

Septic System :

Status: Unknown Type: Classification: IIa

Design Flow: 0 LTAR:

Date Added: 5/12/2005 Date Updated: 3/7/2006 Updated By: sherrcm

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: _____ **County:** Mecklenburg

Address: 14900 Majestic Oak Dr. Charlotte, NC **ZIP:**

Source: Well **Type of Sampling Point:** Well Head

Collected By: CS **Date:** 2/15/2006 **Time:** 11:30 AM

Signed By: Sherrill, Christpta **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Absent

Sample No: AA92460 **Date Received:** 2/16/2006 **Time Received:** 8:00:00 AM

Date Reported: 2/17/2006 **Today's Date:** 3/1/2006

Comments:

NCPH

North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Sherrill, Christpta
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

Explanations

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

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

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

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

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System:
Address: 14900 Majestic Oak Dr.
Charlotte, NC **Zip:** 28217
County: MECKLENB

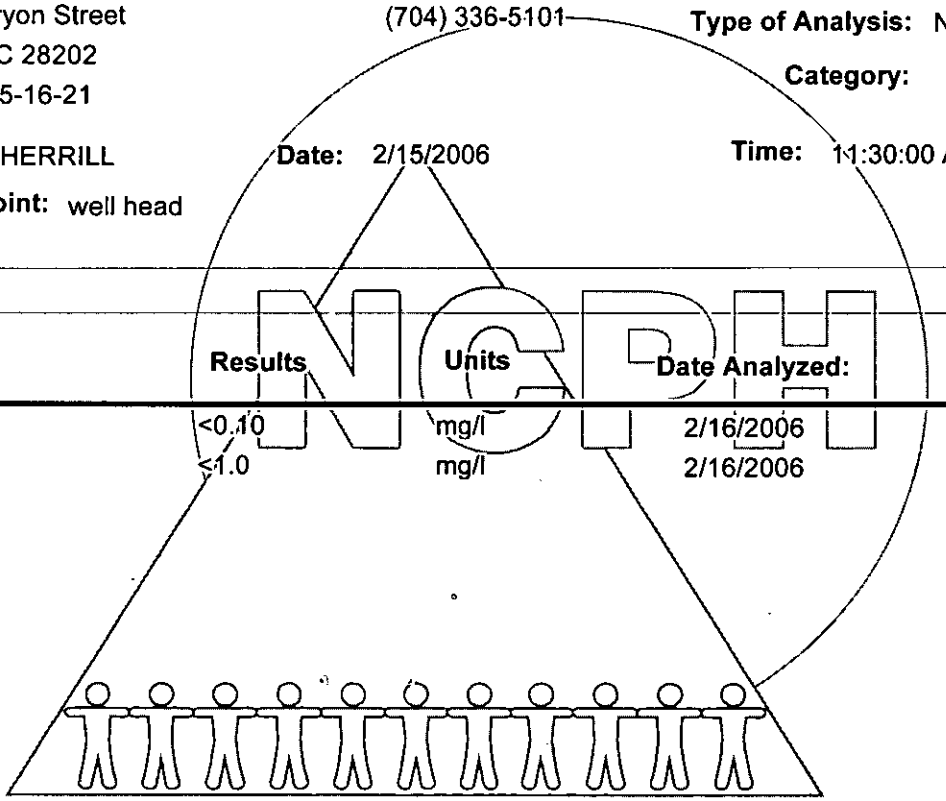
Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN:
(704) 336-5101

Collected By: CHRIS SHERRILL **Date:** 2/15/2006 **Time:** 11:30:00 AM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	2/16/2006
Nitrate as N	<1.0	mg/l	2/16/2006



State North Carolina Public Health Laboratory of Public Health

EXPLANATION OF RESULTS:

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

Sample Temperature on Receipt: 3.0 °C
Date Received: 2/16/2006 **Report Date:** 3/1/2006 **Reported By:** M. King
Today's Date: 3/1/2006 **Reference:** 2278 **Login Batch** 06020035 **Sample Number:** AB38419

Explanations

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

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

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

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

Tax Parcel #: 217-012-10

Permit #: 10000052
Property Owner: S&L CONSTRUCTION
Job Location Address: 14900 MAJESTIC OAK DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 5/12/2006
Use of Well: Potable
Type of Facility Served by Well: Housi
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A 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 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: Print Name: [illegible], RS
Signature: [illegible], RS

Owner/Legal Agent: Print Name: Addison Price
Signature: Addison Price / DL Mullis

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 #: 10000052 **Tax Parcel #:** 217-012-10
Property Owner: S&L CONSTRUCTION
Job Location Address:14900 MAJESTIC OAK DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 5/12/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
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- 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 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, RS
Authorized Agent: Print Name
Signature:

Owner/Legal Agent: Print Name
Signature:

#52

COPY

GWS – RES. APP 12/04

400 — VISA 5/11/05 JC

[redacted]

[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

FILE # 4687A

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 #: 2170210

STREET ADDRESS: 14900 Majestic Oak Drive

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks

LOT #: 47

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: 3230

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER "SPRINGS" (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

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

PROPERTY OWNER:

NAME: S+L Construction

ADDRESS: P.O. Box 681

CITY: Indian Trail

STATE: NC ZIP: 28079

HOME PHONE: WORK PHONE: 821-8464

MOBILE PHONE: 361-3724 FAX: 821-4751

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling

ADDRESS: PO Box 691446

CITY: Charlotte NC

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 545-5694

MOBILE PHONE: 361-7615 FAX: 545-9449

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 ONSITE

*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

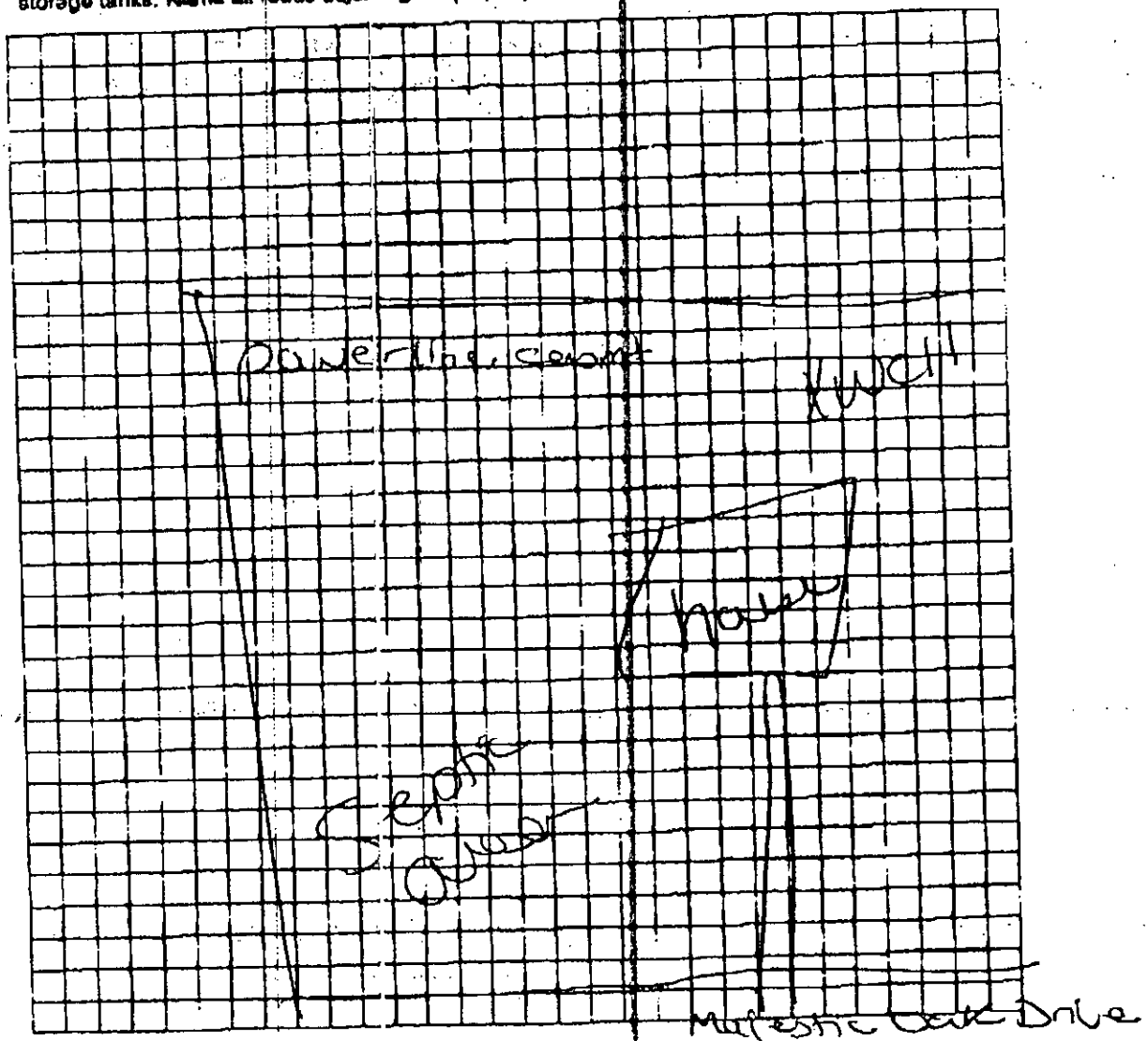
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File # 4687A
Date 5/12/05

COPY

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions. The location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature: Allison Dail / DL Mullis
Date: 5-12-05

LBC 12/16/04

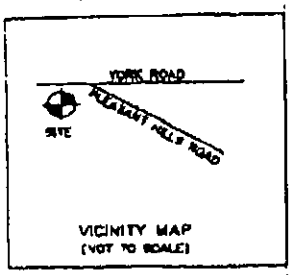
Parcel #2170210

MAY-11-2005 09:59 FROM: TO:7045459449 P.2/2

MACOPY

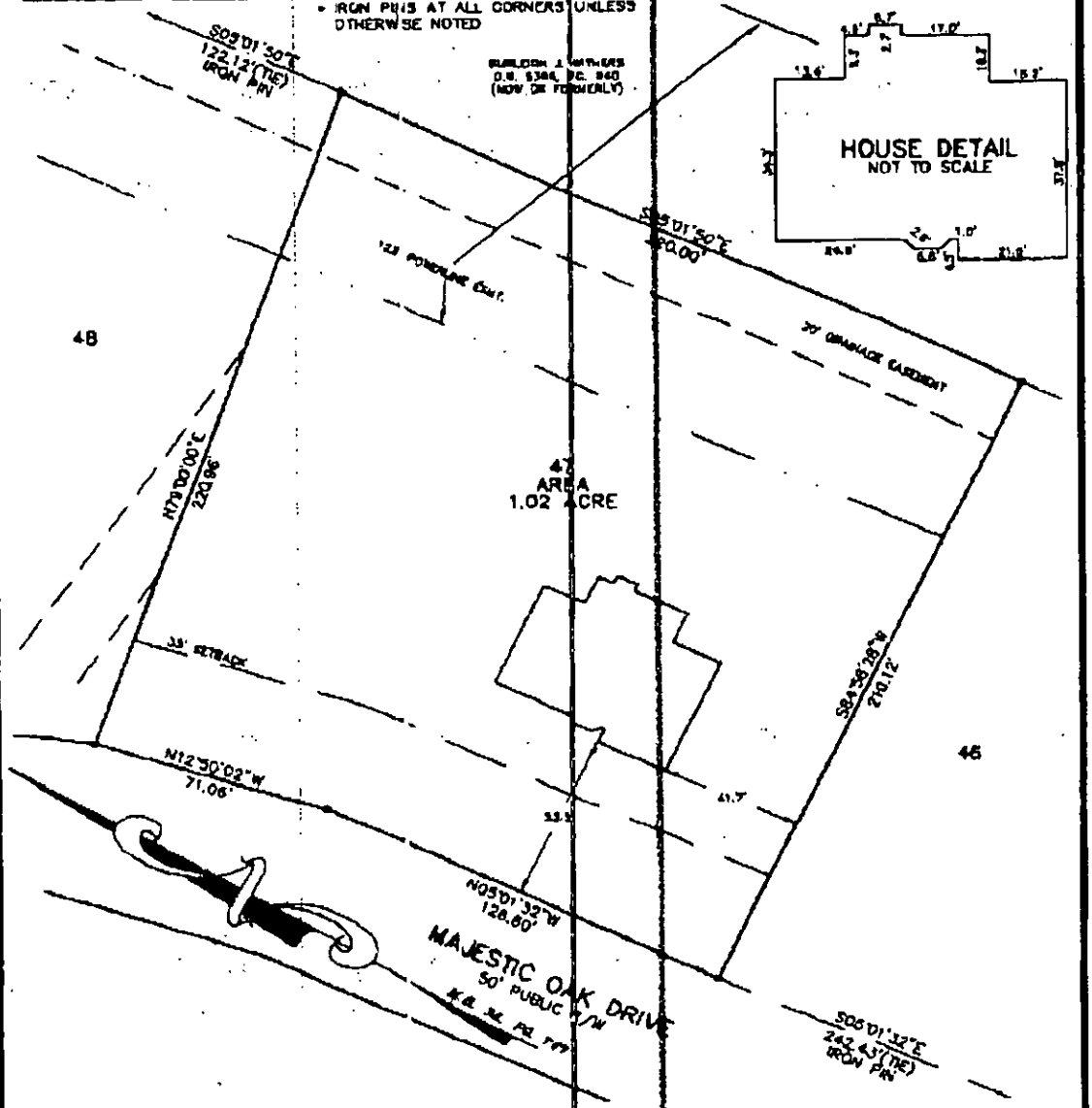
THIS IS TO CERTIFY THAT ON THE 10th DAY OF FEBRUARY, 2005 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON.

SIGNED JOHN D. SKIDMORE III. NCPLS



NOTES:
- AREA BY COORDINATE METHOD
- ERROR OF CLOSURE 1:10,000
- THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET
- THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 AND IS NOT TO BE RECORDED AS A PLAT
- SUBJECT PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON
- IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED

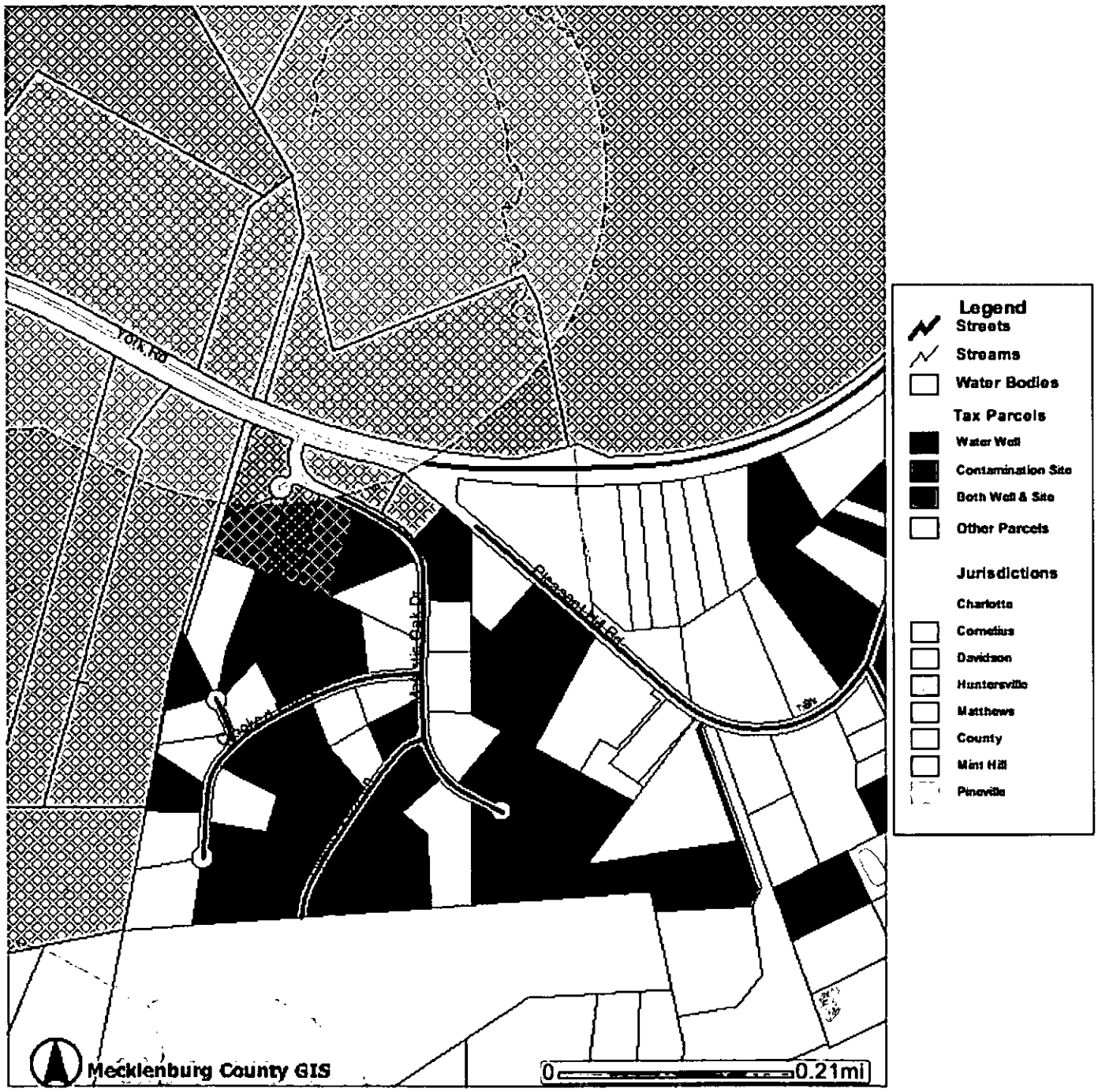
NORTH CAROLINA PROFESSIONAL SEAL L-3837 LAND SURVEYOR JOHN D. SKIDMORE III



FOUNDATION SURVEY	SCALE 1" = 40'	D.B. PG.
14900 MAJESTIC OAK DRIVE LOT 48 ROYAL OAKS STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA	TAX No.	DRAWN BY: BOB
	MAP BOOK 32 PAGE 747	DRAWING 04-122
TO BE ISSUED TO: S&L CONSTRUCTION	SKIDMORE SURVEYING, INC. 5343 HIGHWAY 74 WEST MONROE, N.C.	

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

14900 Majestic Oak Dr.



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

Created Fri May 13 16:48:54 EDT 2005

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri May 13 16:49:59 EDT 2005

14900 Majestic Oak Dr. ARGU Review 1500 foot radius



Total Measure Line Length: 1501.34 Feet

This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

App. #:

Septic Fee: 0

Date:

CRT[ ]

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

FILE # 4687A

Well Fee: 400.00

Date: 5/12/2005

CRT[ ]

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 #: 217-012-10

STREET ADDRESS: 14900 MAJESTIC OAK DRIVE

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP:
Label

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 3230

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] 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: S&L CONSTRUCTION

ADDRESS: P O BOX 681

CITY: INDIAN TRAIL

STATE: NORTH CAROLINA ZIP: 28079

HOME PHONE: 704-821-8464 WORK: 704-361-3724

MOBILE: FAX: 704-821-4751

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL MULLIS WELL DRILLING

ADDRESS: BOX 691446

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK: 704-545-569

MOBILE: 704-361-7615 FAX: 704-545-944

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

#52

GWS – RES APP 12/04

400.00 VISA 5/11/05 JKA

[redacted]

[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

FILE # 4687A

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 #: 21701210

STREET ADDRESS: 14900 Majestic Oak Drive

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks

LOT #: 47

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: 3 230

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER "SPRINGS" (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

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

PROPERTY OWNER:

NAME: S+L Construction

ADDRESS: P.O. Box 681

CITY: Indian Trail

STATE: NC ZIP: 28079

HOME PHONE: WORK PHONE: 821-8464

MOBILE PHONE: 361-3724 FAX: 821-4751

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling

ADDRESS: PO Box 691446

CITY: Charlotte NC

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 545-5694

MOBILE PHONE: 361-7615 FAX: 545-9449

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 ONSITE

*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

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) KELVIN BELK-CHARLES BRIDGES CERTIFICATION # 2036

WELL CONTRACTOR COMPANY NAME MULLIS WELL DRLG. PHONE # (704)5455699

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: LAKE WYLIE County MECKLENBURG
14900 MAJESTIC OAK DR.
(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: S+L CONSTRUCTION
Address P.O. BOX 681
(Street or Route No.)
INDIAN TRAIL NC 28079
City or Town State Zip Code
(704) 821-8404
Area code - Phone number

4. DATE DRILLED 6-8-05
5. TOTAL DEPTH: 460'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 40' FT. (Use "+" If Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated after below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 2 METHOD OF TEST AIR
10. WATER ZONES (depth): 90
11. DISINFECTION: Type HTH Amount 1lb.

DEPTH From	To	DRILLING LOG Formation Description
0'	45'	clay
45'	75'	sand
75'	85'	sandstone
85'	105'	sandstone
105'	450'	granite

12. CASING:

	Depth From	To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	+1'	85'		6 1/8"	.25"	pvc

13. GROUT:

	Depth From	To	Ft.	Material	Method
	0	20'		cement	poured

14. SCREEN:

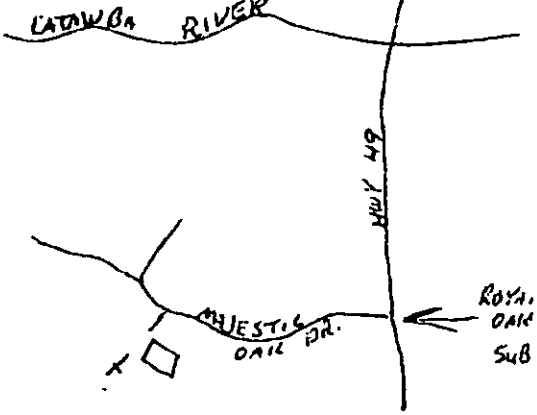
	Depth From	To	Ft.	Diameter	Slot Size	Material
				in.	in.	
				in.	in.	

15. SAND/GRAVEL PACK:

	Depth From	To	Ft.	Size	Material

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

Kelvin D. Belk 6-9-05
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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: S+L Construction **County:** Mecklenburg

Address: 14900 Majestic Oak Dr. Charlotte, NC **ZIP:** 28278

Source: Well **Type of Sampling Point:** Well Head

Collected By: CS **Date:** 2/15/2006 **Time:** 11:30 AM

Signed By: Sherrill, Christpta **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Absent

Sample No: AA92460 **Date Received:** 2/16/2006 **Time Received:** 8:00:00 AM

Date Reported: 2/17/2006 **Today's Date:** 2/17/2006

Comments:

North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Sherrill, Christpta
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

217-012-10

Explanations

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

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

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 12/28/2005 04:40 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-1234
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/15/2005 9:30
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB57554
CHAIN OF CUSTODY #: 05120301

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB57554	E. COLI-PA	absent	P/A		SM 9223B	12/15/2005 11:15	KEK
AB57554	Total Coliform	absent	P/A		SM 9223B	12/15/2005 11:15	KEK

Comment:

Laboratory Supervisor: Keith O'Neal (KOE)

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
ANALYSIS REPORT

Date: 12/28/05

To: David Cornelius

Thank you.

Masika T. Edwards
CMU-Lab Services

Office: (704) 336-5588
edwarmt@co.mecklenburg.nc.us

12/07/04

2170120

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 14900 Majestic Oak Dr.

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: David Cornelius, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05120301

Sampled By (Print Name): David Cornelius

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	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	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
AD57594 GWS-1234		12/15/05 9:30		N	N/A	17.4			X	X	100 ml		1					X	X	X												
				N																												
				N																												
				N																												
				N																												

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		12/15/05	1050
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 05; effective 03/15/2005

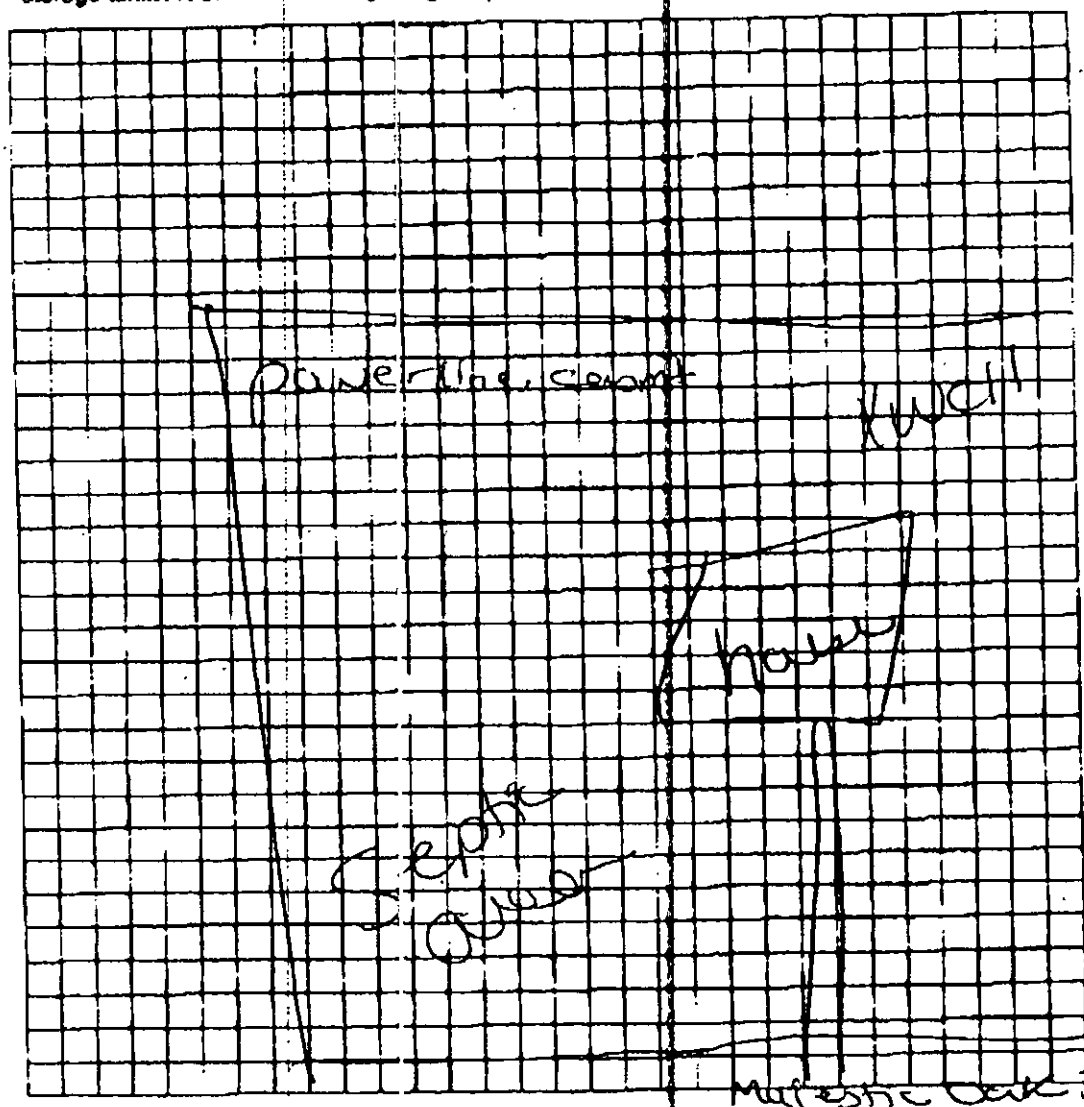
CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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) 336-8804

File # 4687A
Date 5/12/05

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



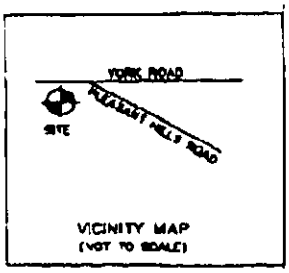
Owner/Agent Signature	William Paul Mullis DC Mullis
Date	5-12-05

LBC 12/16/04

Parcel # 2170210

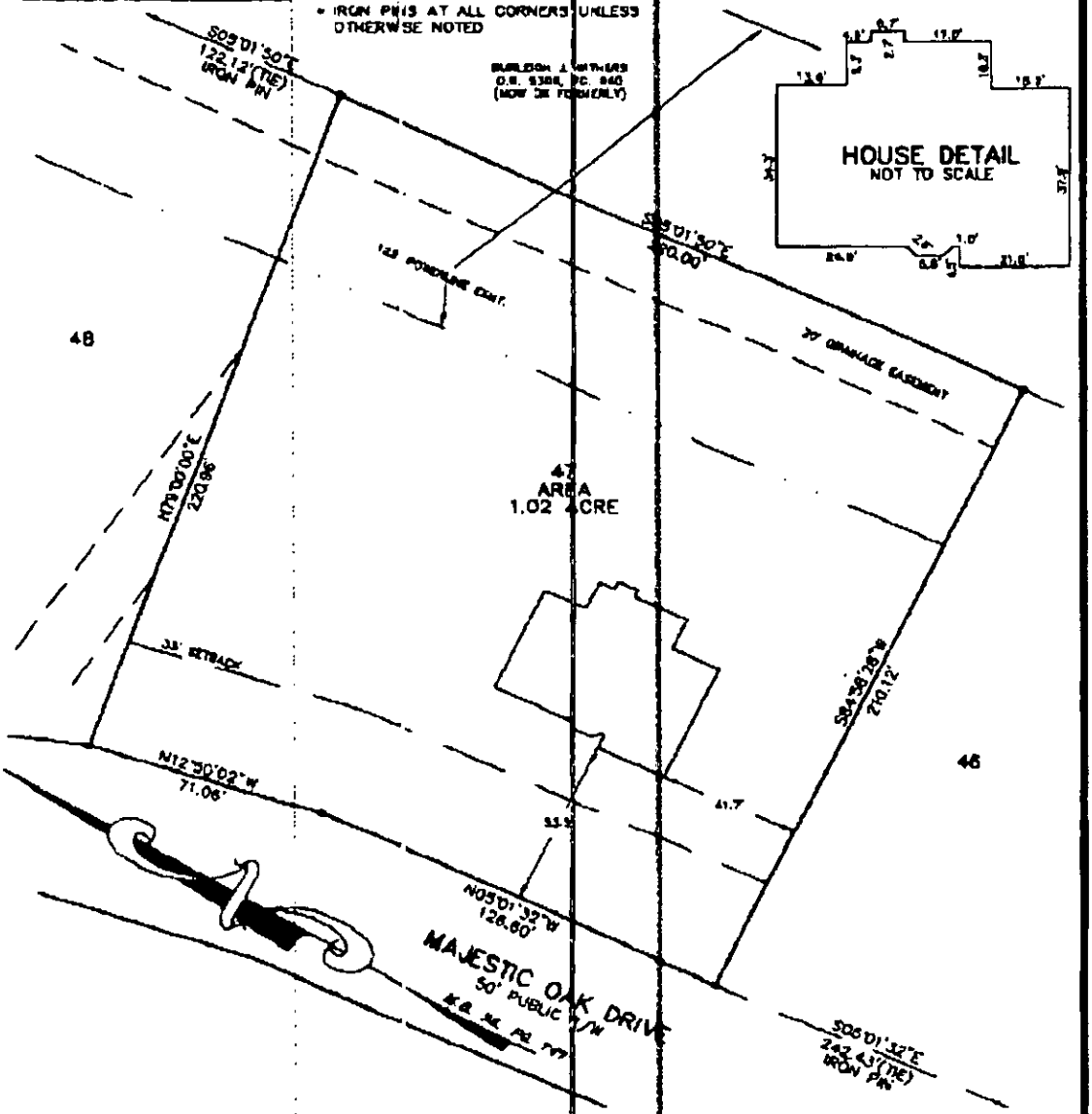
THIS IS TO CERTIFY THAT ON THE 10th DAY OF FEBRUARY, 2005 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON.

SIGNED _____ JOHN D. SKIDMORE III, NCPLS



NOTES:
- AREA BY COORDINATE METHOD
- ERROR OF CLOSURE 1:10,000
- THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET
- THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 AND IS NOT TO BE RECORDED AS A PLAT
- SUBJECT PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON
- IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED

NORTH CAROLINA REGISTERED LAND SURVEYOR SEAL L-3837 JOHN D. SKIDMORE III



FOUNDATION SURVEY	SCALE 1" = 40'	D.B. PG.
14900 MAJESTIC OAK DRIVE LOT 48 ROYAL OAKS STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA	TAX No.	DRAWN BY: BDB
	MAP BOOK 32 PAGE 747	DRAWING 04-123
TO BE DEEDED TO S&L CONSTRUCTION	SKIDMORE SURVEYING, INC. 5343 HIGHWAY 74 WEST MONROE, N.C.	