

8450 KENBROOKE DR

04713155

1/9/2008

duponbj

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/27/2006 08:55 AM

LABORATORY SERVICES DIVISION

LOCATION: G-193
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/21/2006 12:40
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06060520

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB77078	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/22/2006 8:47	KEK
AB77078	**Total Coliform**	**absent**	**P/A**		SM 9223B	6/22/2006 8:47	KEK

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	8450 Kenbrooke Dr., Charlotte, NC 28262
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 06060520

Sampled By (Print Name)
Debra Howell

AS 77673

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
G-193	DH	6-21-06 12:40 pm	N/A N/A	N	NA					X	100 ml		2					X	X		X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/21/06	1420
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/27/2006 11:09 AM

LABORATORY SERVICES DIVISION

LOCATION: G-193
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/21/2006 12:40 CHAIN OF CUSTODY #: 06060522
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB77080	**NITRATE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/23/2006 10:32	EWN
AB77080	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/22/2006 14:15	EWN

Comment:

Laboratory Supervisor: _____

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	8450 Kenbrooke Dr., Charlotte, NC 28262
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 06060522

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-193	DH	6-21-06 12:40pm	N/A N/A	N	19.2°C	23				X	500 ml		1			X					X	X
G-193	DH	6-21-06 12:40pm	N/A N/A	N	19.2°C	1				X	125 ml		1	X								X

13 72680

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

Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		6/21/06	1420

Form Revision 07; effective 02/16/2006

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

6202B

WELL CONSTRUCTION RECORD # 47032622

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) 1000193 ASSOCIATED WQ PERMIT# (if applicable)

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

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
8450 Kenbrooke Dr
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: Stagehorn & Company
Address 7205 Cherrytrippe Dr
(Street or Route No.)
Charlotte NC 28212
City or Town State Zip Code
(704) 361-5583
Area code- Phone number

4. DATE DRILLED 10-31-05
5. TOTAL DEPTH: 610'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 80' FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +3.0 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 175/200 METHOD OF TEST blow
10. WATER ZONES (depth): 380'-60gpm 420' 40gpm 610' 75 to 100gpm
11. DISINFECTION: Type HTH Amount 4/65
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +3.0	To 66	Ft.	8"	.322	Galv steel
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0'	To 21'	Ft.		
From	To	Ft.		

14. SCREEN:

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

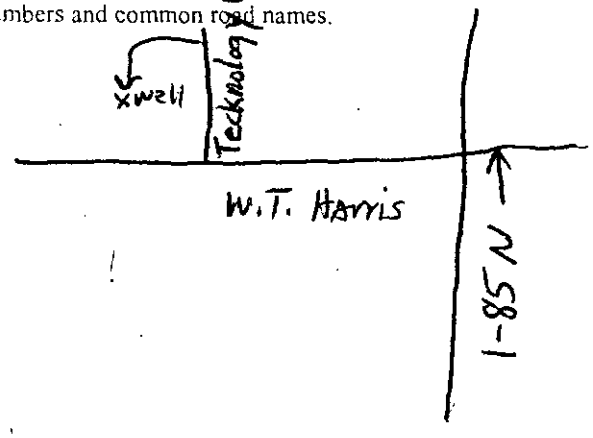
15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

16. REMARKS: Permanent well 7 7/8 to 610'

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0'	61'	overburden
61'	120'	brown & grey rock
120'	310'	grey rock
310'	330'	green rock
330'	385'	white & grey rock
385'	420'	brown & grey rock
420'	610'	dark grey rock

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



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

Matt Eden — 11-1-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL — DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	8450 Kenbrooke Dr., Charlotte, NC 28262
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#:

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
G-193	DH	6-21-06 12:40 p/m	N/A N/A	N	NA					X	100 ml		2					X	X		X

Waiting on Results

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - *Groundwater & Wastewater Services***
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	8450 Kenbrooke Dr., Charlotte, NC 28262
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#:

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Nitrate	Nitrite
G-193	DH	6-21-06 12:40pm	N/A N/A	N	19.2°C					X	500 ml		1			X					X	
G-193	DH	6-21-06 12:40pm	N/A N/A	N	19.2°C					X	125 ml		1	X								X

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include:

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By (Signature)	Received By: (Signature)	Date	Time
Debra Howell			
Relinquished By (Signature)	Received By: (Signature)	Date	Time
Relinquished By (Signature)	Received By: (Signature)	Date	Time
Relinquished By (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

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

6202B

WELL CONSTRUCTION RECORD # 47032622

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) 1000193 ASSOCIATED WQ PERMIT# (if applicable)

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

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
8450 Kenbrooke Dr
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: Stagehorn & Company
Address 7205 Cherryfrippl Dr
(Street or Route No.)
Charlotte NC 28212
City or Town State Zip Code
(704) 361-5503
Area code- Phone number

4. DATE DRILLED 10-31-05
5. TOTAL DEPTH: 610'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 80' FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +3.0 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 175/200 METHOD OF TEST blow
10. WATER ZONES (depth): 380'- 60gpm 420' 40gpm 610' 75 to 100gpm
11. DISINFECTION: Type HTH Amount 4/165
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +3.0	To 66	Ft.	8"	.322	Galv steel
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0'	To 21'	Ft.		
From	To	Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

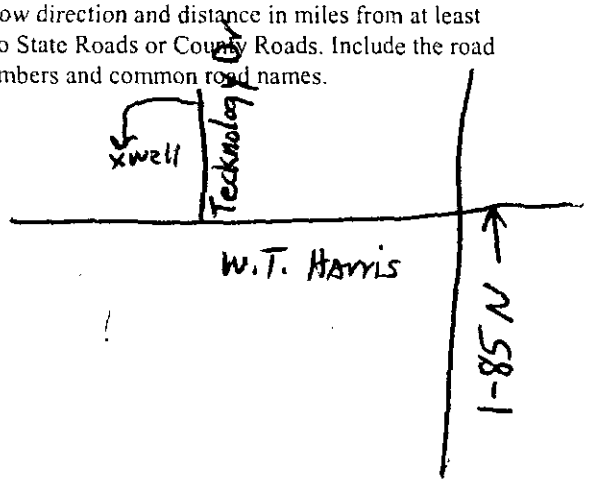
	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

16. REMARKS: Reserval well 7 7/8 to 610'

DEPTH / DRILLING LOG

From	To	Formation Description
0'	61'	overburden.
61'	120'	brown & grey rock.
120'	310'	grey rock.
310'	320'	green rock.
320'	385'	white & grey rock.
385'	420'	brown & grey rock.
420'	610'	dark grey rock.

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



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

Matt Edens 11-1-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

6202 B

WELL CONSTRUCTION RECORD # 47032622

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Matt Edens CERTIFICATION # 2557

WELL CONTRACTOR COMPANY NAME McCall Brothers PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) 1000193 ASSOCIATED WQ PERMIT# (if applicable)

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

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
8450 Kenbrooke Dr
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: Stackhouse & Company
Address 7205 Cherrytree Dr
(Street or Route No.)
Charlotte NC 28212
City or Town State Zip Code
(704) 361-5503
Area code- Phone number

4. DATE DRILLED 10-31-05
5. TOTAL DEPTH: 610'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 80' FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS +3.0 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 175/200 METHOD OF TEST blow
10. WATER ZONES (depth): 380 - 6gpm 420' 40gpm 610' 75 to 100gpm
11. DISINFECTION: Type HTH Amount 4lbs
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +3.0	To 66	Ft.	8	.322	Galv steel
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0'	To 21'	Ft.		
From	To	Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

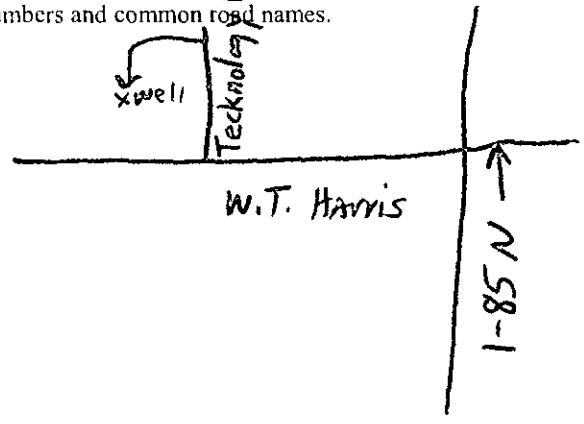
	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

16. REMARKS: Reamed well 7 7/8 to 610'

DEPTH From	To	DRILLING LOG Formation Description
0'	61'	overburden
61'	120'	brown & grey rock
120'	310'	grey rock
310'	320'	green rock
320'	385'	white & grey rock
385'	420'	brown & grey rock
420'	610'	dark grey rock

LOCATION SKETCH

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



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

Matt Eden 11-1-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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GW-1 REV. 07/2001

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 #: 10000193 **Tax Parcel #:** 047-131-55
Property Owner: Sagehorn & Company Inc.
Job Location Address:8450 KENBROOKE DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28262
Permit Issuance Date: 10/26/2005
Use of Well: Irrigation
Type of Facility Served by Well:
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:

JACKSON A WALKER
Authorized Agent: Print Name
Signature:

McCALL BROS INC
Owner/Legal Agent: Print Name
Signature:

McCall Brothers, Inc. - Account # X27070

GWS-COM. APP 12/04

704-336-6894 FAX

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

SEPTIC FEE: [illegible] WELL FEE: not $40.00
PAID: [illegible] CHK #: X27070 DATE: 10/26/05
REC'D: [illegible] RCT #: [illegible]

Appt # 193 FILE # 6202B

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

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

Drew

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 047-131-55
STREET ADDRESS: 8450 Kenbrooke Dr.
CITY: Charlotte
STATE: NC ZIP: 28262
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:

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

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

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

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

PROPERTY OWNER:

NAME: Sagehorn & Company Inc.
ADDRESS: 7205 Cherry Tripp Dr.
CITY: Charlotte
STATE: NC ZIP: 28212
HOME PHONE: WORK PHONE: (704) 361-5503
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Bros Inc.
ADDRESS: P.O. Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: (704) 399-1506
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

Owner's/Agent's Signature Date

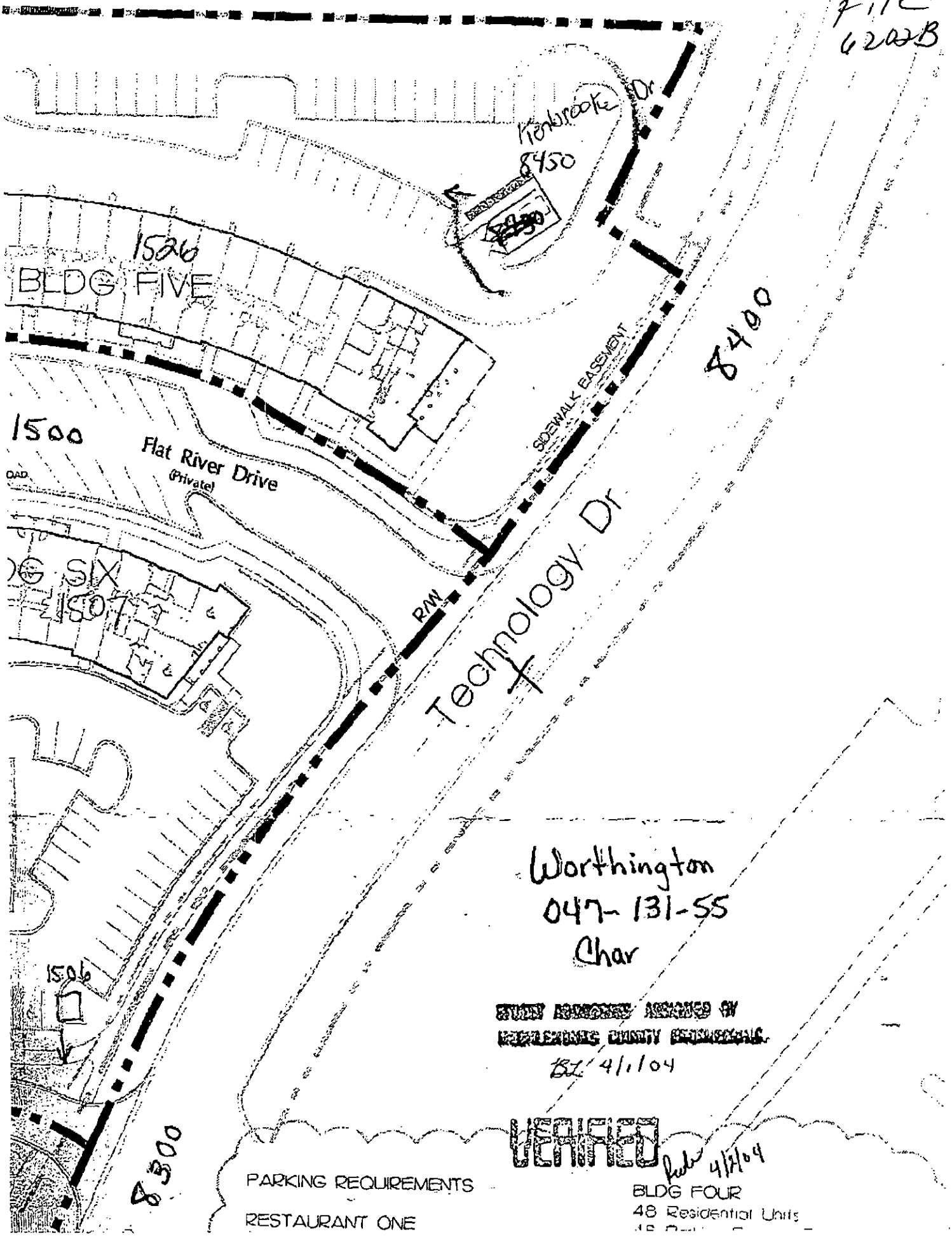
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

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

Joe McAlpine
Owner's/Agent's Signature Date

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

File 6202B


Fishbrooke Dr
8450
1526
BLDG FIVE
1500
Flat River Drive
(Private)
SIDEWALK EASEMENT
8400
Technology Dr
R/W
BLDG SIX
1507
1506
8300
Worthington
047-131-55
Char
4/1/04
VERIFIED
4/2/04
PARKING REQUIREMENTS
RESTAURANT ONE
BLDG FOUR
48 Residential Units

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/26/05
Receipt #: 37736
Check / Auth #: CHARGE
Received By: CRAIGGY

Amount: 400.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X27070
Contractor: MCCALL BROS INC
Attn:
Address: P O BOX 668710
Address:
City/State/Zip: CHARLOTTE, NC 28266-8710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 8450 Kenbrooke Drive		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,444.43	244.43				