

14300 BLACK FARMS RD

01115120

1/10/2008

duponbj

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

Project #179534

GWS – UES.APP 01/05

FEE:
DATE: 5/12/06
CRT#:

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

RECEIVED
MAY 12 2006
LUESA

FILE # 179534

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)

Storage Bldg

PERSON FILING APPLICATION:

NAME: Sarett, Josh
ADDRESS: 14300 Black Farms Rd
CITY: Huntersville
STATE: NC ZIP: 28078 9476063
PHONE: (704) ~~947-6~~ 996-9283
ALTERNATE PHONE: (704) 947-6698

PROPERTY OWNER:

NAME: Sarett, Josh
ADDRESS: Same
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #:
STREET ADDRESS:
CITY:
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)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

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.

J Sarett — 5/8/06
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

Approved 5/15/06

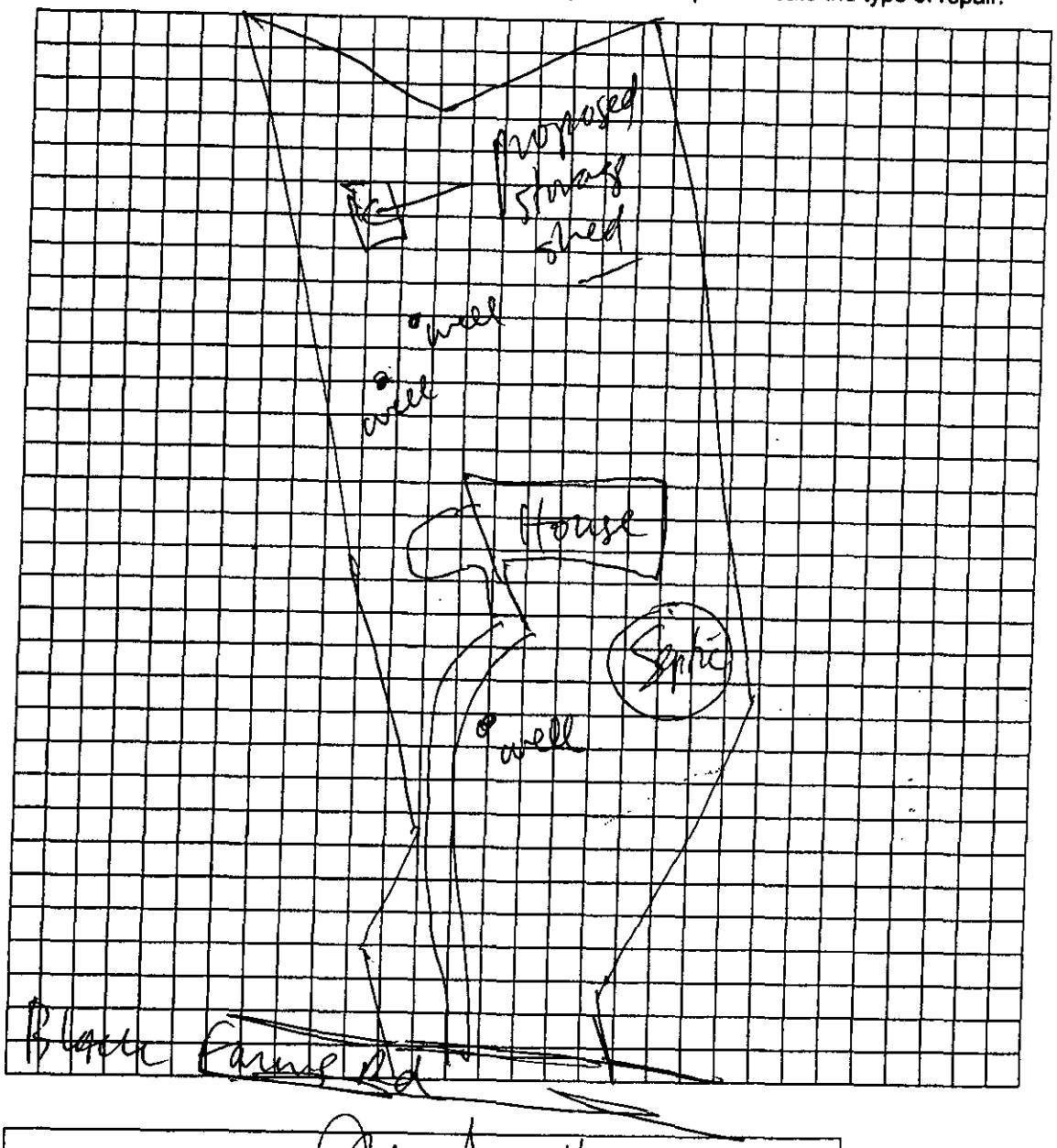
EHS Signature — Date

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 # 6423B
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	John Arnett
Date	5/8/06

LBC 12/15/04

#764

Project #179534

FEE
DATE
CRT #

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) 336-5894

GWS – UES APP 04/05

FILE #

TYPE APPLCATION: Storage Bldg LD

- ☐ 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)

To Cina

PERSON FILING APPLICATION:
NAME: Sarett, Josh
ADDRESS: 14300 Blair Farms Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: (704) ~~947-6698~~ 996-9283
ALTERNATE PHONE: (704) 947-6698

PROPERTY OWNER:
NAME: Sarett, Josh
ADDRESS: Same
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 011-151-20
STREET ADDRESS:
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT #: 1 2600

WATER SUPPLY:
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- ☐ COMMUNITY (C)
- ☑ PRIVATE WELL (P)
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- ☐ OTHER SPRINGS (O)

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EMPLOYEES PER SHIFT:
OF SHIFTS:

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- ☐ DINING ROOM
- ☐ LIVING ROOM
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- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
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Owner's/Agent's Signature — Date: 5/8/06

*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:

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- This permit is not transferable.

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

Approved to use existing system for the addition of a detatched storage building.

EHS Signature — Date

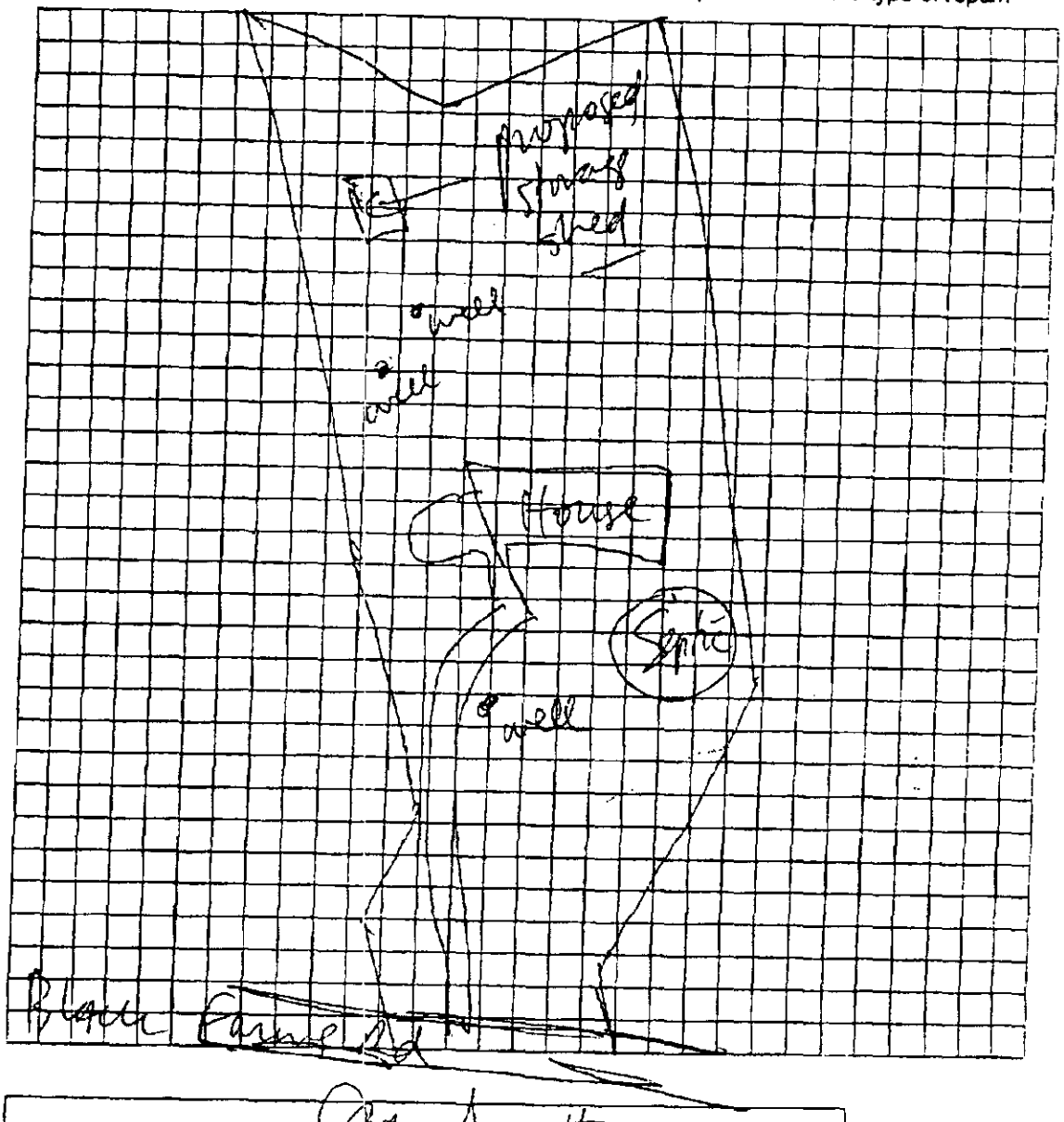
Cina Buchanan 5/16/06

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_____

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Owner/Agent Signature	John Arnett
Date	5/8/06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/08/06
Receipt #: 43773
Check / Auth #: MC 003124
Received By: MULLIVR

Amount: 100.00
Tendered: 100.00
Returned: 100.00

Account Information

Account #: 100000
Contractor: SARETT, JOSH
Attn:
Address: 14300 BLACK FARMS RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 14300 BLACK FARMS RD		1	100.00	100.00

MECK CTY LOUISA N SATELI
18335 OLD STATESVILLE RD
CORNELIUS, NC 28078

MAY 08, 2006 03:24PM

TERM : 1
MERCH: 000158007170

REF #: 002
ACT #: 5188632150011586
EXP : 12/08
CARD : MASTERCARD
INVOICE #: 0705

SALE: $ 100.00

RETR REF#: 612818503098
APPROVAL CODE: 003124

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT

*_____
SIGNATURE

SARETT/JOSHUA

MERCHANT COPY

standing Balances----------

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

6423B

Parent
011-151-04

1443 2

~~3083A~~ and the Gun 4127

1489B

~~2350B~~

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

October 2, 2006

Josh Sarett
14300 Black Farm Road
Huntersville, NC 28078

Re: Well Water Sampling Results
14300 Black Farm Road
Tax Parcel # 011-151-20

Dear Josh:

On May 23, May 31 and September 13 water from the well located on the above referenced parcel was sampled and analyzed for the following parameters: Total Coliform, Nitrate, Nitrite and variety of inorganic parameters.

Laboratory results for the analysis are attached and indicate that at the most recent sampling event (September 13), Total Coliform bacteria were absent. The Nitrate level was <1.0 mg/L (Nitrate-N levels are acceptable if $\leq$ 10 mg/l) and the Nitrite level was <0.10 mg/L (Nitrite levels are acceptable if <1.0 mg/l) according to the analysis for the samples taken on May 23.

Laboratory results for the sample analyzed for inorganic parameters is attached and indicate that at the time of sampling all parameters are within the EPA established drinking water standards.

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett
Environmental Health Specialist
Mecklenburg County Groundwater & Wastewater Services
kimberly.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis

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

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Sanett, Josh **County:** Mecklenburg

Address: 14300 Black Farms Rd. Huntersville, NC **ZIP:** 28078

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

Collected By: CB **Date:** 5/23/2006 **Time:** 8:30 AM

Signed By: Buchanan, Cina **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)	Present
Fecal/E. coli	Absent

Sample No: AA94642 **Date Received:** 5/24/2006 **Time Received:** 8:20:00 AM

Date Reported: 5/25/2006 **Today's Date:** 5/25/2006

Comments:

S. Beadley

NCSLPH
North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Buchanan, Cina
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: Sarett, Josh
Address: 14300 Black Farms Rd.
Huntersville, NC **Zip:** 28078
County: MECKLENB

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

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

ATTN: Cina Buchanan
(704) 336-5101

Collected By: CINA BUCHANAN **Date:** 5/23/2006 **Time:** 8:30:00 AM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	5/24/2006
Nitrate as N	<1.0	mg/l	5/24/2006

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: 5.0 °C
Date Received: 5/24/2006 **Report Date:** 6/9/2006 **Reported By:** Debbie Moncol
Today's Date: 6/9/2006 **Reference:** 6929 **Login Batch** 06050053 **Sample Number:** AB42597

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

File # 6423B

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

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Sarrett, Josh Gail 704 996-9282 704 996 9283 **County:** Mecklenburg

Address: 14300 Black Farm Rd Huntersville, NC **ZIP:** 28078

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

Collected By: CB **Date:** 5/31/2006 **Time:** 11:00 AM

Signed By: Buchanan, Cina **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)	Present
Fecal/E. coli	Absent

Sample No: AA94791 **Date Received:** 6/1/2006 **Time Received:** 8:10:00 AM

Date Reported: 6/2/2006 **Today's Date:** 6/2/2006

Comments:

S Beasley

NCPH

State North Carolina Public Health Laboratory of Public Health

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

Courier **05-16-21**

6/7/06
Notified Josh Sarrett
704 996-9283

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

State Laboratory of Public Health
N.C. Department of Health and Human Services
PO Box 28047- 306 N. Wilmington St.- Raleigh, NC 27611-8047

DO NOT WRITE IN THIS AREA

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

COMMENTS:

Name of Owner/Tenant: Josh Sarrett County: Mecklenburg

Street: 14300 Black Farm Rd City/State: Huntersville, NC Zip: 28078

Source: ☒ Well ☐ Spring ☐ Other _____ Type of Sampling Point: Well Tap

Collected by: Gina Buchanan RS Date 5/31/12 Time 11:10 ☒ AM ☐ PM

Signed by: Gina Buchanan, RS

Indicate MD or EHS

Address: 700 N Tryon St - Ste 211

City: Charlotte State NC Zip 28202

DHHS 1294 (Revised 2/98)
Laboratory (Review 3/01)

PLEASE PRINT LEGIBLY
ALL INFORMATION REQUESTED MUST BE GIVEN.

Tighten Lid on Bottle Securely

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

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Sarett, J. **County:** Mecklenburg

Address: 14300 Black Farm Rd. Charlotte, NC **ZIP:**

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

Collected By: KG **Date:** 9/13/2006 **Time:** 11:30 AM

Signed By: Garret, Kim **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: AA96925 **Date Received:** 9/14/2006 **Time Received:** 8:20:00 AM

Date Reported: 9/15/2006 **Today's Date:** 9/15/2006

Comments:

S Beasley

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

Courier **05-16-21**

Explanations

Coliform Analysis:
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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 - PRIVATE WATER SYSTEM

Name of System: Sarett, J.
Address: 14300 Black Farms Rd
Charlotte, NC **Zip:**

County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:** Kim Garrett
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: KIM GARRETT **Date:** 9/13/2006 **Time:** 11:30:00 AM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	29	mg/l	9/14/2006
Silver	<0.05	mg/l	9/14/2006
Alkalinity as CaCO3	68	mg/l	9/14/2006
Arsenic	<0.001	mg/l	9/14/2006
Barium	<0.1	mg/l	9/14/2006
Calcium	5.1	mg/l	9/14/2006
Cadmium	<0.005	mg/l	9/14/2006
Chloride IC	5	mg/l	9/14/2006
Chromium	<0.01	mg/l	9/14/2006
Copper	0.21	mg/l	9/14/2006
Fluoride	<0.20	mg/l	9/14/2006
Iron	<0.05	mg/l	9/14/2006
Hardness as CaCO3 (Ca,Mg)	21	mg/l	9/14/2006
Mercury	<0.0005	mg/l	9/14/2006
Magnesium	1.9	mg/l	9/14/2006
Manganese	<0.03	mg/l	9/14/2006
Sodium	7	mg/l	9/14/2006
Lead	<0.005	mg/l	9/14/2006
pH	6.8	Std. unit	9/14/2006
Selenium	<0.005	mg/l	9/14/2006
Total Dissolved Solids	128	mg/l	9/14/2006
Zinc	<0.05	mg/l	9/14/2006

Date Received: 9/14/2006 **Report Date:** 9/26/2006 **Reported By:** M King
Today's Date: 9/26/2006 **Ref:** 12065 **Login Batch:** 06090024 **Sample Number:** AB47085

Explanations

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		Zinc	5.0 mg/l

State Laboratory of Public Health
N.C. Department of Health and Human Services
PO Box 28047- 306 N. Wilmington St.- Raleigh, NC 27611-8047

DO NOT WRITE IN THIS AREA

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

COMMENTS:

Name of Owner/Tenant: J Garrett County: Mecklenburg

Street: 14300 Black Farm Rd City/State: Charlotte NC Zip:

Source: ☒ Well ☐ Spring ☐ Other Type of Sampling Point: Wellhead

Collected by: Kim Garrett Date 9/13/06 Time 1130 ☒ AM ☐ PM

Signed by: Kim Garrett MCEWS

Address: 700 N Tryon St Indicate MD or (EHS)

City: Charlotte State NC Zip 28202

DHHS 1294 (Revised 2/98)
Laboratory (Review 3/01)

PLEASE PRINT LEGIBLY
ALL INFORMATION REQUESTED MUST BE GIVEN.

Tighten Lid on Bottle Securely

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

INORGANIC CHEMICAL ANALYSIS – PRIVATE WATER SYSTEM

Complete All Items - Please Write Legibly
(See Instructions on Reverse Side)

Name of System: J Sarett

Address: 14300 Black Forms Rd

City: Charlotte ZIP

County: Mecklenburg

Report To: Kim Garrett

Address: MCGWS
700 N Tryon St
Charlotte ZIP 28202

Collected By: Kim Garrett

Date Collected: Sept 13 2006 Time: 1130 (AM) PM

Location of Sampling Point: well head

Source of Water
- [x] Ground
- [ ] Surface
- [ ] Both
- [ ] Purchased

Type of Sample
- [x] Raw
- [ ] Treated

Type of Treatment
- [x] None
- [ ] Chlorinated
- [ ] Fluoridated
- [ ] Filtered
- [ ] Alum
- [ ] Lime
- [ ] Soda Ash
- [ ] Polyphosphate
- [ ] Water Softener
- [ ] Other

Sample Category
- [ ] Regular Parameters Only
- [ ] Optional Parameters Only
- [x] Both

Regular Parameters include: pH, Arsenic, Lead, Iron, Manganese, Copper, Zinc, Calcium, Magnesium, Hardness, Alkalinity, Chloride, and Fluoride.

Optional Parameters (please write in)

acidity
heavy metals
sodium
tds

Laboratory Use Only

DHHS 1441 (Revised 10/98)
State Laboratory (Review 10/01)

Michael

RESIDENTIAL WELL CONSTRUCTION RECORD

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

Major repair - existing well

WELL CONTRACTOR CERTIFICATION # 2715

1. WELL CONTRACTOR:

JAMES BEGGS
Well Contractor (Individual) Name

JAMES DARBY WELL DRILLING, LLC
Well Contractor Company Name

STREET ADDRESS 859 SLOANS MILL ROAD

OLIN NC 28660
City or Town State Zip Code

(704) 539-5515
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable)

WELL USE (Check Applicable Box): Residential Water Supply ☑

DATE DRILLED 4-21-06

TIME COMPLETED 4:30 AM ☐ PM ☑

3. WELL LOCATION:

CITY: Huntersville COUNTY Mecklenburg

Black Farm Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)

LATITUDE 2 __ ____

LONGITUDE __ __ ____

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)

4. WELL OWNER

OWNER'S NAME Francis Well Pump

STREET ADDRESS 1501 Mt. Zion Ch. Rd

Iron Station NC 28080
City or Town State Zip Code

( )-
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 1005' 330-1005

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐

c. WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118

e. YIELD (gpm): 4 METHOD OF TEST B & W

f. DISINFECTION: Type CRAN. BLEACH Amount 1 CUP

g. WATER ZONES (depth):

From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

h. CASING: - set over well

	Depth From	To	Ft.	Diameter	Weight/Thickness	Material
	From	To	Ft.	6 1/8"	THICK	PVC
	From	To	Ft.			
	From	To	Ft.			

i. GROUT:

	Depth From	To	Ft.	Material	Method
	From 0	To 20	Ft.	CEMENT	POURED
	From	To	Ft.		
	From	To	Ft.		

j. SCREEN:

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

k. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
330	1005	Rock

11. REMARKS:

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

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE: 4-21-06

James Beggs
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7016 ext 568.

Form GW-1b Rev. 7/05

#6026

2C4P0 04505A

SEPTIC FEE:
DATE:
CRT #:

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

WELL FEE: 100.00
DATE: 4/6/06
CRT #: 8C

FILE # 6423B

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

WELL TYPE APPLICATION: [ ] NONE [ ] NEW WELL [X] MAJOR REPAIR [ ] ABANDONMENT

JOB LOCATION INFORMATION:
TAX/PARCEL # 011-151-20
STREET ADDRESS 14300 Black Farm Rd.
CITY: Huntersville
STATE: NC ZIP 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #
TOWNSHIP
[ ] MALLARD CREEK [ ] PINEVILLE
[ ] STARMOUNT [ ] STATESVILLE
[ ] PARKWOOD [X] HUNTERSVILLE
[ ] CORNELIUS [ ] OTHER 2005

BUILDING INFORMATION:
TYPE OF BUILDING:
[ ] SINGLE WIDE (SW) [ ] MULTIPLE FAMILY
[ ] DOUBLE WIDE (DW) [ ] ADDITION
[X] HOUSE (H) [ ] OTHER
HEATED SQUARE FOOTAGE
NUMBER OF BEDROOMS
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:
[ ] CONCRETE SLAB [ ] BASEMENT (CRAWL SPACE)
[X] CRAWLSPACE [ ] BASEMENT (WALKOUT)

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) [X] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER SPRING (O)

PROPOSED USE OF WELL: [ ] N/A [X] IRRIGATION [ ] POTABLE [ ] GEOTHERMAL [ ] OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT
BURIED PIPES, LANDFILLS, STUMP HOLES: [ ] YES [X] NO WELLS, SPRINGS OR WATERLINES: [X] YES [ ] NO
EXISTING WASTEWATER SYSTEMS: [X] YES [ ] NO DESIGNATED WETLANDS: [ ] YES [X] NO
EASEMENTS OR RIGHT-OF-WAYS: [ ] YES [X] NO GRADING OR REMOVAL PERFORMED: [ ] YES [X] NO

PROPERTY OWNER:
NAME: Josh Sarett
ADDRESS: 14300 Black Farm Rd
CITY: Huntersville
STATE: N.C. ZIP 28078
DAY PHONE: 704 947 6063 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Michael Francis
ADDRESS: 1501 Mt. Zion Ch. Rd
CITY: Iron Station
STATE: N.C. ZIP 28080
HOME PHONE: 704 732 4884 WORK PHONE:
MOBILE PHONE: 704 506 9373 FAX: 704 736 1929

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

I, the property owner or legal agent, authorize the Mecklenburg County Health Department to enter the property described above for the purpose of processing this request.

Michael Francis 4-5-06
Signature of Property Owner or Legal Agent Date

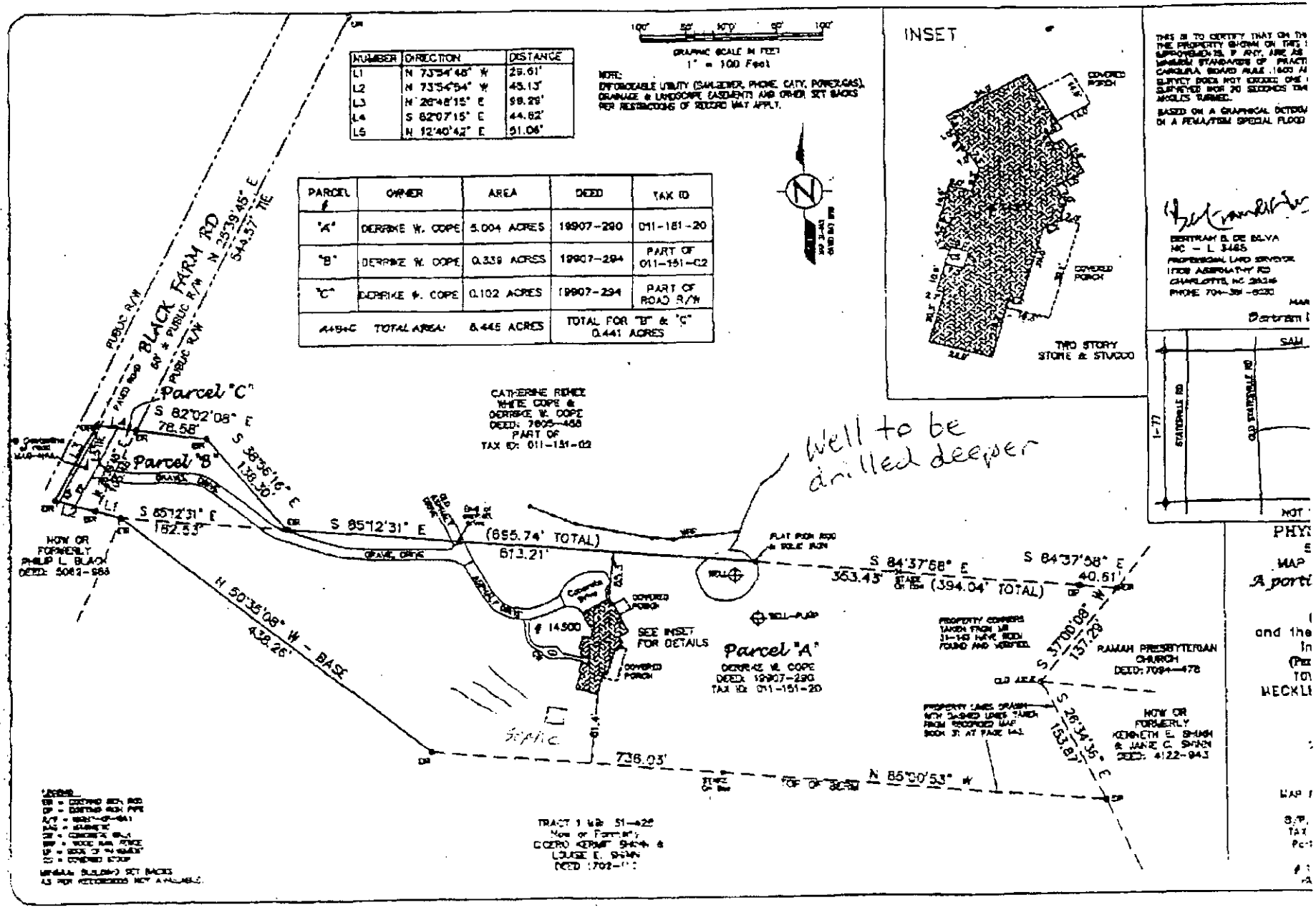
I, the property owner or legal agent of the property described above, hereby authorize the Mecklenburg County Health Department to enter the property for the purpose of processing this request.

Signature of Property Owner or Legal Agent

2 of 3

0754

APR 05,2006 09:30 Michael Francis 704736-1929 Page



NUMBER	DIRECTION	DISTANCE
L1	N 73°54'48" W	29.61'
L2	N 73°54'54" W	45.13'
L3	N 26°48'15" E	98.28'
L4	S 82°07'15" E	44.62'
L5	N 12°40'42" E	51.06'

PARCEL #	OWNER	AREA	DEED	TAX ID
"A"	DERRIKE W. COPE	5.004 ACRES	19907-290	011-151-20
"B"	DERRIKE W. COPE	0.339 ACRES	19907-294	PART OF 011-151-02
"C"	DERRIKE W. COPE	0.102 ACRES	19907-294	PART OF ROAD R/W
A+B+C	TOTAL AREA:	5.445 ACRES	TOTAL FOR "B" & "C"	0.441 ACRES

3-403

9083

ENVIRONMENTAL HEALTH
[illegible] TRYON ST #211
CHARLOTTE, NC 28202

BATCH: 244
S-A-L-E-S D-R-A-F-T
73822355
000580158410

REF: 0002
CU TYPE: [illegible]
TR TYPE: [illegible]
INV: [illegible]
DATE [illegible] 86 16:40:06

[illegible]

TOTAL $100.00*

[illegible] SIG [illegible] EXP: **/**

[illegible] IPT OF GOODS
[illegible] AMOUNT OF THE
[illegible] CESS TO PERFORM
THE CARDHOLDER [illegible] TH BY THE
[illegible] CARDMEMBER AGREE [illegible] ISSUER

THANKS FOR USING [illegible]

CUSTOMER COPY

James Darby Well Drilling, LLC.
Phone: 704-539-5515
FAX: 704-539-5537
Address: 859 Sloans Mill Road, Olin, NC 28660

FAX

TO: Cina
FAX #: 704-336-6894
DATE: 6/7/06

FROM: Renee
FAX #:
OF PAGES: 3

MESSAGE:

Well logs you spoke to Michael Francis about.

FreeFaxCoverSheets.net

RESIDENTIAL WELL CONSTRUCTION RECORD

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

New Well

WELL CONTRACTOR CERTIFICATION # 2715

1. WELL CONTRACTOR:

JAMES BEGGS
Well Contractor (Individual) Name

JAMES DARBY WELL DRILLING, LLC
Well Contractor Company Name

STREET ADDRESS 859 SLOANS MILL ROAD

OLIN NC 28660
City or Town State Zip Code

(704) 539-5515
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable)

WELL USE (Check Applicable Box): Residential Water Supply ☑

DATE DRILLED 9-1-06

TIME COMPLETED _____ AM ☐ PM ☐

3. WELL LOCATION:

CITY: Huntersville COUNTY Mck

14300 Black Farm Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other _____
(check appropriate box)

LATITUDE 3 ___ ___

LONGITUDE ___ ___ ___

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)

4. WELL OWNER

OWNER'S NAME Josh Sarett

STREET ADDRESS 14300 Black Farm Rd

Huntersville NC 28

City or Town State Zip Code

( ) _____
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 110

b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐

c. WATER LEVEL Below Top of Casing: 10 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 50 METHOD OF TEST B & W

f. DISINFECTION: Type GRAN. BLEACH Amount 1 CUP

g. WATER ZONES (depth):

From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

h. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 50	Ft.	6 1/8"	THICK	PVC
From ___	To ___	Ft.			
From ___	To ___	Ft.			

i. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	CEMENT	POURED
From ___	To ___	Ft.		
From ___	To ___	Ft.		

j. SCREEN:

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

k. SAND/GRAVEL PACK:

	Depth		Size	Material
From ___	To ___	Ft.		
From ___	To ___	Ft.		
From ___	To ___	Ft.		

l. DRILLING LOG

From	To	Formation Description
0	22	Dirt
22	50	Rock

m. REMARKS:

I (WE) 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.

James Beggs 9-1-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

James Beggs
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,
1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 566.

GW-1 (B)
Rev. 7/06

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5100
Fax: (704) 336-6594

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000722 **File #:** 6423B **Tax Parcel #:** 011-151-20
Property Owner: JOSH SARETT
Job Location Address: 14300 BLACK FARMS RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 4/28/2006
Use of Well: Irrigation
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 North Carolina Certified Well Contractor 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. ☐ Casing to bedrock

☐ Initial water sample to be 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:

Cina Buchanan RS
Authorized Agent: Print Name

Cina Buchanan RS
Signature

Michael Francis
Owner/Legal Agent: Print Name

Michael Francis
Signature

Attention: Cina

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 #: 10000722 **File #:** 6423B **Tax Parcel #:** 011-151-20
Property Owner: JOSH SARETT
Job Location Address: 14300 BLACK FARMS RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 4/28/2006
Use of Well: Irrigation
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 North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
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- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to be 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:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Owner/Legal Agent: Print Name

Signature:

~~Attention Jay~~ Gina # 722 Check

#60A 9083A



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

FILE # 6423B

GWS SUB APP #

400.00

DATE 4/25/06

VISA JKA

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 #: 001-151-04

STREET ADDRESS: 14300 Black Farm Rd

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 1

TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (A)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 6000

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH (C) MEDIA
☒ CRAWLSPACE ☐ BASEMENT WITH NO (C) MEDIA

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 (D)

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: Josh Sarett
ADDRESS 14300 Black Farm Rd.
CITY Huntersville
STATE: N.C. ZIP 28078
HOME PHONE 7049476063 WORK PHONE
MOBILE PHONE FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME Michael Francis
ADDRESS: 1501 Mt. Zion Ch. Rd
CITY: Iron Station
STATE: N.C. ZIP 28080
HOME PHONE: 7047324834 WORK PHONE 704-636-1764
MOBILE PHONE 7045069373 FAX 704736-1929

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 7/26/1929

"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.

Michael Francis

Owner's/Agent's Signature Date

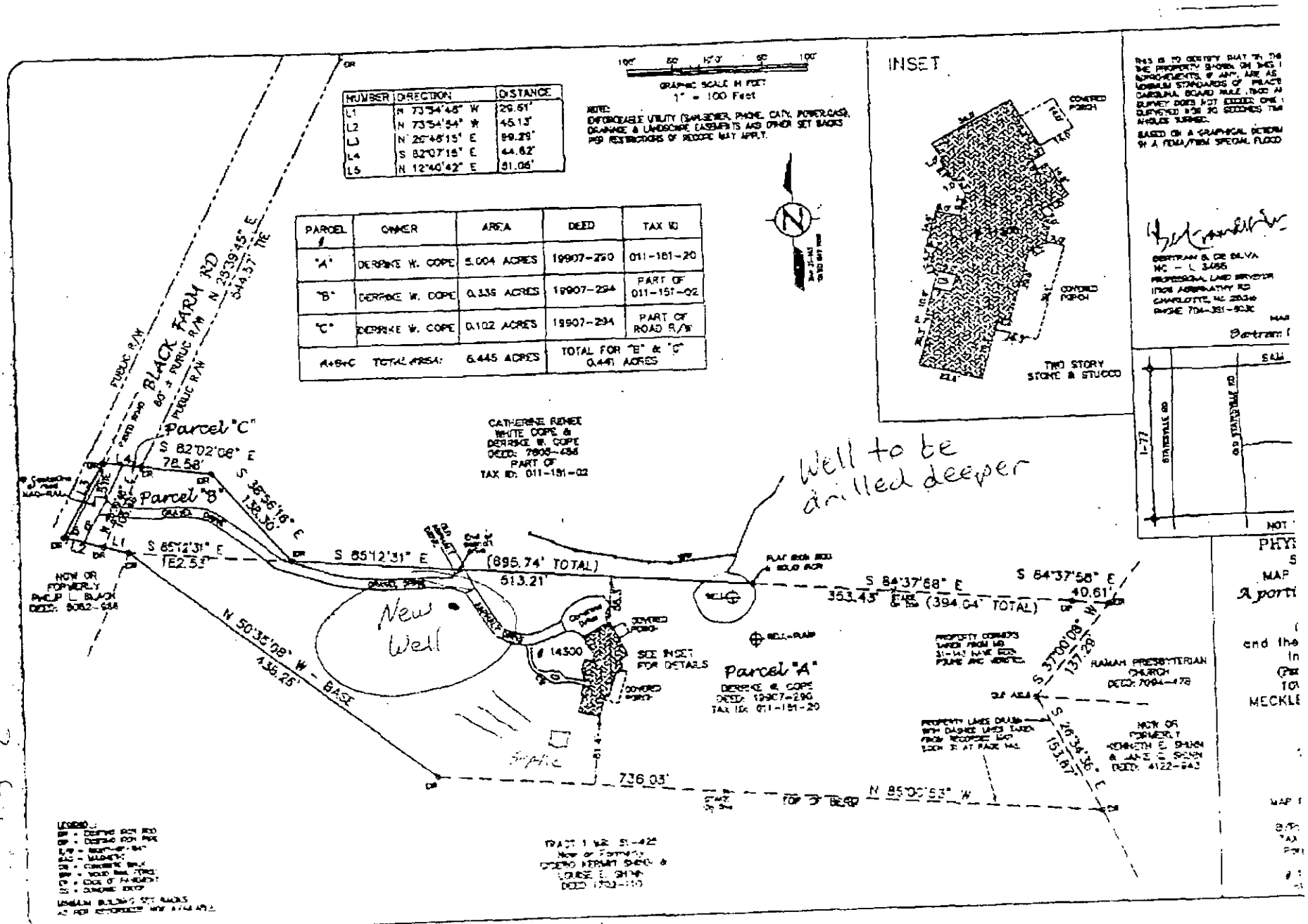
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION

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

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES

APR 26,2006 07:45 Michael Francis 704736-1929



NUMBER	DIRECTION	DISTANCE
L1	N 73°54'48" W	29.61'
L2	N 73°54'54" W	45.13'
L3	N 25°48'15" E	89.29'
L4	S 82°07'15" E	44.62'
L5	N 12°40'42" E	51.06'

PARCEL	OWNER	AREA	DEED	TAX ID
"A"	DERRIKE W. COPE	5.004 ACRES	19907-290	011-161-20
"B"	DERRIKE W. COPE	0.339 ACRES	19907-294	PART OF 011-151-02
"C"	DERRIKE W. COPE	0.102 ACRES	19907-294	PART OF ROAD R/W
A+B+C	TOTAL AREA:	5.445 ACRES	TOTAL FOR "B" & "C"	0.441 ACRES

NOTE: ENFORCEABLE UTILITY (SANITARY, PHONE, CATV, POWER/GAS, DRAINAGE & LANDSCAPE EASEMENTS AND OTHER SET BACKS PER RESTRICTIONS OF RECORD MAY APPLY.

BASED ON A GRAPHICAL PLOTTING OF A FEMA/FIRM SPECIAL FLOOD

BERTRAM B. DE SILVA NC - L 3.055 PROFESSIONAL LAND SURVEYOR ITHOR ABERNATHY RD CHARLOTTE, NC 28246 PHONE 704-351-9036

Bertram

I-77 STATESVILLE RD STATESVILLE RD

NOT

PHY

MAP

A porti

and the

In

MECKLE

3 of 3

File # 604236