

12506 TREASURE CV

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1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

FILE NUMBER: 70068

SEPTIC FEE: 200.00 CK 1011
DATE: 3/16/07

Revised On: January 3, 2007

APPLICATION NUMBER: 2061

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: CURRENTLY 01511107P0
STREET ADDRESS: MCILWAINE ROAD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: PROPOSED- GIBSON FARMHOUSE CLUSTER
LOT #: 2 LOT SIZE (acres): 1.07
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☒ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3600
NUMBER OF BEDROOMS: 5 4.5 BATHS
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☒ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

8A. RANK: ☒ ANY TYPE 1 ☐ CONVENTIONAL ____ ☐ ACCEPTED ____ ☐ INNOVATIVE ____ ☐ ALTERNATIVE ____ ☐ OTHER _____

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:

NAME: JEREMY GIBSON
ADDRESS: 8623 MCILWAINE RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: 704-875-9208 WORK PHONE: 704-907-4674
MOBILE PHONE: 704-907-4674 FAX: 704-554-0752

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ??
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? IT ISSUED - CLOSING WAS 8/22/06.

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

Property Owner's Legal Representative Signature 3/15/07 Date

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

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

ALL IN ONE

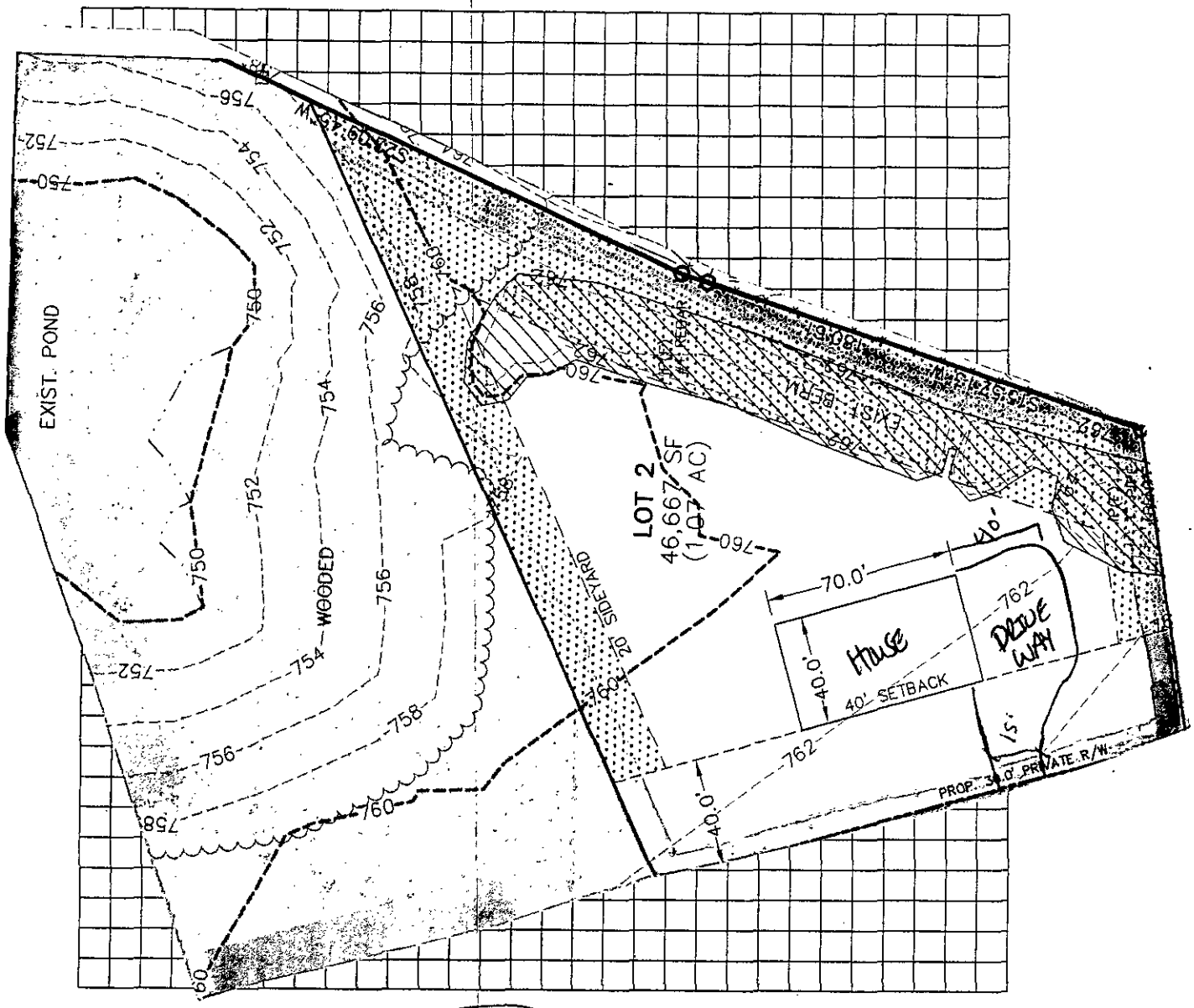
☒ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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 # 7006B
Date _____

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	
Date	3/15/07

LBC 12/15/04

EHS OJ

2006 B Reviewer IR

County Permit Review Worksheet

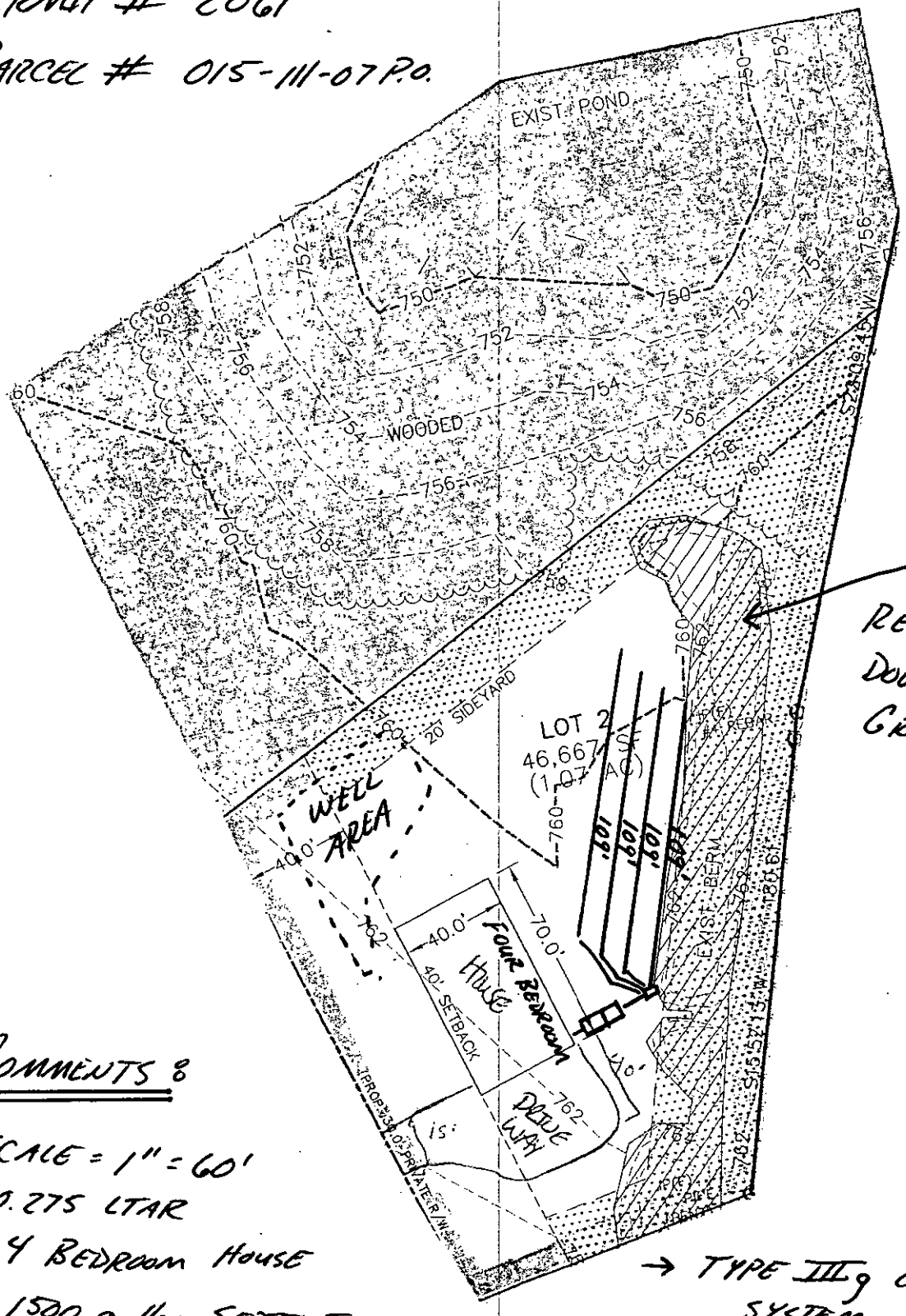
Rule or Law		1	2	3	4	5	6	7	8	9	10
	Permit Application										
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(2)	Mineralogy Recorded?	✓									
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	4									
.1939(d), .1955, .1956, .1957	Were sufficient auger borings made?	✓									
	LTAR	.275									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

FILE # 7006B

PERMIT # 2061

PARCEL # 015-111-07 P.O.



BERM TO BE REMOVED and GRADED DOWN TO NATURAL GRADE.

COMMENTS:

→ SCALE = 1" = 60'

→ 0.275 LTAR

→ 4 BEDROOM HOUSE

→ 1500 gallon SEPTIC TANK

→ 436 TLF

→ 4 lines x 109' x 3'

→ TYPE III g 25% REDUCTION SYSTEM

→ TYPE IIIa LPP PANEL BLOCK REPAIR AREA

→ Keep Plumbing High as Possible

Jerry Mueller, R.S. 4/6/97

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002061** GWS File #: **7006B** Tax Parcel #: **015-111-07**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 4/20/2012

Type of Installation: Residential - New System Lot Number: 2

Structure Type: HOUSE Size (ft^2): 3600 # Bedrooms: 4 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Approved Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	873	Total Trench Length (ft):	291
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 4/20/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 4/20/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: PO 015-111-07
Lot #: 2
File #: 7006B
AppID: 2061

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jeremy Gibson
Applicant:
Address: 8623 McIlwaine Road, Huntersville, N. C. 28078
Date Evaluated: 3/28/07
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 1.07a
Location of Site: Off McIlwaine Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-4	GR/SCL	FR/SEXP/SS/SP	>32" TO SOIL WETNESS	32	N/A	NONE	US, IV
		4-29	SBK/ABK/SC	FI/SEXP/S/P					.2GPD/FT^2
		29-32	M/C	"					
2	"	0-5	GR/SCL	FR/SEXP/SS/SP	2.5Y6/1 at 21"	32+	"	"	US
		5-18	SBK/ABK/SC	FI/SEXP/S/P					
		18-32	SBK/ABK/SC	VFI/EXP/VS/VP					
3	LS, 5	0-8	GR/SCL	FR/SEXP/SS/SP	2.5Y6/1 at 20"	24+	"	"	"
		8-24	SBK/SC	VFI/EXP/VS/VP					
4	LS, 6	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	PS, IV
		7-48	SBK/SC	FI/SEXP/S/P					.275GPD/FT^2
					SITE LTAR .275 GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

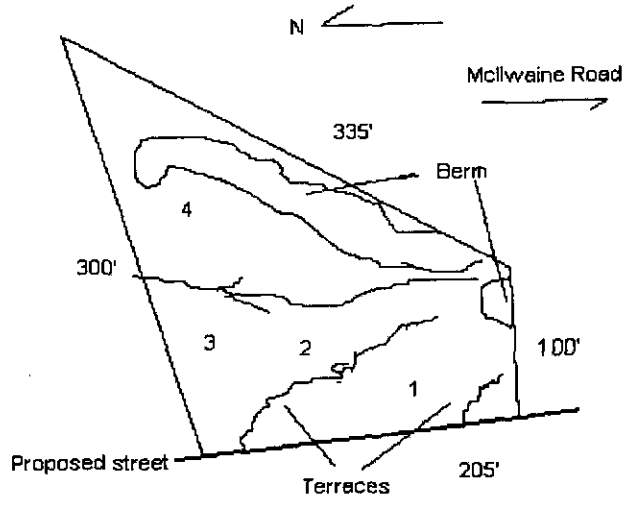
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 3/29/2007, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

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-Foot 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				
FP-Flood Plain		CL-Clay Loam		
		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

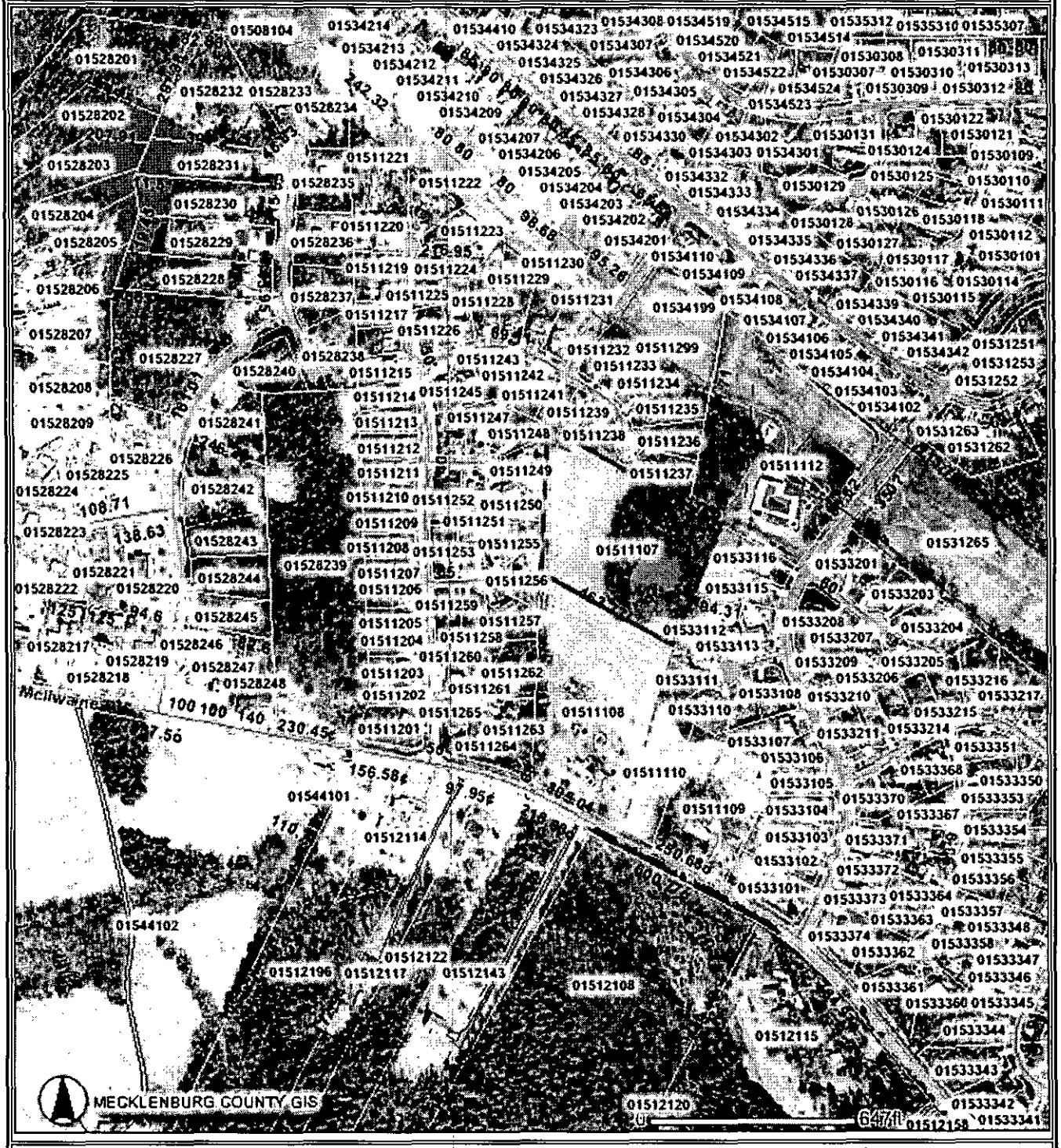


Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Mar 29 09:09:04 EDT 2007



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.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: PO 015-111-07
Lot #: 2
File #: 7006B
AppID: 2061

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

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PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
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					SITE LTAR .275 GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III-A	III-A
Site LTAR	.275	.275

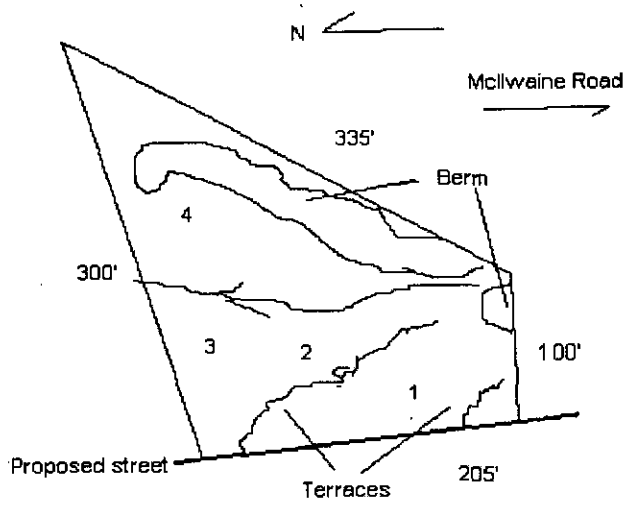
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 3/29/2007. W. R. Marlin
Others Present:
Site Classification (.1948): PS
Site Evaluation By:
Others Present:

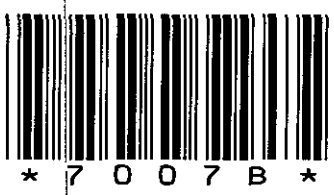
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	VP-Very Plastic	

Sketch of Soil Evaluation Locations





11737 JOHNSON-DAVIS RD

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/17/07
Receipt #: 50202
Check / Auth #: CHECK 3813
Received By: CRAIGGY

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LOWE MOLLIE B
Attn:
Address: 824 PINECREEK DR
Address:
City/State/Zip: GREENVILLE, SC 29605

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 11737 NECK RD/FILE 7007B		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
50.00					

EHS DJ

Reviewer (10)

2007B County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
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.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	Is System design consistent with soil/site conditions?										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

2007 DENIAL

MECKLENBURG COUNTY
Health Department

March 27, 2007

Molly Lowe
824 Pine Creek Drive
Greenville, SC 29605

Re: Application for improvement permit for:
Property Site: 11737 Neck Road
Health Department file number: **7007B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on March 27, 2007 evaluated the above-referenced property at the site designated on the site plan that accompanied your improvement permit application. According to your application the site is to serve a three bedroom house, with a daily design flow of 360 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☒ Unsuitable soil wetness condition (Rule .1942)
- ☒ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is March 27, 2007. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy Michelone. R.S.
Authorized Agent - DENR

Encl: (2)

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 023-024-31
Lot #:
File #: 7007B
AppID: 2065

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Molly Lowe
Applicant:
Address: 824 Pine Creek Drive, Greenville, S. C. 29605
Date Evaluated: 3/27/07
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .25a
Location of Site: 11737 Neck Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-3	GR/SCL	FR/SEXP/SS/SP	>13" TO SOIL WETNESS	13+	N/A	NONE	US
		3-13	SBK/SC	VFI/EXP/VS/VP					
2	"	0-4	GR/CL	FR/SEXP/SS/SP	>8" TO SOIL WETNESS	8+	"	"	"
		4-8	SBK/C	VFI/EXP/VS/VP					
3	"	0-4	GR/SCL	FR/SEXP/SS/SP	>14" TO SOIL WETNESS	14+	"	"	"
		4-14	SBK/C	VFI/EXP/VS/VP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

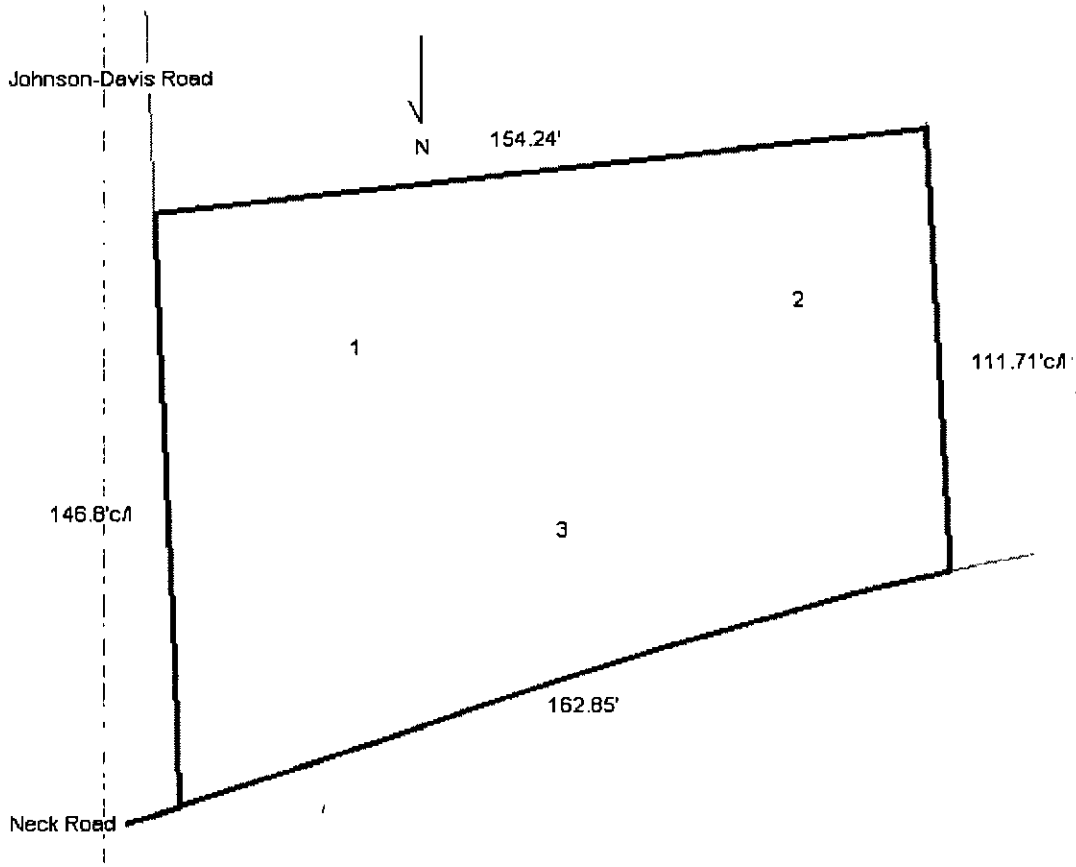
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 3/27/2007, W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
Not 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-Foot 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				
FP-Flood Plain		CL-Clay Loam		
		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



Rec'd $100 Cat 4 optional site 4/17/07 SC

FILE NUMBER: 7007B

Revised On: January 3, 2007

APPLICATION NUMBER: 2065

SEPTIC FEE: 200.00
DATE: 3/15/07 upfr

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 023-024-031
STREET ADDRESS: 11737 Neck Road
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): .25
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☑ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☑ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

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

	☐ ANY TYPE	☑ CONVENTIONAL	☐ ACCEPTED	☐ INNOVATIVE	☐ ALTERNATIVE	☑ OTHER Perk Test
8A. RANK:		1				2

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	JURISDICTIONAL WETLANDS	☑ YES	☐ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO

10. PROPERTY OWNER:
NAME: Molly Lowe
ADDRESS: ~~11737~~ 894 Pine Creek Drive
CITY: Greenville
STATE: SC ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ASAP

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

Eric J Tindall

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

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

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

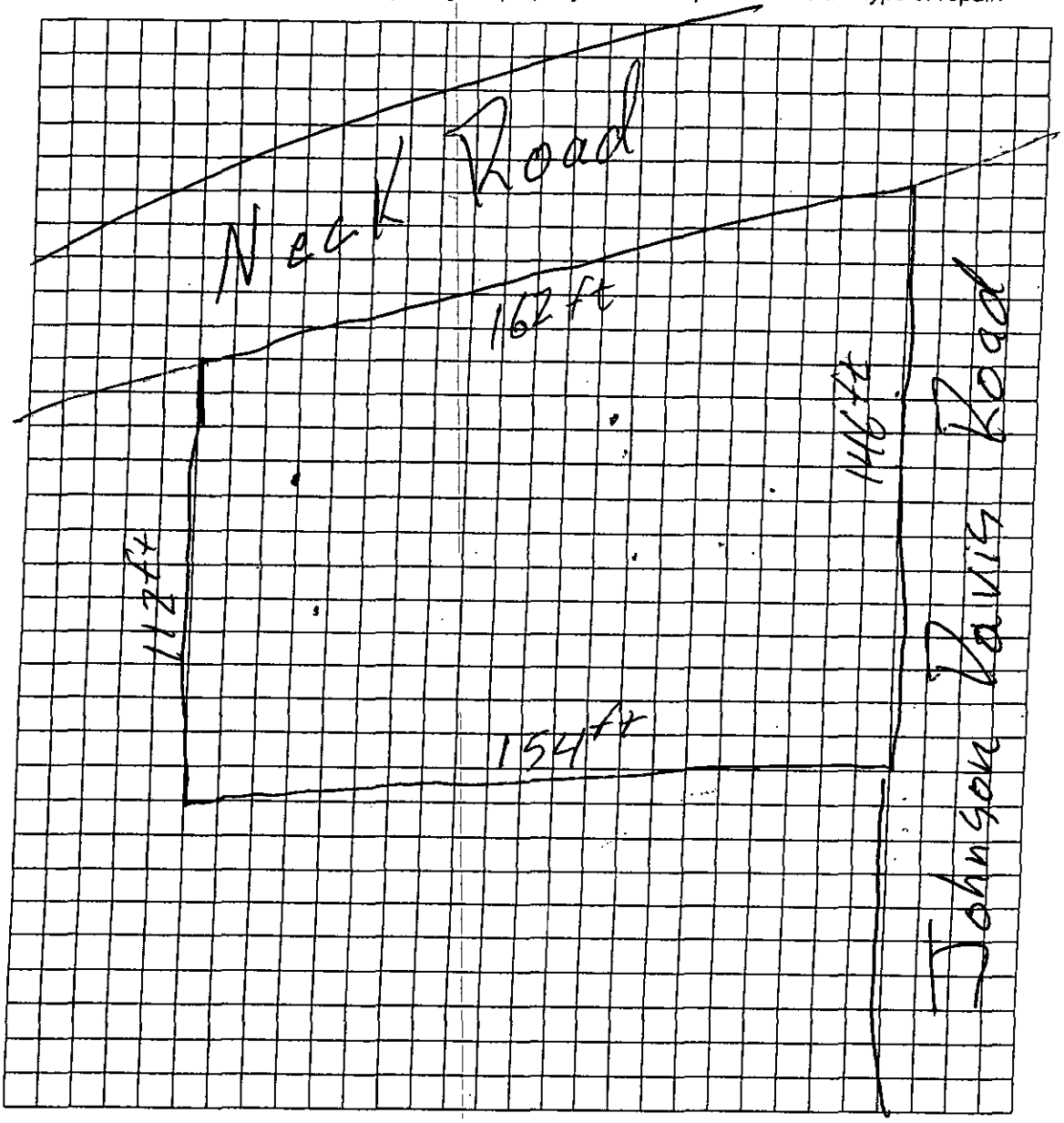
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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 # 7007B
Date _____

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	Eric Bennett
Date	3/15/07

LBC 12/15/04

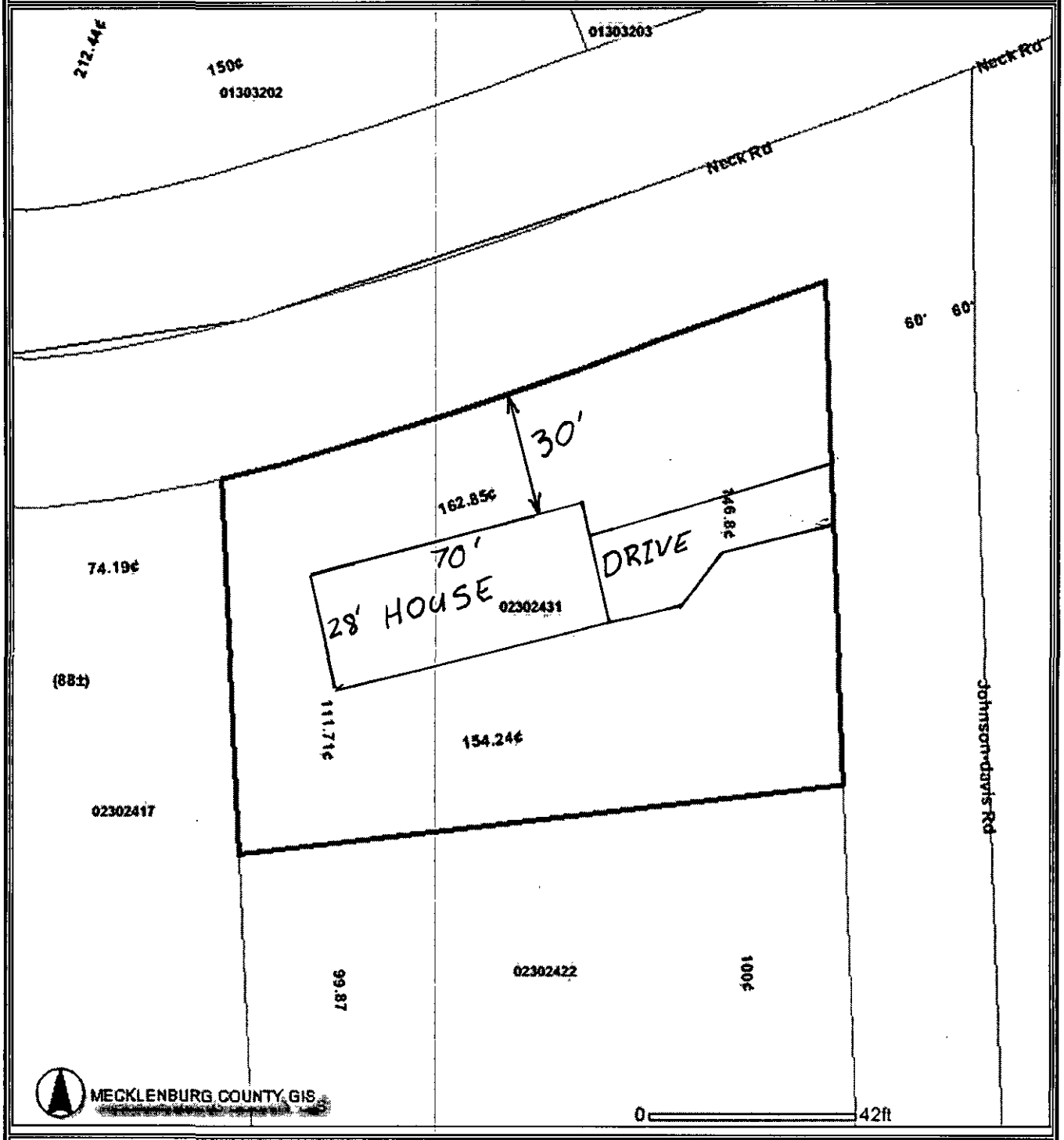
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Mar 14 11:40:24 EDT 2007

property



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.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/15/07
Receipt #: 49646
Check / Auth #: CHECK 1705
Received By: MULLIVR

Amount: 200.00
Tendered: 200.00
Returned: 200.00

Account Information

Account #: 200000
Contractor: BENNETT ERIC D
Attn:
Address: 8228 BALLYMORE CT
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen PN#02302431/11737 NECK RD		1	200.00	200.00

ERIC D BENNETT
8228 Ballymore Court
Huntersville, NC 28078

1705
66-21/530
BRANCH 56001

3/15/07
Date

Pay to the Order of Mecklenburg County $ 200.00

two hundred & 00/100 Dollars

Security Features Details on Back

WACHOVIA
Wachovia Bank, N.A.
wachovia.com

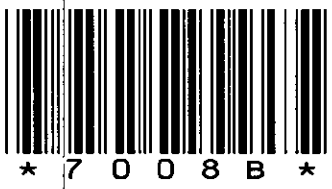
For

Eric D Bennett MP

⑆053000219⑆ 1010137323775⑈ 1705

Outstanding Balances

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



9617 DIXIE RIVER RD

11315404

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7008 WASPS App #: 2006

Primary ES assigned to project: Josh Sellen

Secondary ES assigned to project: _____

Project Type: New Well ☐ Well Abandonment ☑ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☐ N/A-Sewer ☑

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☑	No ☐	N/A ☐	
Signed permit	Yes ☑	No ☐		
Notification of disinfection	Yes ☐	No ☐	N/A ☑	
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐	N/A ☑
GW-1 Form / GW-30 Form	Yes ☑	No ☐		
Other related documentation	Yes ☐	No ☑	N/A ☐	

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☑	No ☐	N/A ☐
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 3/6/07 ES assigned date: 3/6/07 Permit issued date: 3/22/07

Well approval date: 4/10/07 Number of days to complete project: _____

Review performed by: J. L. Sellen Date performed: 5/4/07

7008B

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3112

1. WELL CONTRACTOR:

JASON CAIN
Well Contractor (Individual) Name

MACTEC ENGINEERING
Well Contractor Company Name

STREET ADDRESS 2801 YORKMONT RD

CHARLOTTE NC 28208
City or Town State Zip Code

(704) - 357-8600
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) F-8

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 10002006

DWQ or OTHER PERMIT # (if applicable) _____

WELL USE (Check applicable use): ☐ Monitoring ☒ Residential

☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural

☐ Recovery ☐ Injection ☐ Irrigation

☐ Other (list use) _____

3. WELL LOCATION:

COUNTY MECKLENBURG QUADRANGLE NAME Charlotte West

NEAREST TOWN: 9617 Dixie River Road

Land Parcel 113-154-04

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other _____

(Check appropriate setting)

LATITUDE N 35. 20428

LONGITUDE W 80. 96588

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

Latitude/longitude source: ☒ GPS ☐ Topographic map

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

4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) _____

NAME OF FACILITY Former Residence

STREET ADDRESS _____

_____
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Elmo Langley

STREET ADDRESS CDIA

5. WELL DETAILS:

a. Total Depth: 105 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): _____ ft.

Measuring point is _____ ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	_____ ft.	_____ in.
b. Casing Removed:	0 ft.	_____ in.

7. DISINFECTION: 2 oz

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement _____ lb.
Water _____ gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.

Type: ☐ Slurry ☐ Pellets

Water _____ gal.

Other

Type material _____

Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Installed 3/4" vent pipe in well
Backfilled well with Concrete
Filled vent pipe with grout

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 3/9/07

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

Jason Cain 3/9/07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Elmo Langley
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

JASON CAIN
PRINTED NAME OF PERSON ABANDONING THE WELL

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

Form GW-30
Rev. 5/06

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

F-8

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10002006 **Tax Parcel #:** 113-154-04
Property Owner: CHARLOTTE DOUGLAS INTERNATIONAL AIRPORT
Job Location Address:9617 DIXIE RIVER RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 3/22/2007
Use of Well:
Type of Facility Served by Well: Other Residential
Sewage System Type: None

Type of Repair/Abandonment

○ Major Repair Before Placing the Well in Service ○ Major Repair Before Temporary Abandonment
○ Temporary Abandonment ◉ Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: YES

If Yes, see requirements in Specific Conditions of This Permit.

General Conditions of This Permit:

- The Water Supply Well repair and abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- 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)

Other Conditions of This Permit:
Approved with no special conditions.

JOSHUA R. SELLERS R.S.
Authorized Agent: Print Name

Joshua R. Sellers R.S.
Signature:

Elmo Lawley ELMO LAWLEY
Owner/Legal Agent: Print Name

Elmo Lawley
Signature:

http://hmc-ms-zone1/WASPS/PermitToConductRepairOrAbandon.aspx?appid=2006&userid= 3/22/07

WORK ORDER

Workorder No: 72568
Description ARGU Well Review
Submitted To: STUTTS, JACK
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 3/23/07 1:24:37 PM
Projected Start Date: 3/6/07
Projected Finish Date: 3/23/07 1:24:00 PM
Actual Start Date: 3/6/07
Actual Finish Date: 3/23/07 1:24:00 PM
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 8891
Entity Location: 8891

SITE INFORMATION

Workorder Address: 9617 DIXIE RIVER RD.
and/or
General Location:
Town: CITY

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:
1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comment:
Create one work order per ARGU Review
By CALDWELL, SHAWNA: 3/23/07 1:49:15 PM
Based on review of our files, the permit for a private well abandonment at PID# 113-154-04, 9617 Dixie River Rd., Charlotte, NC is approved. No records of sampling this well or impact to this well were noted in the file review, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

Hydrogeologist Permit Application Review

Application #: 2006
Permit File #: 7008B

Permit Type: Abandonment (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

Approved with no special conditions.

EHS Review | Update

The application has been forwarded to Jeremy Michael for review.

App. #: 2006

Septic Fee: 0.00

Date:

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 7008B

Well Fee: 0.00

Date: 3/6/2007

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE ( ) NEW WELL ( ) MAJOR REPAIR (•) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 113-154-04 [ ] PO

STREET ADDRESS: 9617 DIXIE RIVER RD

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

( ) HOUSE (H) (•) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 1

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] 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:

[x] 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: CHARLOTTE DOUGLAS INTERNATIONAL

ADDRESS: 5501 JOSH BIRMINHAM PARKWAY

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28208

HOME PHONE: 704-359-4000 WORK: 704-359-4916

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MACTEC- JIMMY JORDAN

ADDRESS: 2801 YORKMONT ROAD, SUITE

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28208

HOME PHONE: 704-357-8600 WORK: 704-357-8638

MOBILE:		FAX:		MOBILE:	FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT | Update | Go to Front Counter | Duplicate

WSW

Rept. for ARGU Review
9617 Dixie River Rd., Charlotte, NC
PID# 113-154-04
File # 7008B
Application#2006

03/06/07 (Tues.) - Received request for ARGU review for private well abandonment for a WSW located at 9617 Dixie River Rd., Charlotte, PID#113-154-04. According to the WIS, there is not an existing well at this property.

03/13/07 (Tues.) – Because some permits submitted for locations in this area by Mactec, the agent for the property owner, were not necessary, received confirmation from Mactec that a permit is actually required for this location. Conducted ARGU Review. Identified 2 MPL sites within 2,000' of the subject parcel.

MPL# 981 Handy Pantry #29
5806 Wallace Neel Rd., Charlotte, NC
PID# 113-154-10
NCDENR UST Section Inc. #23013
Source-petroleum USTs

NCDENR database indicates that this is a High risk GW incident.

MPL investigation completed in 2003. Fourteen WSWs located and 2 were sampled for VOCs with no wells impacted.

The WSW at the subject site was sampled by both NCDENR and Meck. Co. with no detections.

The subject site is within 1,000' of this MPL site.

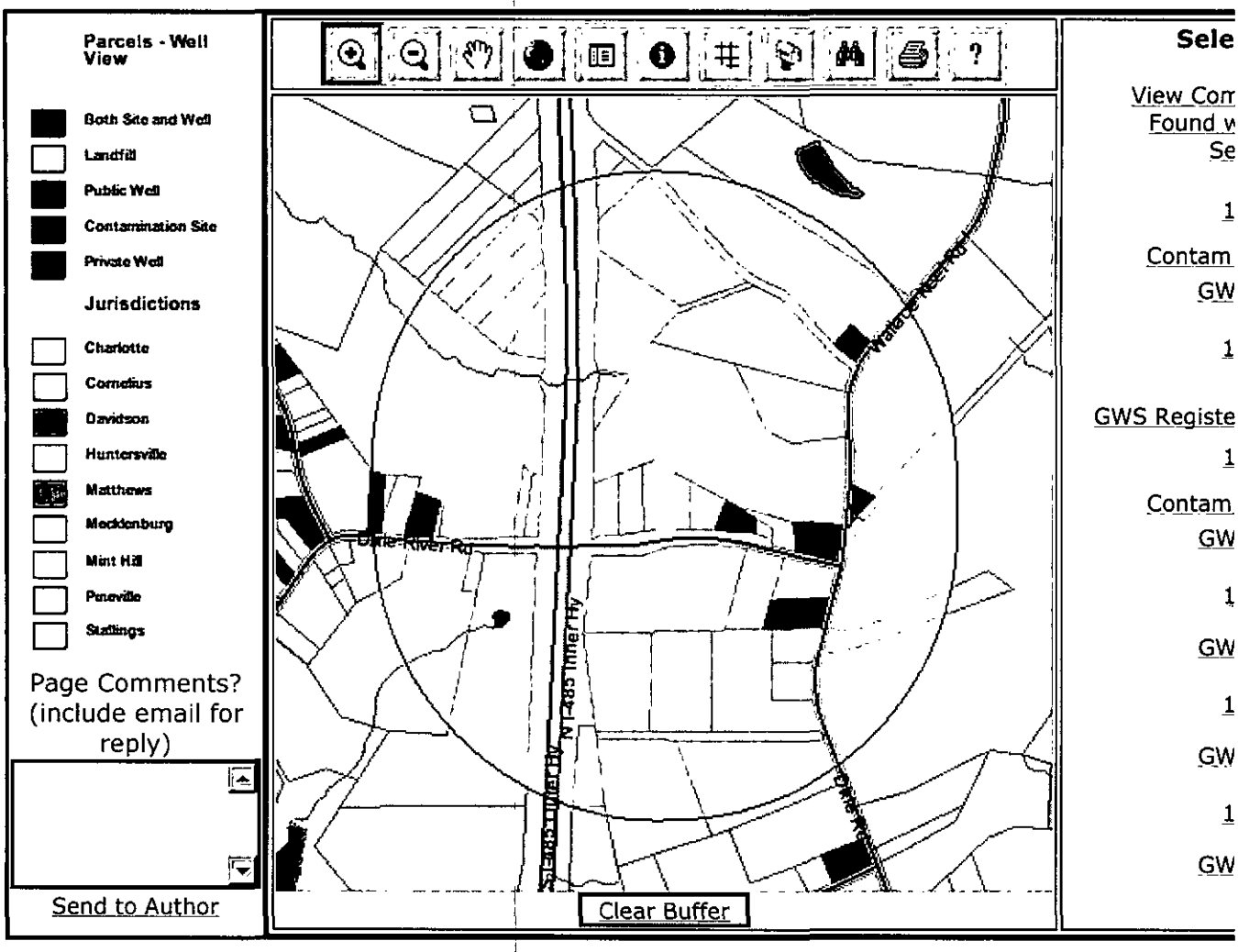
MPL# 941 Ford, James H. Property
5729 Wallace Neel Rd., Charlotte, NC
PID# 115-191-07
NCDENR UST Inc. # ?
Source-reportedly orphan petroleum UST

NCDENR PIRF BTEX in onsite WSW and MW. Site reportedly old store which sold gas and kerosene.

MPL investigation completed in 2000. Ten WSWs located and no wells were sampled related to this MPL.

The subject site is within 1,500' of this MPL site.

Based on review of our files, the permit for a private well abandonment at PID# 113-154-04, 9617 Dixie River Rd., Charlotte, NC is approved. No records of sampling this well or impact to this well were noted in the file review, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.


Parcels - Well View
Both Site and Well
Landfill
Public Well
Contamination Site
Private Well
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Page Comments? (include email for reply)
Send to Author
Dixie River Rd
Valley View Rd
N I-485 Inner Hy
Clear Buffer
Sele
View Con
Found w
Se
1
Contam
GW
1
GWS Registe
1
Contam
GW
1
GW
1
GW
1
GW

Mecklenburg **County, NC Groundwater & Wasterwater Services**
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 11315410
Name: HANDY PANTRY #29
House No: 5806
Street Dir:
Street Name: WALLACE NEEL
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28208

NC Incident Number: 21013 Well Information System →

* Link to GIS Real Estate System

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 11519107
Name: FORD, JAMES H. PROPERTY
House No: 5729
Street Dir:
Street Name: WALLACE NEAL
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28208
NC Incident Number: 0 EXIT Well Information System

* Link to GIS Real Estate System

Charlotte Douglas Int'l Airport New Runway Project - 2007 Water Well Abandonment Record 10 of ___ F-8

FILE NUMBER: 7008B

Revised On: January 3, 2007

APPLICATION NUMBER: 2006

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 113-154-04
STREET ADDRESS: 9617 Dixie River Rd
CITY:
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:

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

4. **BUILDING INFORMATION:** No Building Structure on Site

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☒ OTHER None
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

	☐ ANY TYPE	☐ CONVENTIONAL	☐ ACCEPTED	☐ INNOVATIVE	☐ ALTERNATIVE	☒ OTHER NA
8A. RANK:	____	____	____	____	____	____

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☐ NO
WELLS, SPRINGS, OR WATER LINES	~~☐ YES~~	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☐ NO

10. **PROPERTY OWNER:**

NAME: Charlotte Douglas International Airport
ADDRESS: Aviation Director's Office
CITY: 5501 Josh Birminham Parkway
STATE: Charlotte, North Carolina 28208
HOME PHONE: 704-359-4000 WORK PHONE: 704-359-4916
MOBILE PHONE: FAX:

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

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

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

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

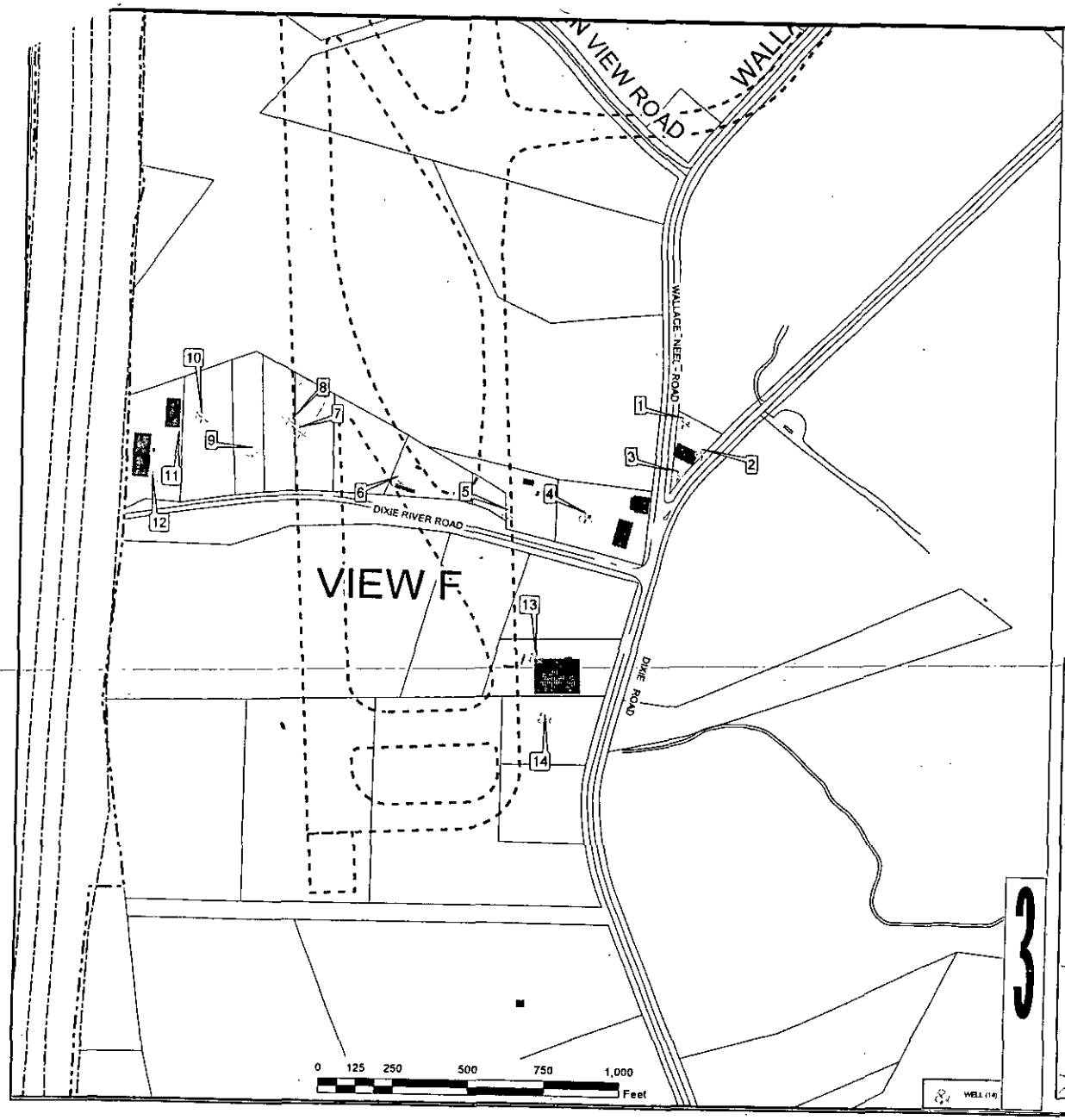
Property Owner's or Owner's Legal Representative Signature Date

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

Master Engineering (Quinn Funk) For City of Charlotte 1/31/2007
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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



ENVIRONMENTAL ENTITIES TABLE FOR VIEW 'F'

INDEX #	EVIRONMENTAL ENTITY	ENTITY ID BASED ON OLD PARCEL NUMBERS	ENTITY ID BASED ON NEW PARCEL NUMBERS	STATUS	COMMENTS
1	WELL	WE01@115-191-07	-		
2	WELL	WE02@115-191-07	-		
3	WELL	WE03@115-191-07	-		
4	WELL	WE01@113-152-22	-		
5	WELL	WE01@113-152-21	-		
6	WELL	WE01@113-152-27	WE01@113-154-07		
7	WELL	WE01@113-152-26	WE01@113-154-05		
8	WELL	WE01@113-152-25	WE01@113-154-04		
9	WELL	WE01@113-152-24	WE01@113-154-03		
10	WELL	WE01@113-152-18	WE01@113-154-02		
11	WELL	WE01@113-152-15	-		
12	WELL	WE02@113-152-15	-		
13	WELL	WE01@141-132-07	WE01@141-271-06		
14	WELL	WE01@141-132-06	WE01@141-271-05		

9

3

OVERVIEW MAP

VIEW F

DATE	REVISION DESCRIPTION

Charlotte•Douglas INTERNATIONAL AIRPORT

WELLS IN VIEW 'F'

FILE NAME: V:\...\ENVIRONMENTAL ENTITY MANAGEMENT\VIEW F - WELLS ONLY.MXD DATE: FEBRUARY 25, 2008

SHT.

OF



20105 DAVIDSON-CONCORD RD

00742118

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7009B WASPS App #: 2071

Primary ES assigned to project: Kim Cornett

Secondary ES assigned to project: _____

Project Type: New Well ☐ Well Abandonment ☑ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☐ N/A-Sewer ☑

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☐	No ☐	N/A ☑	
Signed permit	Yes ☑	No ☐		
Notification of disinfection	Yes ☐	No ☐	N/A ☑	
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐	N/A ☑
GW-1 Form / GW-30 Form	Yes ☑	No ☐		
Other related documentation	Yes ☑	No ☐	N/A ☐	

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 3/15/07 ES assigned date: 3/15/07 Permit issued date: 3/26/07

Well approval date: 3/26/07 5/1/07 Number of days to complete project: _____

Review performed by: L. Stell Date performed: 5/1/07

KG

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

File # 7009B

WELL ABANDONMENT RECORD

WELL CONTRACTOR Luther E Bailey App # 2071

WELL CONTRACTOR CERTIFICATION # 3300

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

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Davidson County Meck
Davidson / Concord Rd near Westmoreland Dr Rd
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Tim Connor

4. ADDRESS:

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat (circle one)

6. TOTAL DEPTH: 600 DIAMETER 6"

7. CASING REMOVED:

feet	diameter
4	6"

8. DISINFECTION: 1 pack clorine
(Amount of 70% hypochlorite used:)

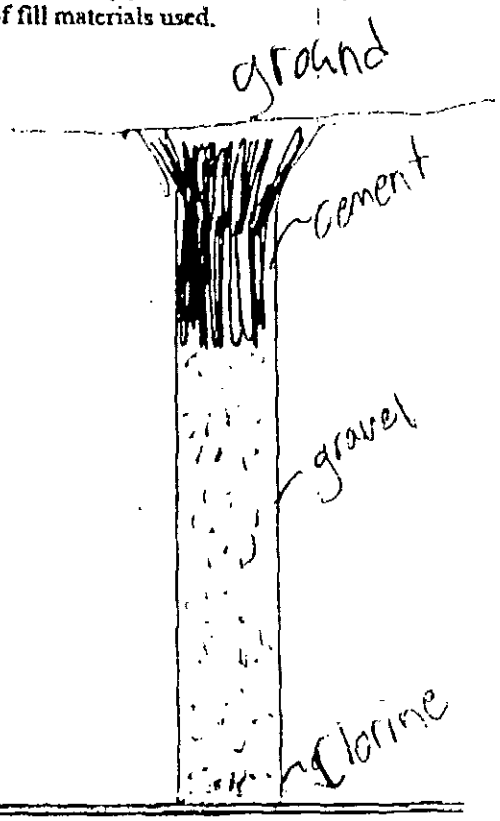
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 10	bags of cement
gallons of water 20	gallons of water

Other
Type material gravel
Amount 4 U Scoops

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Cut casing off filled with gravel topped with cement

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



11. DATE WELL ABANDONED 4-26-2007

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Luther E Bailey Date 4-26-2007

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99

Todd well
Abandon

House

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5934

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10002071 Tax Parcel #: 007-421-18
Property Owner: TIM CONNER
Job Location Address:
City/ETJ: State: NC Zip Code:
Permit Issuance Date: 3/26/2007
Use of Well:
Type of Facility Served by Well: Other Residential
Sewage System Type: None

Type of Repair/Abandonment

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ● Permanent Abandonment

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

General Conditions of This Permit:

- The Water Supply Well repair and abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- 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)

Other Conditions of This Permit:

Kim Garrett, RSI
Authorized Agent: Print Name

Kim Garrett, RSI
Signature:

Rusty Knox
Owner/Legal Agent: Print Name

Signature:

From: 03/15/2007 11:58 #005 P.01

FILE NUMBER: 1009B

SEPTIC FEE: _____
DATE: _____

Revised On: January 3, 2007
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

APPLICATION NUMBER: 2071

WELL FEE: _____
DATE: _____

JPM

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 00742118
STREET ADDRESS: 20105 DAVIDSON - CONCORD
CITY: DAVIDSON 20105
STATE: NC ZIP: 28036
SUBDIVISION NAME: WESTMORELAND FARM
LOT #: 1 LOT SIZE (acres): .82
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☒ 2-DAVIDSON ☐ 5-MATTHEWS

EXHIBIT B

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☐ OTHER previously A farm
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☒ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☒ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☐ NO

10. PROPERTY OWNER:
NAME: TIM CONNER
ADDRESS: 13031 WESTMORELAND FARM RD.
CITY: DAVIDSON
STATE: N.C. ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-13-02
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3-30-07

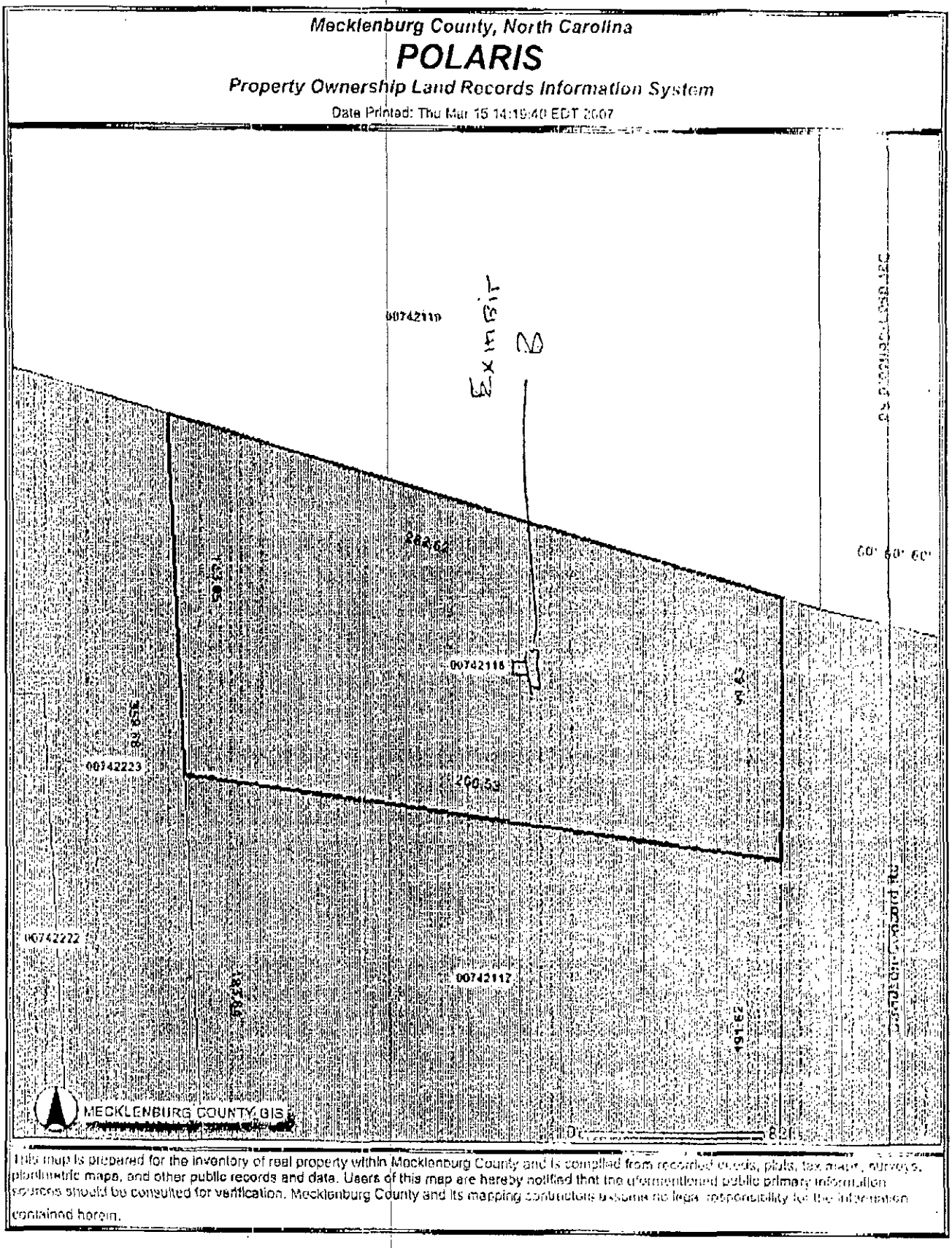
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein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

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

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

Property Owner's or Owner's Legal Representative Signature 3/15/07 Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UNSCALED SITE PLAN SUBMITTED


Mecklenburg County, North Carolina
POLARIS
Property Ownership Land Records Information System
Date Printed: Thu Mar 15 14:19:40 EDT 2007
00742119
00742116
00742223
00742222
00742117
MECKLENBURG COUNTY GIS
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 contributors assume no legal responsibility for the information contained herein.

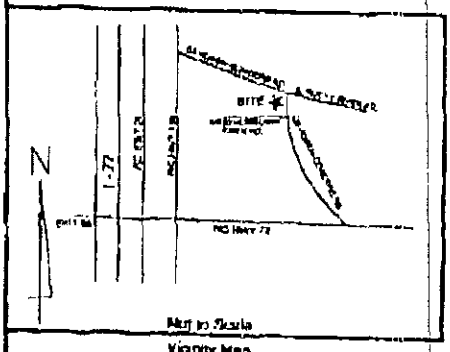
THIS IS TO CERTIFY THAT ON THE 6 DAY OF March 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED: Robert G. Bishop

NORTH CAROLINA PROFESSIONAL SEAL L-3857 LAND SURVEYOR ROBERT G. BISHOP

Bishop Land Surveying, Inc.
16808 Brookway Drive, Suite 200 F
Huntersville N.C. 28078
Phone (704) 987-3030
Fax (704) 987 3008

118 46, PG 603



Not to Scale
Vicinity Map

LEGEND

LINE TABLE		
LINE	LENGTH	BEARING
L1	36.67	N04°02'48"W
L2	64.62	N85°58'48"E
L3	30.00	N04°01'11"W
L4	64.62	S85°58'48"W

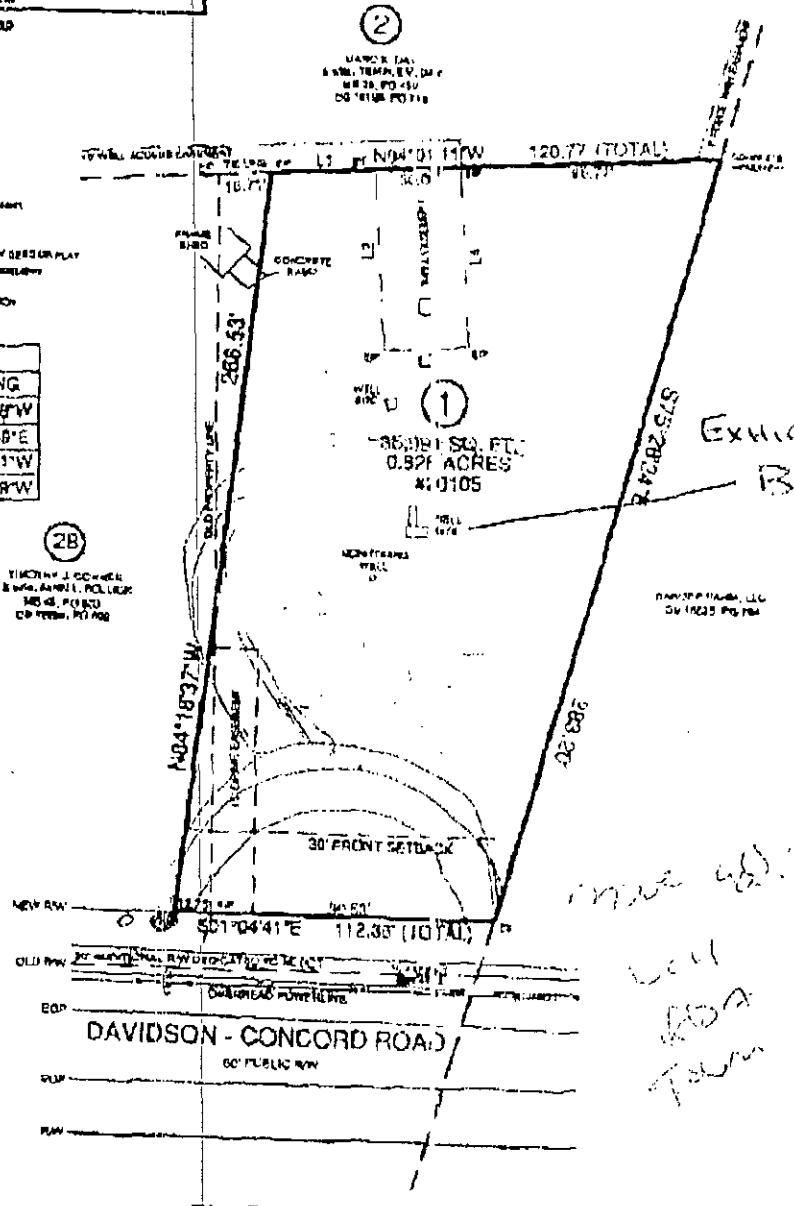


Exhibit B

Plot Plan SURVEY
OF
Lot 1, Westmoreland Farm, (Revised)
Dowense Twsp., Mecklenburg County, N.C.

SCALE 1" = 50'

THE PROPERTY OF JD North Construction Co., Inc.

MAP RECORDED IN BOOK 48 AT PAGE 603 DEED RECORDED IN BOOK 13502 PAGE 149

Drawn By: RGB

FILE:\CLAND PROJECTS 3\Mech County\DWG\Westmoreland Farm Lt 1.DWG

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7009B WASPS App #: 2072

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project: _____

Project Type: New Well ☐ Well Abandonment ☑ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☐ N/A-Sewer ☑

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☐	No ☐	N/A ☑	
Signed permit	Yes ☑	No ☐		
Notification of disinfection	Yes ☐	No ☐	N/A ☑	
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐	N/A ☑
GW-1 Form / GW-30 Form	Yes ☑	No ☐		
Other related documentation	Yes ☑	No ☐	N/A ☐	

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 3/15/07 ES assigned date: 3/15/07 Permit issued date: 5/26/07

Well approval date: 5/1/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 5/1/07

FILE NUMBER: 7009B

Revised On: January 3, 2007

APPLICATION NUMBER: 2072

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: _____
DATE: _____

JPM

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 00142118
STREET ADDRESS: 20105 DAVIDSON-CORNELIUS
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres): .82
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2 DAVIDSON ☐ 5-MATTHEWS

Exhibit C

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☒ OTHER previously farm
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING
7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1 MOST DESIRED 5 LEAST DESIRED):
☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: ____ ____ ____ ____ ____

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:
NAME: TIM CONNOR
ADDRESS: 13031 WESTMORELAND FARM ROAD
CITY: DAVIDSON
STATE: N.C. ZIP: 28036
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-13-02
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3-30-02

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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Property Owner's or Owner's Legal Representative Signature Date

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

Property Owner's or Owner's Legal Representative Signature 3/15/02 Date

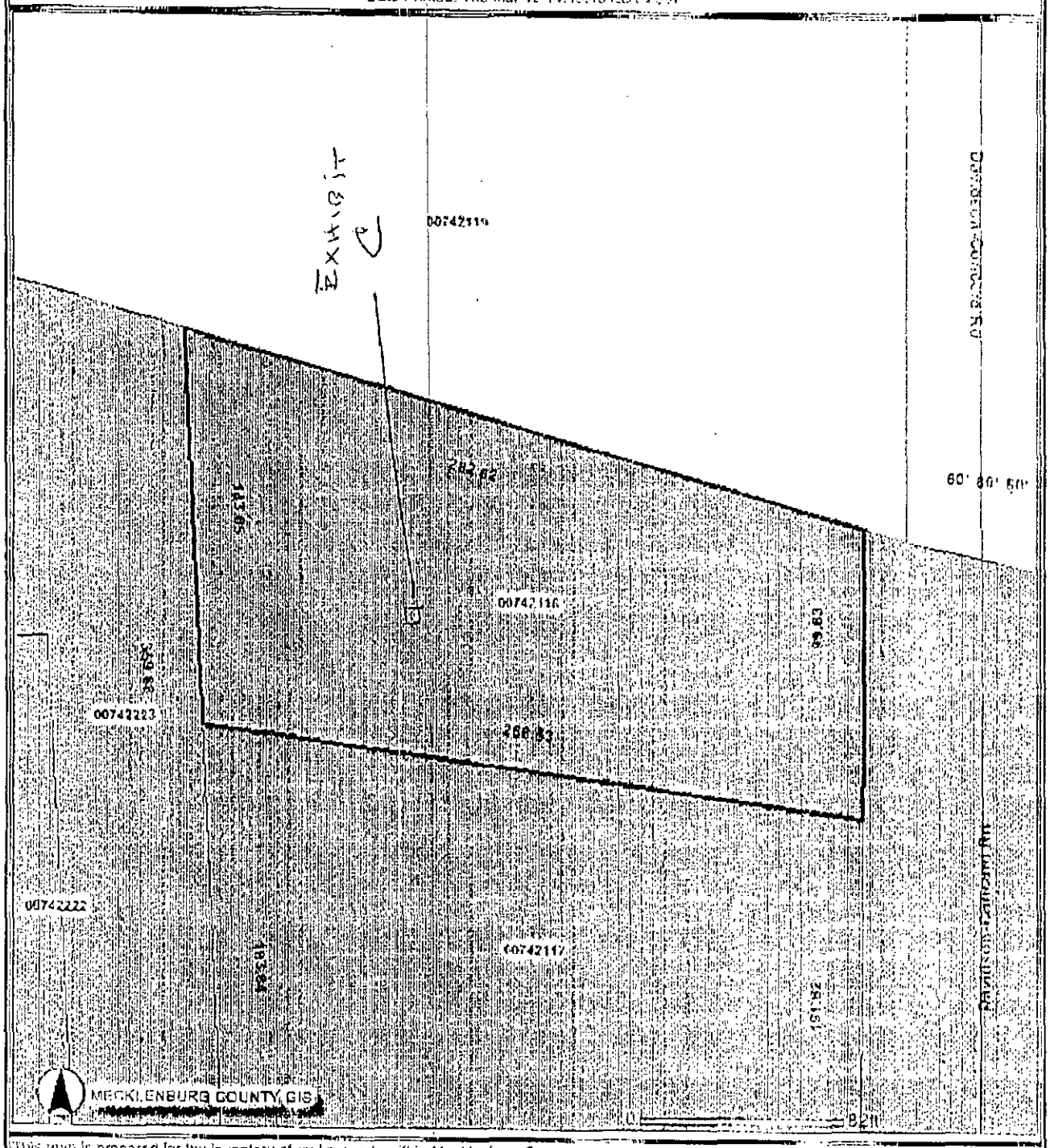
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Mar 15 14:10:40 EDT 2007



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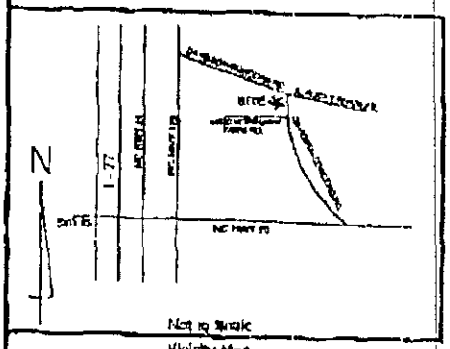
THIS IS TO CERTIFY THAT ON THE 5 DAY OF March, 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON, THIS MAP IS NOT ENTITLED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP

Bishop Land Surveying, Inc.
10806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

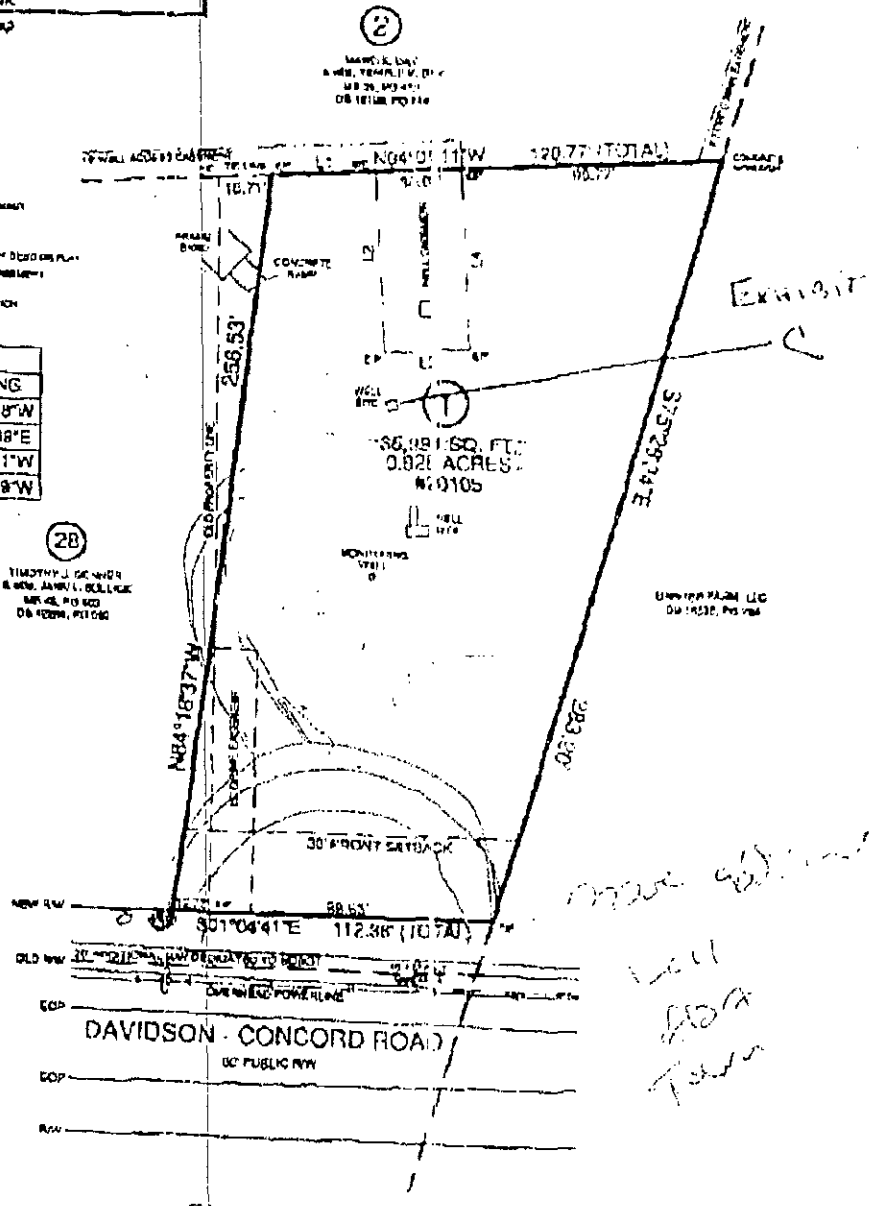
MB 48, PG 603



Not to Scale
Vicinity Map

LEGEND

LINE TABLE		
LINE	LENGTH	BEARING
L1	36.07	N04°02'48"W
L2	64.82	N85°58'48"E
L3	30.00	N04°01'11"W
L4	64.82	S85°58'48"W



Plot Plan SURVEY

OF

Lot 1, Westmoreland Farm, (Revised)

Deweese Twsp., Mecklenburg County, N.C.

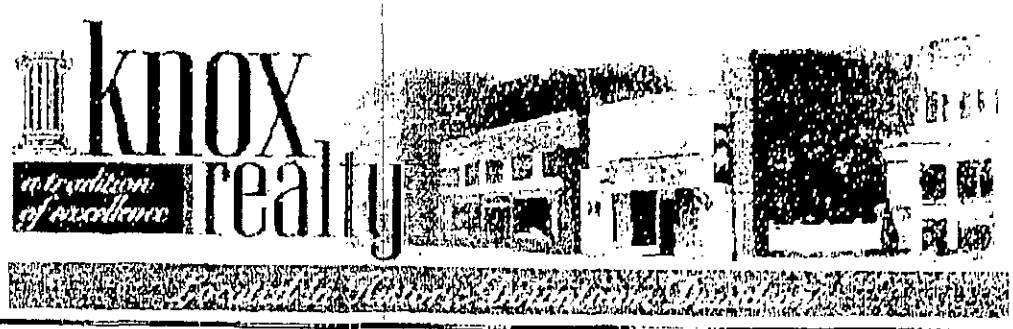
SCALE 1" = 50'

THE PROPERTY OF JD North Construction Co., Inc.

MAP RECORDED IN BOOK 48 AT PAGE 603 DEED RECORDED IN BOOK 13582 PAGE 149

Drawn By: BGB

FILE:\LAND PROJECTS 3\Meck County\DWG\Westmoreland Farm LT.DWG



FACSIMILE TRANSMITTAL SHEET

TO: Cowan	FROM: Rusty Knox
COMPANY:	DATE:
FAX NUMBER: 704-336-6894	TOTAL NO. OF PAGES INCLUDING COVER: 10
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Cell #
641-7301

c/o Scott to Davidson Concord Rd

Survey shows wells

KNOX REALTY 103 N MAIN STREET DAVIDSON, NC 28036
704-892-8196 OFFICE
704-892-4021 FAX

704-892-4021

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5193
Fax: (704) 336-5894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10002072 **Tax Parcel #:** 007-421-18
Property Owner: TIM CONNOR
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 3/26/2007
Use of Well:
Type of Facility Served by Well: Other Residential
Sewage System Type: None

Type of Repair/Abandonment

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ● Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: NO
If Yes, see requirements in Specific Conditions of This Permit.

General Conditions of This Permit:

- The Water Supply Well repair and abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- 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)

Other Conditions of This Permit:

Kim Garrett, RSI
Authorized Agent: Print Name

Kim Garrett, RSI
Signature:

Rusty Knox
Owner/Legal Agent: Print Name

Signature:

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

File # 7009B

WELL ABANDONMENT RECORD

WELL CONTRACTOR Luther E Bailey

WELL CONTRACTOR CERTIFICATION # 3320

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

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Davidson County MEC
Davidson / Concord Rd near Westmoreland Ft.
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Tim Connor

4. ADDRESS:

5. TOPOGRAPHY: draw, slope, hilltop, valley, (flat) (circle one)

6. TOTAL DEPTH: 80 DIAMETER 3"

7. CASING REMOVED:

feet	diameter
2	3"

8. DISINFECTION: 1 pack clorine
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

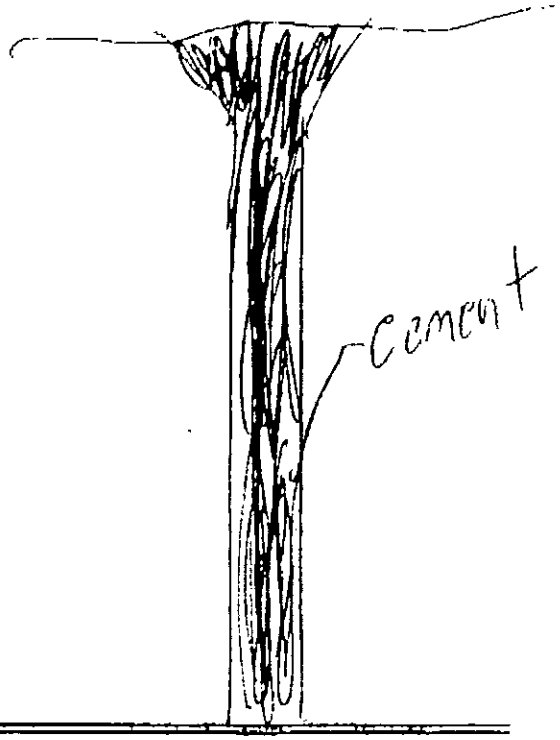
Neat Cement
bags of cement 3
gallons of water 1½

Sand Cement
bags of cement
gallons of water

Other
Type material None
Amount

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
cut off casing filled with cement

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



11. DATE WELL ABANDONED 4-26-2007

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Luther E Bailey Date 4-26-2007

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99