

6700 PROVIDENCE RD

21128120

5/21/07

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 4577A WASPS App #: 2558

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: Debra Howell

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

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

I. File Review:

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

Items requiring correction/modification: _____

Comments: 8/9/07 - Please fax to applicant for signature

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments: 8/9/07 - Reassigned to Debra Howell

Irrigation only at existing home

Application received date: 7/31/07 ES assigned date: _____ Permit issued date: 8/9/07

Well approval date: 1/4/08 Number of days to complete project: _____

Review performed by: _____ Date performed: 1/8/08

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 12/26/2007 10:15 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-75151
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/19/2007 12:00
CHAIN OF CUSTODY #: 071219145910
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC49924 E. COLI-PA	**Absent**	**P/A**		SM 9223B	12/19/2007	15:10	SLT
AC49924 Total Coliform- P/A	**Present**	**P/A**		SM 9223B	12/19/2007	15:10	SLT

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin:N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

AC 49924

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	6700 Providence Rd.
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#: 07121-14910

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
GWO-75151	DEH	12:00 pm 12-19-07	N/A N/A	N	N/A	[redacted]				X	100 ml		2					X			X
						[redacted]															
						[redacted]															
						[redacted]															
						[redacted]															
						[redacted]															
						[redacted]															
						[redacted]															
						[redacted]															
						[redacted]															

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 [redacted]

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	[signature]	12-19-07	1430
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.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 12/26/2007 10:18 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-75151
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/19/2007 12:00
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 071219150033

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC49925 NITRATE	**1.1**	**mg/L**	0.05	EPA 353.2	12/19/2007	15:29	MKV
AC49925 NITRATE/NITRITE	**1.1**	**mg/L**	0.05	EPA 353.2	12/19/2007	14:47	MKV
AC49925 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	12/19/2007	15:29	MKV

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin: N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

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:	8700 Providence Rd.
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#: 07121915003 3

Sampled By (Print Name)
Debra Howell

AC 49925

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
GWO-75151	DEH	12-19-07 12:00pm	N/A N/A	N	19.1°C	3.4				X	500 ml		1			X					X	
GWO-75151	DEH	12-19-07 12:00pm	N/A N/A	N	19.2	3.4				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		12-19-07	1430

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

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2036

1. WELL CONTRACTOR:
Kelvin Belk
Well Contractor (Individual) Name
D.L. Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
(704) 5455694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10002558
WELL USE (Check Applicable Box): Residential Water Supply ☐ IRRIGATION
DATE DRILLED 10-29-'07
TIME COMPLETED 4:00 AM ☐ PM ☐

3. WELL LOCATION:
CITY: CHARLOTTE COUNTY MECKLENBURG
6700 Providence Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 6.994
LONGITUDE 80° 46.777
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 Robert & Katharine Whitlaw
STREET ADDRESS 6700 Providence Rd
Charlotte NC 28226
City or Town State Zip Code
704-4422137
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 330'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 30' FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½' 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): 80 METHOD OF TEST AIR
f. DISINFECTION: Type HTH Amount 1lb
g. WATER ZONES (depth):
From ___ To 320' From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

6. CASING:

From	To	Depth	Diameter	Thickness/ Weight	Material
+1½'	35'	Ft.	6"	.25"	pvc
		Ft.			
		Ft.			

7. GROUT:

From	To	Depth	Material	Method
0'	20'	Ft.	bentonite	pumped
		Ft.		
		Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
		Ft.		
		Ft.		
		Ft.		

10. DRILLING LOG

From	To	Formation Description
0'-	10'	clay
10' -	25'	boulders
25' -	35'	pit gravel
35' -	330'	blue granite

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.

D. L. Mullis — SIGNATURE OF CERTIFIED WELL CONTRACTOR
10-29-07 — DATE
KELVIN BELK
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,

Form GW-1a

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 #: 10002558 **File #:** 4577A **Tax Parcel #:** 211-281-20
Property Owner: Robert & Katharine Whitlow
Job Location Address: 6700 PROVIDENCE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28226
Permit Issuance Date: 8/9/2007
Use of Well: Irrigation
Type of Facility Served by Well: House
Sewage System Type: None

Areas 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.

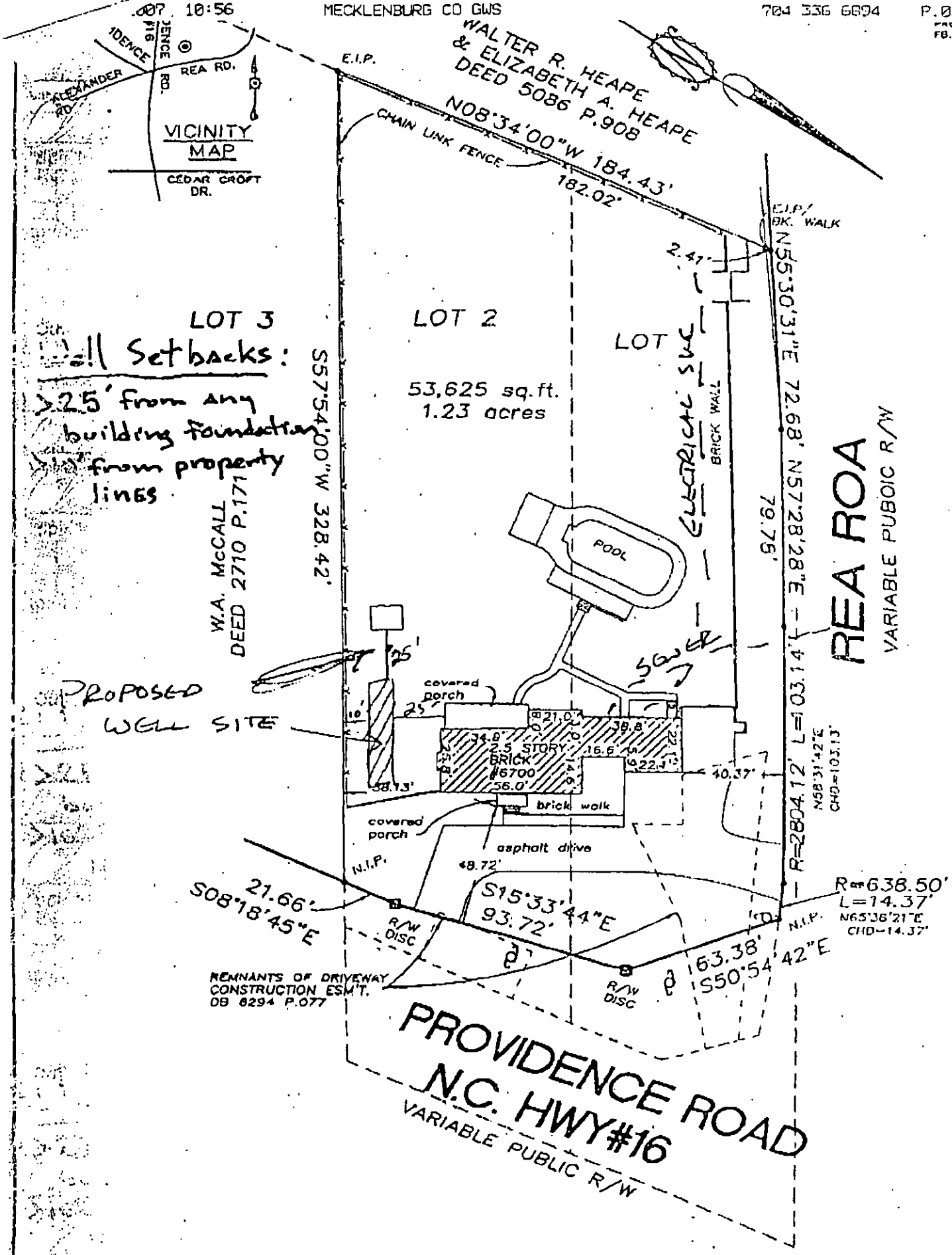
Other Conditions of This Permit:

Sherrill RS, LSS
Owner/Legal Agent: Print Name

Robert W Whitlow
Owner/Legal Agent: Print Name

Signature:

Signature:


VICINITY MAP
ALEXANDER RD.
REA RD.
CEDAR CROFT DR.
WALTER R. HEAPE & ELIZABETH A. HEAPE DEED 5086 P.908
N08°34'00"W 184.43'
182.02'
CHAIN LINK FENCE
E.I.P.
E.I.P./ BK. WALK
N55°30'31"E 72.68'
N57°28'28"E 79.79'
2.41'
LOT 3
LOT 2
LOT
53,625 sq.ft.
1.23 acres
Wall Setbacks:
>25' from any building foundation
>10' from property lines
S57°54'00"W 328.42'
W.A. McCALL DEED 2710 P.171
ELECTRICAL SVC
BRICK WALL
POOL
SEWER
PROPOSED WELL SITE
25'
10'
covered porch
21.0'
38.8'
34.8'
2.5 STORY BRICK #6700
16.6'
22.3'
56.0'
58.13'
40.37'
brick walk
covered porch
asphalt drive
49.72'
N.I.P.
21.66'
S08°18'45"E
S15°33'44"E 93.72'
R/W DISC
163.38'
S50°54'42"E
R/W DISC
N.I.P.
R=2804.12' L=103.14'
N58°31'42"E CHD=103.13'
R=638.50' L=14.37'
N65°36'21"E CHD=14.37'
REA ROA
VARIABLE PUBLIC R/W
REMNANTS OF DRIVEWAY CONSTRUCTION ESM'T. DB 6294 P.077
PROVIDENCE ROAD
N.C. HWY#16
VARIABLE PUBLIC R/W
GRAPHIC SCALE
50 0 25 50

SURVEY

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 #: 10002558 **File #:** 4577A **Tax Parcel #:** 211-281-20
Property Owner: Robert & Katharine Whitlow
Job Location Address: 6700 PROVIDENCE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28226
Permit Issuance Date: 8/9/2007
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.
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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:

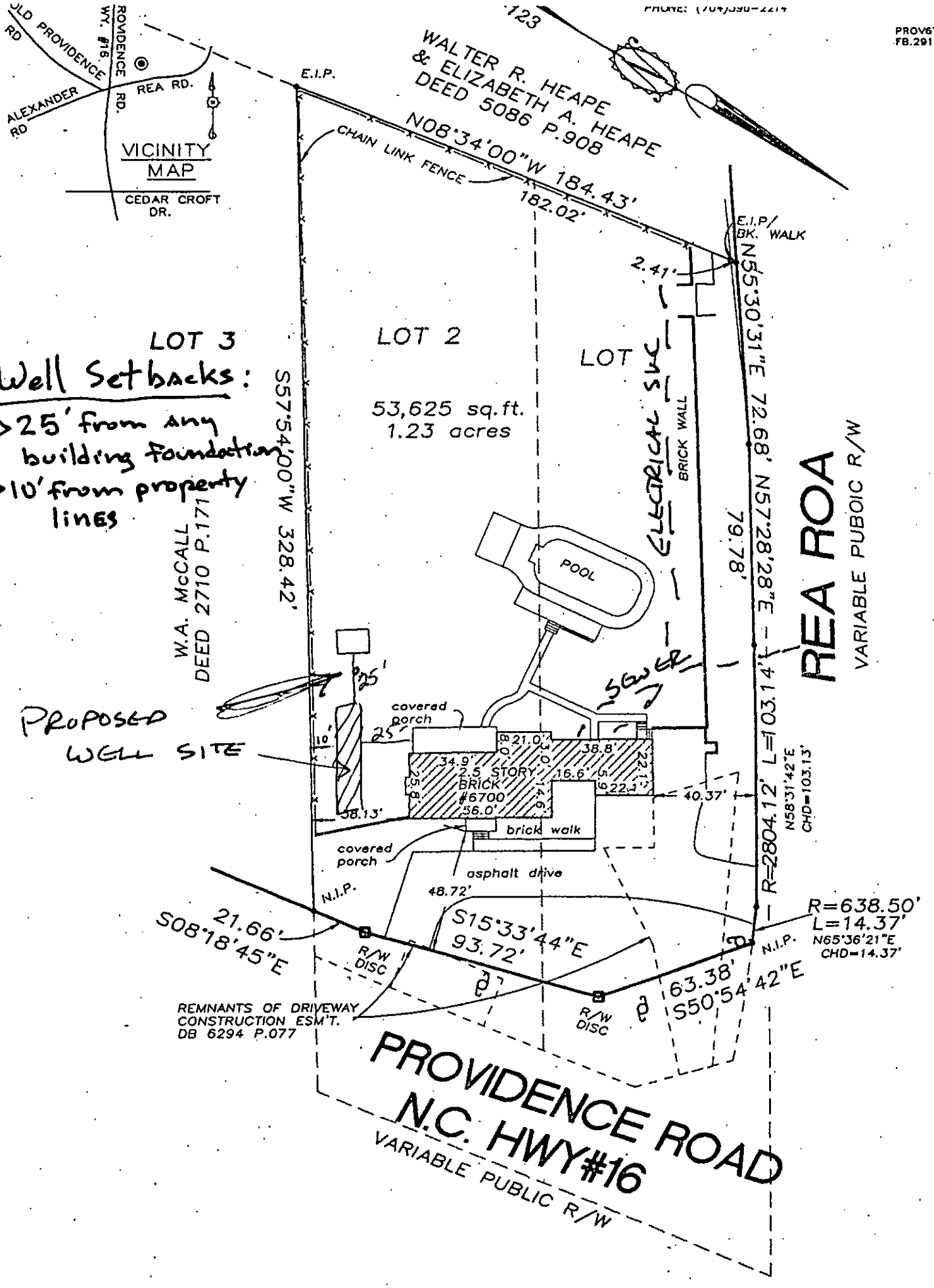
Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

PROV6700
FB.291



GRAPHIC SCALE
50 0 25 50

SURVEY

FILE NUMBER: 4577A

SEPTIC FEE: _____
DATE: _____

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

APPLICATION NUMBER: 2558

WELL FEE: 400
DATE: 7.31.07

CHK 5778

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

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 211-281-20
STREET ADDRESS: 6700 PROVIDENCE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28226
SUBDIVISION NAME: NONE
LOT #: LOT SIZE (acres): 1.934
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 5000
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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

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

7. PROPOSED USE OF WELL: ☐ N/A ☑ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☑ OTHER (POOL)

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

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

8A. RANK: ELECTRICAL

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

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

10. PROPERTY OWNER:
NAME: ROBERT & KATHARINE WHITLOW
ADDRESS: 6700 PROVIDENCE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28226
HOME PHONE: 704-442-2137 WORK PHONE: 704-377-5050
MOBILE PHONE: FAX: 704-339-0172

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

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1998
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

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

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

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

Katharine M. Whitlow 7/27/07
Property Owner's or Owner's Legal Representative Signature Date 7/27/07

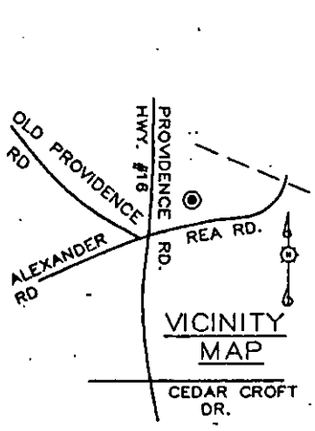
☑ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

THIS IS TO CERTIFY THAT ON THE 10TH DAY OF FEBRUARY, 2000 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, EASEMENTS, AND THE IMPROVEMENTS IF ANY ARE SHOWN HEREON.

Jack R. Christian
SIGNED

REGISTERED SURVEYOR
JACK R. CHRISTIAN & ASSOCIATES
7811 OLD CONCORD RD, CHARLOTTE, N.C. 28213
PHONE: (704)596-2214

PROV6700
FB.291



DB 9818-123

WALTER R. HEAPE & ELIZABETH A. HEAPE
DEED 5086 P.908

E.I.P.

N08°34'00"W 184.43'

CHAIN LINK FENCE

182.02'

E.I.P./ BK. WALK

2.41'

N55°30'31"E 72.68'

N57°28'28"E 79.78'

LOT 3

Well Setbacks:

>25' from any building foundation

>10' from property lines

LOT 2

53,625 sq.ft.
1.23 acres

LOT 1

ELECTRIC SVC

BRICK WALL

POOL

S57°54'00"W 328.42'

W.A. McCALL
DEED 2710 P.171

REA ROA
VARIABLE PUBOIC R/W

SEWER

25'

PROPOSED WELL SITE

10'

25'

covered porch

21.0'

38.8'

34.9'

2.5 STORY BRICK #6700

16.6'

22.1'

25.8'

56.0'

38.13'

40.37'

brick walk

covered porch

asphalt drive

N.I.P.

48.72'

R=2804.12'
L=103.14'
N58°31'42"E
CHD=103.13'

21.66'
S08°18'45"E

S15°33'44"E
93.72'

R=638.50'
L=14.37'
N65°36'21"E
CHD=14.37'

N.I.P.

R/W DISC

R/W DISC

63.38'
S50°54'42"E

REMNANTS OF DRIVEWAY CONSTRUCTION ESM'T.
DB 6294 P.077

PROVIDENCE ROAD
N.C. HWY#16
VARIABLE PUBLIC R/W

GRAPHIC SCALE
50 0 25 50

SURVEY

OF

PORTION OF LOTS 1 & 2 PARK McLAIN

SCALE 1" = 40' CITY OF CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

THE PROPERTY OF: ROBERT WHITLOW

MAP RECORDED IN BOOK 4 AT PAGE 559 DEED RECORDED IN BOOK 9818 PAGE 123

98-6-70

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/31/07	**Amount:**	400.00
Receipt #:	52004	**Tendered:**	400.00
Check / Auth #:	CHECK 5778	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: WHITLOW ROBERT & KATHARINE
Attn:
Address: 6700 PROVIDENCE RD
Address:
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 6700 PROVIDENCE RD		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
25.00					