


22001 SHEARER RD

00305107

4/11/08

marliwr

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

EHS PSW Reviewer JPM

399A **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 | ✓ | | | | | | | | | |
| .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: | | | | | | | | | | |
| | 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 UXS Approved for Deck, OFFICE, & Sunroom

FEE: 100 August
DATE: 8/1/07
CRT [ ] 2
X30539

**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

GWS – UES.APP 06/07

FILE #: 399A

ID2564

**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)

PW

**PERSON FILING APPLICATION:**
NAME: Todd Yelton
ADDRESS: 7717 Orchard Park Circle
CITY: Harrisburg
STATE: NC ZIP: 28075
PHONE: 704-201-9962
ALTERNATE PHONE: 704-454-5787

**PROPERTY OWNER:**
NAME: Mark & Maryann Mauldwin
ADDRESS: 22001 Shearer Rd
CITY: Davidson
STATE: NC ZIP:
PHONE: 704-
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**
TAX/PARCEL #: 003-051-07
STREET ADDRESS: 22001 Shearer Rd
CITY: Davidson
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

**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)

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

**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

Todd L. Yelton
Owner's/Agent's Signature

7-26-07
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

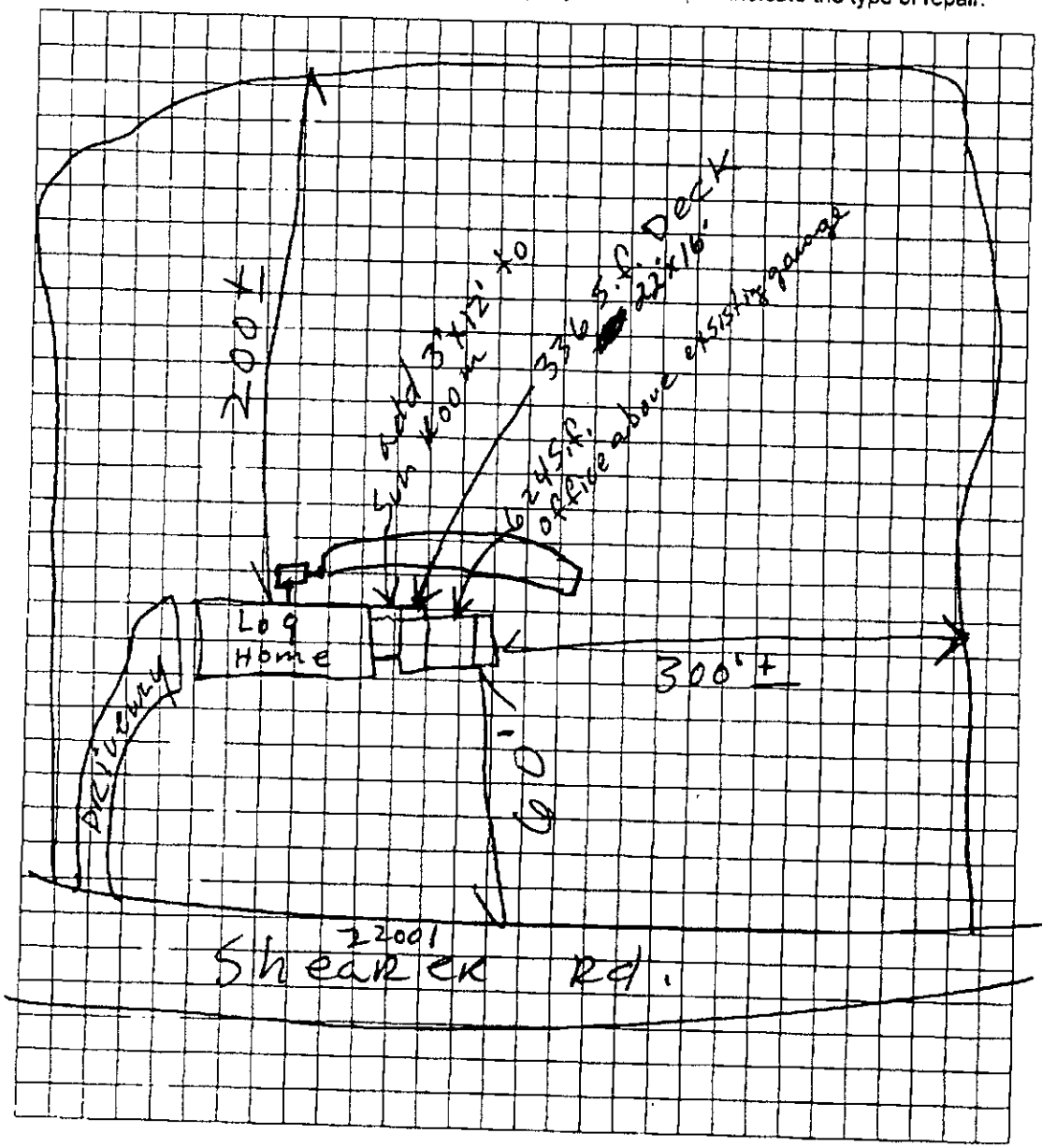
Approval granted for deck addition
use existing system
Phillip A. Walker RS 8/1/07
EHS Signature Date

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_____

## 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.




Deck
22x16

| | |
|---|---|
| Owner/Agent Signature | Jeffrey L. Yates |
| Date | 7-26-07 |

LBC 12/15/04

07/30/2007 12:13 PM
LUESA-Nsrch 7044322523 3 3

# PROPOSED PLOT PLAN

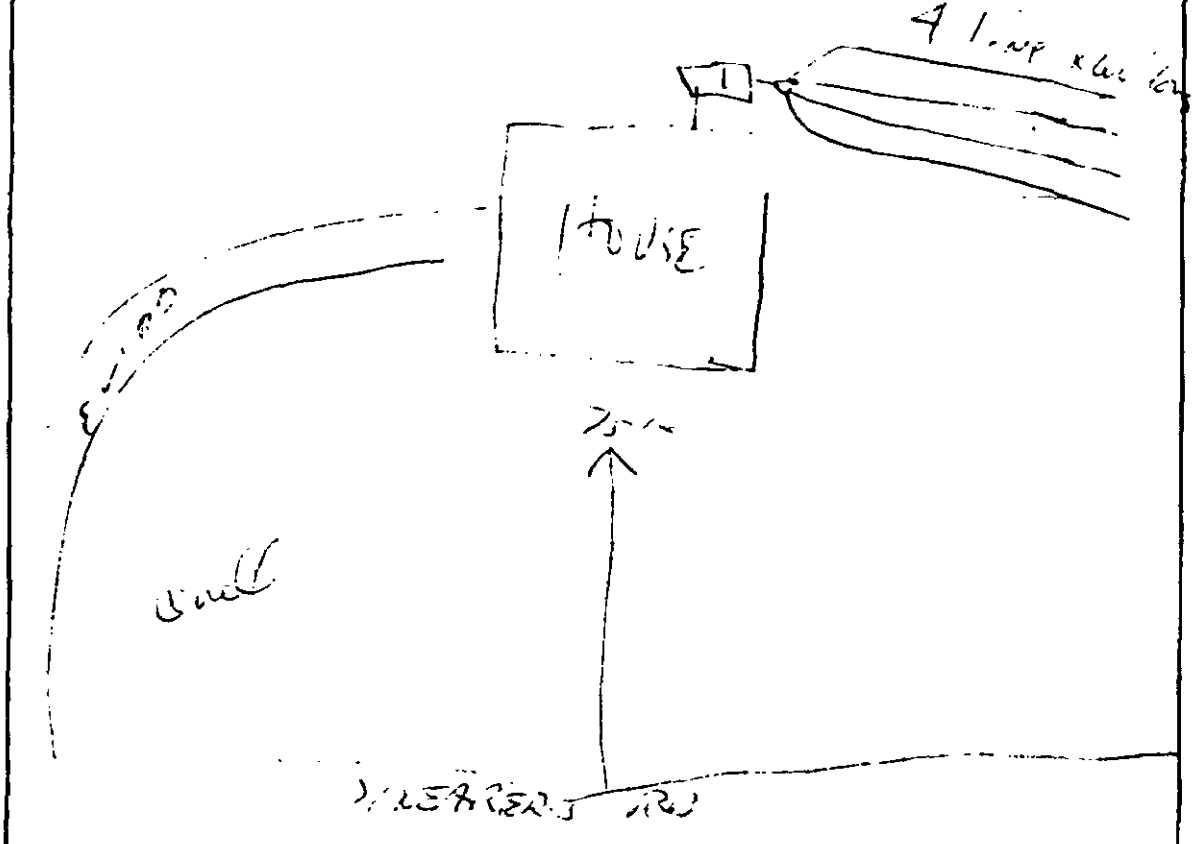
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2-14-17

TC: 03-051-07

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.




Signed: William J. Hargett

Date: 4-7-56

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 08/01/07 | **Amount:** | 100.00 |
| **Receipt #:** | 52034 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** X30539
**Contractor:** LIGHTHOUSE GENERAL CONTRACT
**Attn:**
**Address:** 7717 ORCHARD PARK CIRCLE
**Address:**
**City/State/Zip:** HARRISBURG, NC 28075

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>22001 SHEARER RD/FILE 399A | | 1 | 100.00 | 100.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 100.00 | 0.01 | 1.17 | | | |

Initials OJ

3919 A

Reviewer IOC

# 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 | Y | | | | | | | | | |
| .1937(d) | Is there a Site plan/Plat with application | Y | | | | | | | | | |
| .1937(d) | Is the Facilityshown? | Y | | | | | | | | | |
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| .1937(m) | Are the Profile Locations Shown? | | | | | | | | | | |
| .1939(a) & .1945(b) | Are the SIPS Profiles in system & in repair area? | | | | | | | | | | |
| | Number of auger borings made: | | | | | | | | | | |
| .1939(d), .1955, .1956, .1957 | Were sufficient auger borings made? | | | | | | | | | | |
| | LTAR | | | | | | | | | | |
| | **IP/CA** | | | | | | | | | | |
| G.S. 130A-336(a) & .1937(g) | Proposed System Type stated-Initial | | | | | | | | | | |
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| | **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 OK OC

#229675

ID 229675

FEE: $100.00
DATE: 4.19.07
CRT I 1

**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

GWS – UES.APP 01/05

FILE #: 399A

**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)

**PERSON FILING APPLICATION:**

NAME: Todd Yelton
ADDRESS: 7767 Orchard Park Circle
CITY: Harrisburg
STATE: NC ZIP: 28075
PHONE: 704-201-9962
ALTERNATE PHONE: 704-454-5787

**PROPERTY OWNER:**

NAME: Mark & maryann mauldwin
ADDRESS: 22001 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-799-6216 ex. 177 maryann
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**

**TAX/PARCEL #:**
**STREET ADDRESS:** 22001 Shearer Rd
**CITY:** Davidson
**STATE:** NC **ZIP:** 28036
**SUBDIVISION OR MOBILE HOME PARK NAME:**

**LOT #:**

**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: 2
NUMBER OF OCCUPANTS: 2

**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.

Jeffrey Todd Yelton — 4-19-07
Owner's/Agent's Signature — 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*

O.K. to use existing system for a garage addition with a bathroom.

EHS Signature — Date

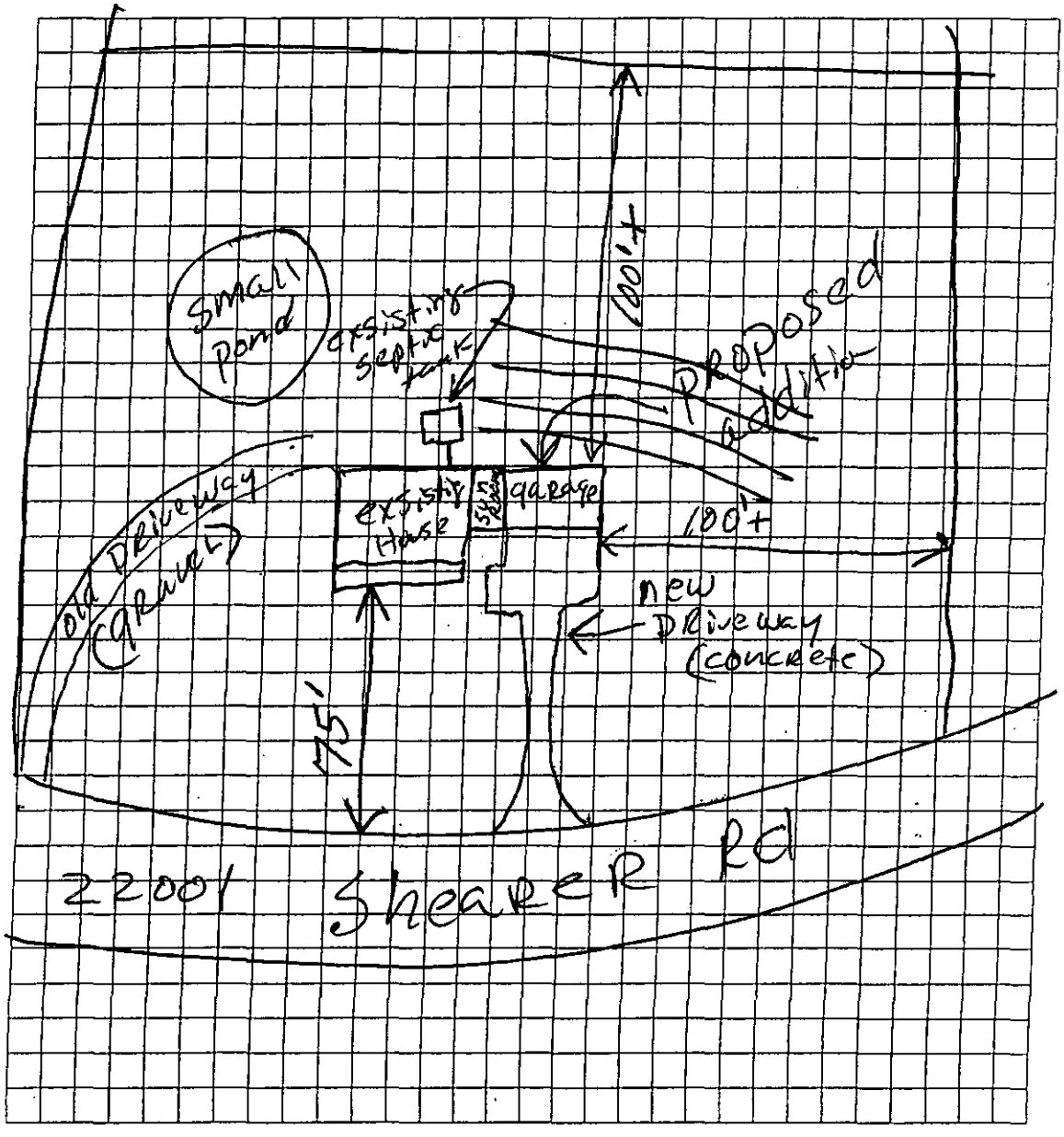
Terry Mathis 4/26/07

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 # 399A
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 | J Thomas Goddy Cleta |
| Date | 4-19-04 |

LBC 12/15/04

# MECKLENBURG COUNTY
## LAND USE AND ENVIRONMENTAL SERVICES
### Payment Receipt

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 04/19/07 | **Amount:** | 100.00 |
| **Receipt #:** | 50242 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | DAUGHVB | | |

**Account Information**

**Account #:** X30539
**Contractor:** LIGHTHOUSE GENERAL CONTRACT
**Attn:**
**Address:** 7717 ORCHARD PARK CIRCLE
**Address:**
**City/State/Zip:** HARRISBURG, NC 28075

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod<br>220001 SHEARER RD | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 100.00 | | | | | |

DATE: 3-20-86

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MECK. County

PARCEL NUMBER 003-051-07 P/O

ASSIGNED ADDRESS 22001 Sherrers Rd.

EXISTING ADDRESS N/A

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | NOT APPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | ☐ | ☐ * |
| 2. FLOODWAY REGULATIONS | ☐ | ☐ * |
| 3. EROSION CONTROL REGULATIONS | ☐ | ☐ * |
| 4. COMMERCIAL DRAINAGE PLAN | ☐ | ☐ * |

| | PRESENT | NOT PRESENT |
|---|---|---|
| 5. PUBLIC UTILITY EASEMENT | ☐ * | ☐ |
| | YES | NO |
| 6. PROPERTY FRONTS ON THOROUGHFARE | ☐ * | ☐ |
| | YES | NO |
| 7. DRIVEWAY PERMIT REQUIRED | ☐ * | ☐ |

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: "Log Home"

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

SIGNED: William L. Honeycutt

OPWEAR 02/86

C of A (s) No. 399-A

Date Issued 10-17-86 Serial 8962 T.C. No. 003-051-07

V CCT

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL

**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner Honeycutt (LAST) William (FIRST) (MIDDLE)

Location of Property 22001 Shamrock Rd

Application Number — Permit Number —

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 18"-30"

Water Supply Source well Distance from Water Source 150'

Excavation Inspected 10-17-86 (DATE) Tank Inspected 10-17-86 (DATE)

Nitrification Field Inspected 10-17-86 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval *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.

Comments: 1986, 1500 ST, TON, 1200 SFT, 12 G,

B. R. Ferguson
(Environmentalist)

EHD-S-76

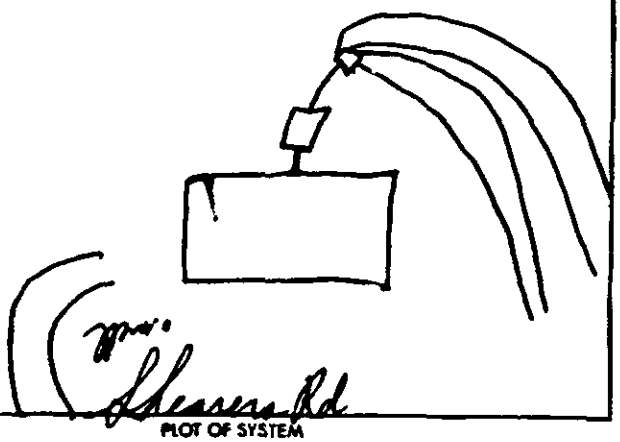
Environmental Health Department's Copy

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 399-A DATE: 10-15-86
PO TC: 003-051-07 C/L
SERIAL № 10433

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 3-20-86. All work shall be completed on or before 11-15-86, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 _____ gallons
Tank Construction Pcc

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400 feet
Number of Lines 4
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well ≥ 50' feet

NAME OF OWNER William Honeycutt
LOCATION OF PROPERTY 22001 Sheamers Rd.
Comments: 4 lines 3'X 100'X 12" stone

S. L. Daniel R.S.
Division or Section Head

D. R. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

(OFFICE USE ONLY)

FILE: 399-A

TC: 003-051-07

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: [redacted] Shearer Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 003 PAGE NO.: 5 PARCEL NO.: 07

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

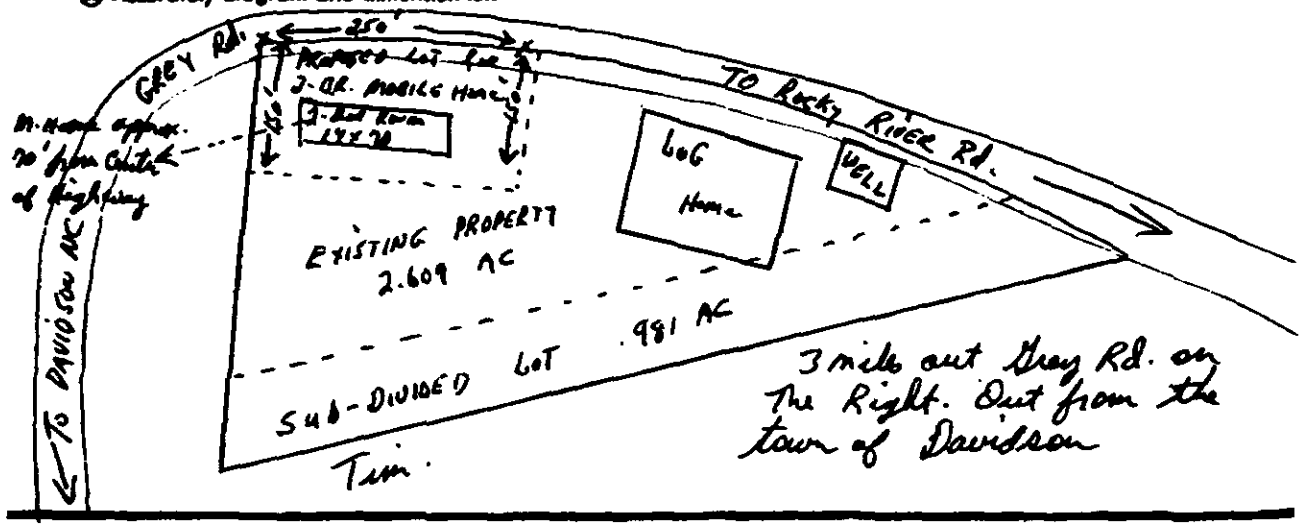
⑦ NAME: WILLIAM (FIRST) Thomas (MIDDLE) HONEYCUTT (LAST)

⑧ MAILING ADDRESS: 22001 Shearer RD.

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) ~~892-0640~~ 376-2502 (HOME) 892-0640

⑬ Accurately diagram and dimension lot.




⑭ The undersigned, 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: William Thomas Honeycutt

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

Date: 6-18-90

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

**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**

6077B

## COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

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

**Address:** 8300 Starnes Randolf? Charlotte, NC **ZIP:** 28215

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

**Collected By:** DW **Date:** 8/23/2005 **Time:** 2:45 PM

**Signed By:** Walker, Drew **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:** AA89007 **Date Received:** 8/24/2005 **Time Received:** 9:00:00 AM

**Date Reported:** 8/25/2005 **Today's Date:** 8/25/2005

**Comments:**

Mecklenburg Co. Env. Health
ATTN: Walker, Drew
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:** Scales, Carol / Jet, Linda
**Address:** 8300 Starnes Randall Road
Charlotte, NC **Zip:** 28215

**County:** MECKLENB

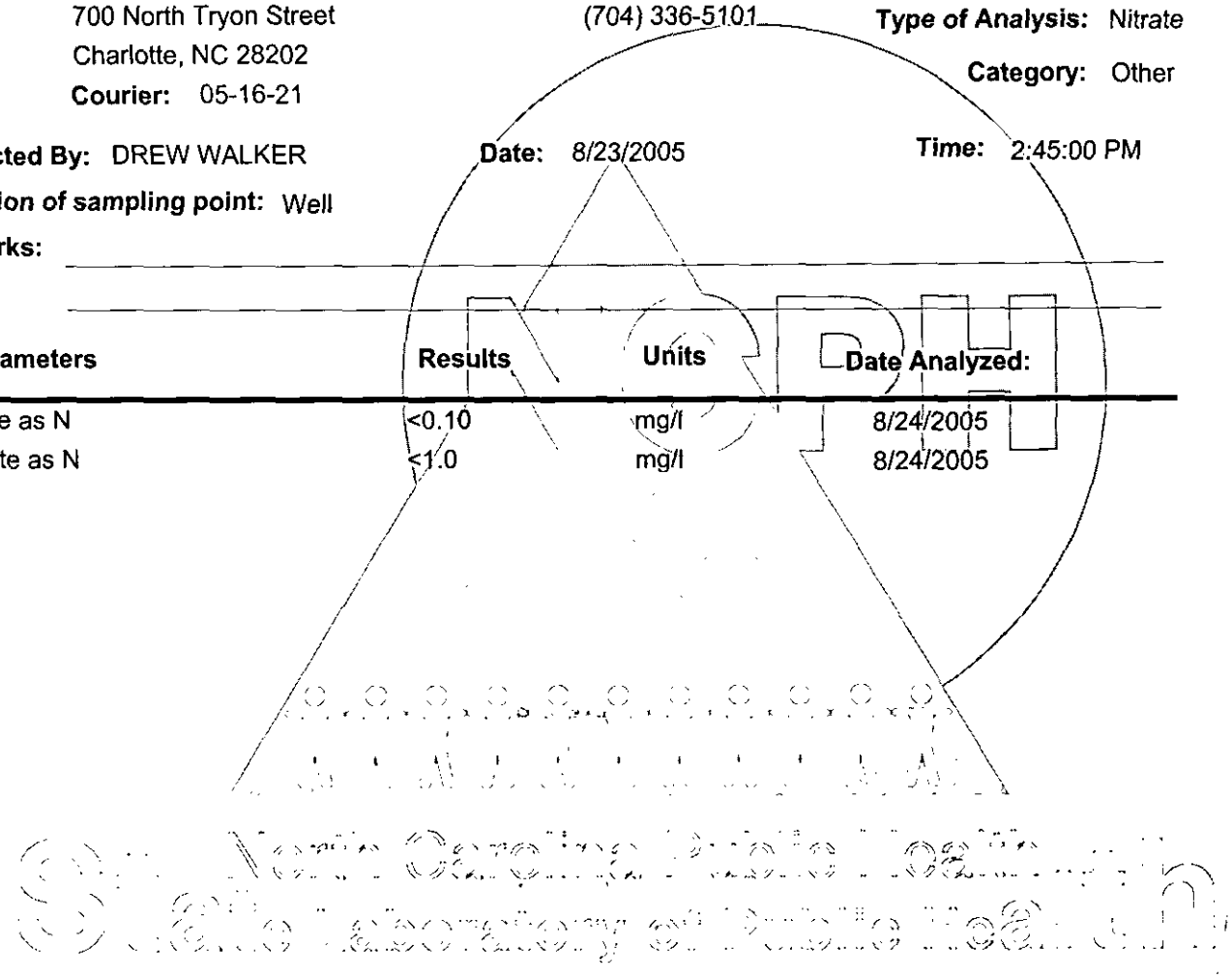
**Report To:** Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
**Courier:** 05-16-21

**ATTN:**
(704) 336-5101

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

**Collected By:** DREW WALKER **Date:** 8/23/2005 **Time:** 2:45:00 PM
***Location of sampling point:*** Well
**Remarks:**

| Parameters | Results | Units | Date Analyzed: |
|---|---|---|---|
| Nitrite as N | <0.10 | mg/l | 8/24/2005 |
| Nitrate as N | <1.0 | mg/l | 8/24/2005 |



**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:*** 4.0 °C
**Date Received:** 8/24/2005 **Report Date:** 9/7/2005 **Reported By:**
**Today's Date:** 9/7/2005 **Reference:** 10482 **Login Batch** 05080053 **Sample Number:** AB31283

## 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.

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| 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) |
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| Hardness | No established limits | pH | Not less than 6.5 units |
| | | Zinc | 5.0 mg/l |

6077B

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 #:** 10000113 **Tax Parcel #:** 111-124-60
**Property Owner:** Carol Scales/Linda Jet
**Job Location Address:**8300 STARNES RANDALL RD
**City/ETJ:**CHARLOTTE **State:** NC **Zip Code:** 28215
**Permit Issuance Date:** 8/22/2005
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:**NO
**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A 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

Signature:

Owner/Legal Agent: Print Name

Signature:

Permit #113

GWS – RES. APP 12/04

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

[redacted]

FILE # 6078

WELL FEE: $400.00
PAID: 7-22-05
CK# 16038
Y.W.

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 #: 11112460
STREET ADDRESS: 8300 Starnes Randall Rd
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 1-MECKLENBURG ☐ 4-PINEVILLE
☐ 2-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: 1344 sq ft
NUMBER OF BEDROOMS: 3|2 Bath
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

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

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

**WATER SUPPLY:**

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

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

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

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

**PROPERTY OWNER:**

NAME: Carol Scales / Linda Jet
ADDRESS: 1827 Lookout Lane Apt 1
CITY: Charlotte
STATE: NC ZIP: 28205
HOME PHONE: 703-566-3310 WORK PHONE: 703-822-1534
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DeMullis Well Drilling
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: - WORK PHONE: 545-5694
MOBILE PHONE: FAX: 545-9419

**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

*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.

Allison Phillips DeMullis 7-21-05
Owner's/Agent's Signature Date

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

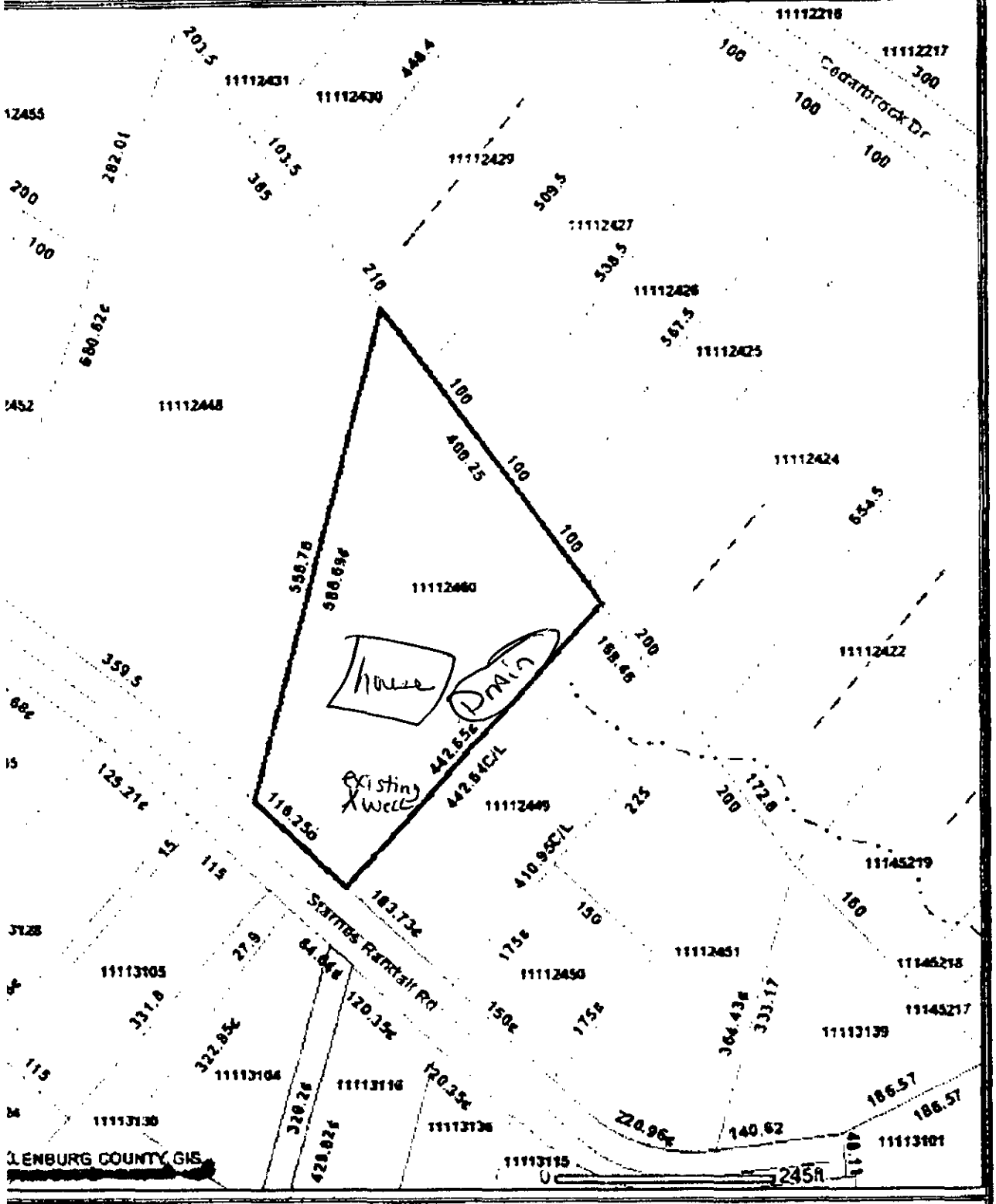
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

# POLARIS

*Property Ownership Land Records Information System*

Date Printed: Wed Jul 20 13:25:26 EDT 2005

8300 Starnes Randall Rd




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

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 07/26/05 | **Amount:** | 400.00 |
| **Receipt #:** | 36017 | **Tendered:** | 400.00 |
| **Check / Auth #:** | CHECK 1603 | **Returned:** | 0.00 |
| **Received By:** | WALKEVA | | |

**Account Information**

**Account #:** 200000
**Contractor:** D.L. MULLIS WELL DRILLING, INC
**Attn:**
**Address:** P.O. BOX 691446
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>8300 STARNES RANDALL ROAD | | 1 | 400.00 | 400.00 |

----------Outstanding Balances----------

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