MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

November 17, 2011

Ron & Eleanor Barley
9105 Island Point Rd.
Charlotte, NC 28278

RE: Water Supply Well Certificate of Completion and Water Sample Results
Address: 9105 Island Point Rd.
PID # 199-352-17
Permit # 10004176
File # 1914B

Dear Mr. & Mrs. Barley:

Enclosed are the Certificate of Completion and results of water sample analysis for your new water supply well installed at the above reference location. The Certificate of Completion summarizes the well construction details and location. The laboratory reports quantify water quality at the time of well construction. Please be aware that water quality can change over time. As such Groundwater & Wastewater Services recommends that, at a minimum, you have your well water tested for coliform bacteria yearly.

If you have any questions concerning this information, please contact me at 704-336-5440.

Sincerely,

Debra Howell

Debra Howell, R.E.H.S.
Environmental Specialist
Groundwater & Wastewater Services

Enclosures: Certificate of Completion; Laboratory Results; Explanation Sheets

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

CERTIFICATE of COMPLETION for a WATER SUPPLY WELL

Permit #: 10004176 File #: 7032B Tax Parcel #:
Well Location Address: 9105 ISLAND POINT RD
City: CHARLOTTE State: NC Zip Code: 28278

Well Information
Well Type: Irrigation
Well Status: Active
Install Date: 6/10/2009
Well Depth: 545 feet
Casing Depth: 60 feet
Diameter: 6 inches
Yield – GPM: 10
Static Water Level: 70 feet (below land surface)
Level Date: 6/10/2009
X-Coordinate: 1392384.00(NC Grid)
Y-Coordinate: 509428.00(NC Grid)

Well Contractor Information
Well Contractor: Darby Well Drilling
Certification #: 2236
Registration #:

Well Inspection Dates
Permit Issued: 6/4/2009
Grout Inspection: 6/9/2009
☐ Contractor certification for grouting not witnessed by GWS
Well Head Inspection: 10/20/2011

As-Built Sketch of Well Location

☑ See attached drawing for well location

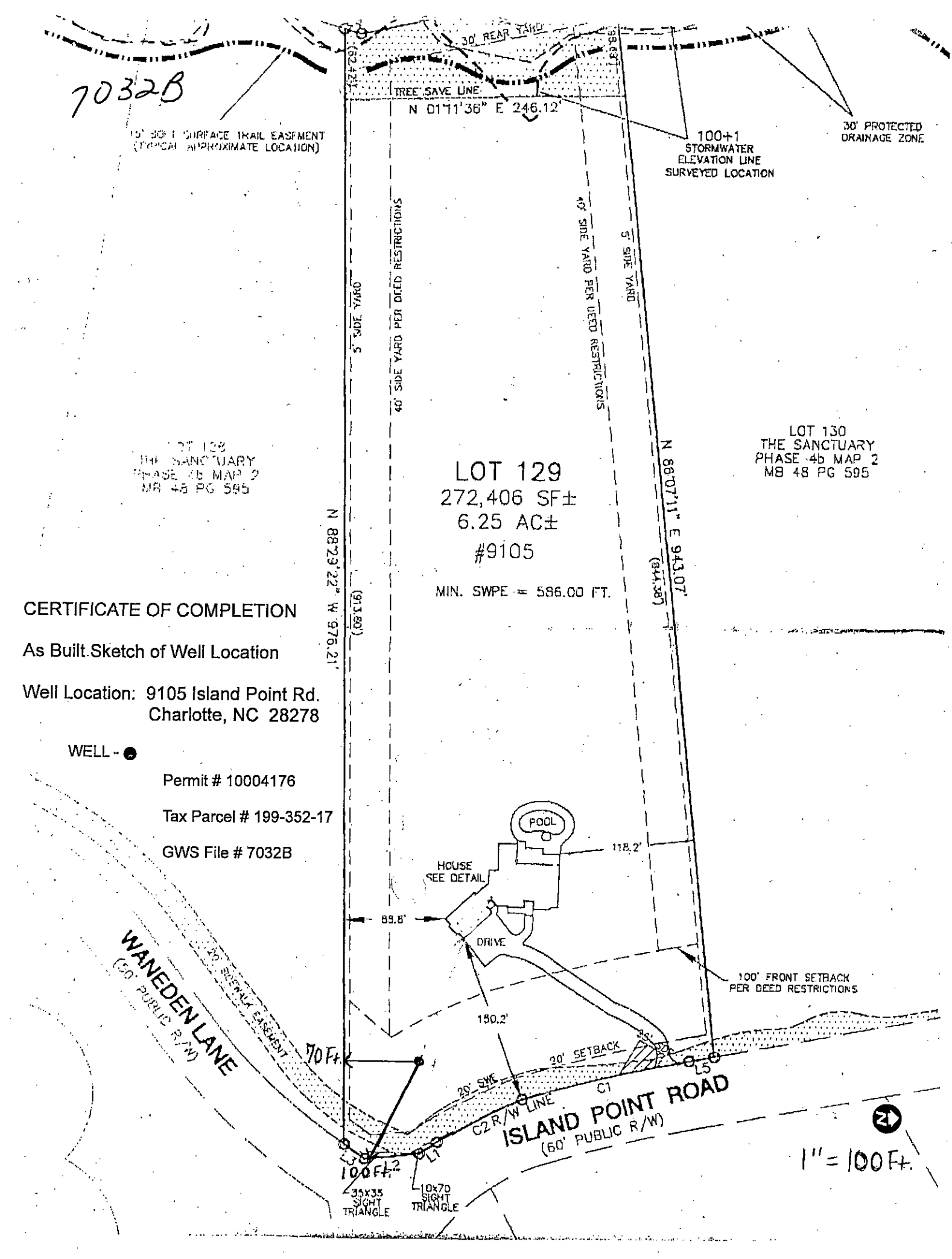
The undersigned has inspected the well described above and certifies that construction has been completed, a well construction form (GW-1a) has been received, and inspections have been completed in accordance with 15A NCAC 02C. This document is issued subject to those restrictions and conditions shown on the original permit and the provisions of 15A NCAC 02C .0300. This document 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 modify the required setbacks for the well.

☑ Required water samples have been collected. The lab results are included for your review.

☐ Required water samples have been collected however GWS has not received all lab results at this time. The lab results available are included for your review.

Registered Sanitarian: Debra Howell, REHS Signature: Debra Howell

Certificate of Completion Issuance Date: 11/17/2011


7032B
30' REAR YARD
TREE SAVE LINE
N 01°11'36" E 246.12'
100+1 STORMWATER ELEVATION LINE SURVEYED LOCATION
30' PROTECTED DRAINAGE ZONE
10' SCPT SURFACE TRAIL EASEMENT (TYPICAL APPROXIMATE LOCATION)
5' SIDE YARD
40' SIDE YARD PER DEED RESTRICTIONS
LOT 129
272,406 SF±
6.25 AC±
#9105
MIN. SWPE = 586.00 FT.
N 88°23'22" W 976.21'
N 86°07'11" E 943.07'
LOT 130
THE SANCTUARY
PHASE 4b MAP 2
MB 48 PG 595
CERTIFICATE OF COMPLETION
As Built Sketch of Well Location
Well Location: 9105 Island Point Rd.
Charlotte, NC 28278
WELL -
Permit # 10004176
Tax Parcel # 199-352-17
GWS File # 7032B
POOL
HOUSE
SEE DETAIL
DRIVE
118.2'
89.8'
150.2'
100' FRONT SETBACK PER DEED RESTRICTIONS
20' SETBACK
20' SWPE
C1
C2
L1
L5
WANEDEN LANE
(50' PUBLIC R/W)
20' EVERGLA EASEMENT
70 Ft.
100 Ft.
35x35 SIGHT TRIANGLE
10x70 SIGHT TRIANGLE
C2 R/W LINE
ISLAND POINT ROAD
(60' PUBLIC R/W)
1" = 100 Ft.

North Carolina State Laboratory of Public Health
Environmental Sciences
Inorganic Chemistry
Certificate of Analysis

P.O. Box 28047
306 N. Wilmington St.
Raleigh, NC 27611-8047
http://slph.ncpublichealth.com
Phone: 919-733-7834
Fax: 919-733-8695

Report To: DEBRA HOWELL

MECKLENBURG CO ENVIRONMENTAL HEALTH

700 NORTH TRYON ST, SUITE 208
CHARLOTTE, NC 28202
EIN: 566000319EH

Courier # 05-16-21

Name of System:
9105 Island Point Rd,

CHARLOTTE, NC 28278

StarLiMS ID: **ES102411-0005001**

Date Collected: 10/20/11
Date Received: 10/24/11

Time Collected: 10:30 AM
Collected By: Debra Howell

Sample Type:
Sample Source: New Well

Sampling Point: Well head
Temp. at Receipt:

Well Permit #: GWO-88596
GPS #:

Sample Description:
Comment:

New Well - No Nitrate I (Profile)

Analyte	Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	< 0.005	0.010	mg/L	
Barium	< 0.1	2.00	mg/L	
Cadmium	< 0.001	0.005	mg/L	
Calcium	24		mg/L	
Chloride	< 5.00	500	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	< 0.20	4.00	mg/L	
Iron	< 0.10	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	4		mg/L	
Manganese	< 0.03	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
pH	7.6		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	9.10		mg/L	
Sulfate	5.60	250	mg/L	
Total Alkalinity	94		mg/L	
Total Hardness	77		mg/L	
Zinc	< 0.05	5.00	mg/L	

ACCEPTED
North Carolina State Laboratory of Public Health

Report Date: 11/01/2011

Reported By: Debbie Moncol

Environmental Laboratory Services

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 10/27/2011 13:55

LOCATION: GWO-88596
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/20/2011 10:30
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 111020025

Parameter		Result	Units	RL	Method	Start Date / Time		Analyst
Sample ID:	**AE06416**							
AE06416	E. COLI-PA	A	P/A		SM 9223B	10/20/2011	16:20	GHK
AE06416	Total Coliform- P/A	A	P/A		SM 9223B	10/20/2011	16:20	GHK
AE06416	NITRATE	<0.05	mg/L	0.05	EPA 353.2	10/21/2011	08:52	KEK
AE06416	NITRATE/NITRITE	<0.05	mg/L	0.05	EPA 353.2	10/21/2011	13:56	KEK
AE06416	NITRITE	<0.05	mg/L	0.05	EPA 353.2	10/21/2011	08:52	KEK

Comment:

Laboratory Supervisor: _____

CMU-Environmental Laboratory Services N.C. Certification No. 192 N.C.DHHS Certification No. 37417 EPA Certification No. 01215

4222 Westmont Drive, Charlotte, North Carolina 28217

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

CMU-ESF Laboratory, 4222 Westmont Dr., Charlotte, NC 28217 (704) 336-2854 or (704) 622-7280

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	9105 Island Point Rd., Charlotte, NC 28278
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

Sampled By (Print Name)
Debra Howell

AEC6416

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	E. Coli P/A	Nitrate	Nitrite
GWO-88596	DEH	10/20/2011 10:30am	N/A N/A	N	NA	[redacted]				X	125 ml		1						X	X	X	X		
GWO-88596	DEH	10/20/2011 10:30am	N/A N/A	N	16.9					X	250 ML		1			X			<2				X	
GWO-88596	DEH	10/20/2011 10:30am	N/A N/A	N	16.9					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: 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.
[redacted]
Comments: **3-DAY TAT REQUESTED**

Relinquished By (Signature)	Received By (Signature)	Date	Time
Debra Howell	[signature]	10/20/11	15:48

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

Darby Copy

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2236

1. WELL CONTRACTOR:
Thomas W Rodden
Well Contractor (Individual) Name
James Darby Well Drilling, LLC.
Well Contractor Company Name
STREET ADDRESS 2512 Zinker Road
Rock Hill, SC 29732
City or Town State Zip Code
(803)- 328-2424
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 10004176
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 6/10/09
TIME COMPLETED 3:45 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
Lot 129
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☒Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE
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 Ron Barley
STREET ADDRESS 9105 Island Point Rd
Charlotte NC 28278
City or Town State Zip Code
( )-
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 545
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 70 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): 10 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 602
g. WATER ZONES (depth):
From 170 To 180-3 From 530 To 535 7
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0	To 60 Ft.	6x4	27.6	PVC
From	60	To 139 Ft.	6x4	21	PVC
From		To ____ Ft.			

7. GROUT:

	Depth		Material	Method
From	0	To 20 Ft.	portland	pumped
From		To ____ Ft.		
From		To ____ Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	18	dirt
18	90	sand
90	133	soft rock
133	545	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.

Thomas Rodden 6/10/09
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Thomas Rodden
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 568.

Form GW-1a
Rev. 7/05

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

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10004176 **File #:** 7032B **Tax Parcel #:** --
Property Owner: RON & ELEANOR BARLEY
Job Location Address: 9105 ISLAND POINT RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 6/4/2009
Use of Well: Irrigation
Type of Facility Served by Well: House

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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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:

Debra Howell, R.S.
Authorized Agent: Print Name
Debra Howell RS
Signature:

BRIAN Rourke
Owner/Legal Agent: Print Name
Signature:

WELL PERMIT PLOT PLAN

PERMIT # 10004176

ADDRESS: 9105 ISLAND POINT RD.
PID # 199-352-17

WELL SETBACKS:
>40 FEET FROM PROPERTY LINES
>25 FEET FROM BUILDING FOUNDATION & SEWER LATERAL
>50 FEET FROM SURFACE WATER & RETENTION POND
>100 FEET FROM SANITARY SEWER LINE & SEPTIC SYSTEM
WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN/
COMMUNITY FLOOD HAZARD

OWNER/LEGAL AGENT (PRINT NAME)

SIGNATURE — DATE 6-8-09

Debra Howell, R.S.
AUTHORIZED AGENT (PRINT NAME)

Debra Howell R.S. — DATE 6/4/09
SIGNATURE

N09°02'46"W 225.86'
EIR
30' REAR YARD
(98.69')
(92.42')
TREE SAVE LINE
N 01°11'36" E 246.12'
URFACE TRAIL EASEMENT
(PPROXIMATE LOCATION)
100+1 STORMWATER ELEVATION LINE SURVEYED LOCATION
5' SIDE YARD
40' SIDE YARD PER DEED RESTRICTIONS
40' SIDE YARD PER DEED RESTRICTIONS
5' SIDE YARD
N 86°07'11" E 943.07' (TOTAL)
(844.38')
N 88°29'22" W 976.21' (TOTAL)
(913.80')

T. 128
ANCTUARY
4b MAP 2
PG 595

LOT 130
THE SANCTUARY
PHASE 4b MAP 2
MB 48 PG 595

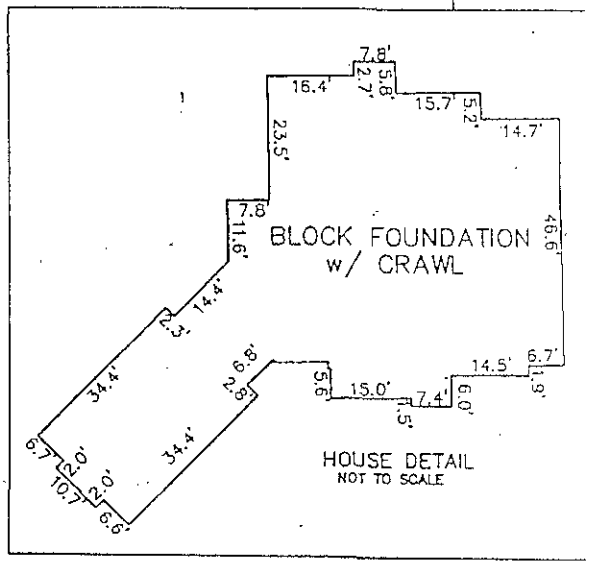
IRON ROD
ROD
WAY
OK
OK

BUILDING LINE
SCALE
URED
EASEMENT
RAIN EASEMENT
WATER PROTECTION ELEV.

LOT 129
272,406 SF±
6.25 AC±
#9105

MIN. SWPE = 586.00 FT.

TOP OF BLOCK
FOUNDATION ELEV.
= 665.0 FT



HOUSE DETAIL
NOT TO SCALE

septic system
58'
>100'
91.2'
120.9'
>25'
>40'
WELL AREA
100' MBL
170.2'
100' FRONT SETBACK PER DEED RESTRICTIONS

20' SIDEWALK EASEMENT
EN LANE
R/W
R/W LINE
10x70 SIGHT TRIANGLE
20' SWE
20' SETBACK
25'
50'
EIR
L5
R/W LINE
60'
C1
C2
S 20°50'45" E
226.46' (TIE ONLY)
EIR
L3
L2
EIR
PK
ISLAND POINT ROAD
(1115) (60' PUBLIC R/W)

1" = 10'

LINE TABLE		
LINE	LENGTH	
L1	18.06	S
L2	48.68	S
L3	22.37	S
L4	15.37	S

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

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

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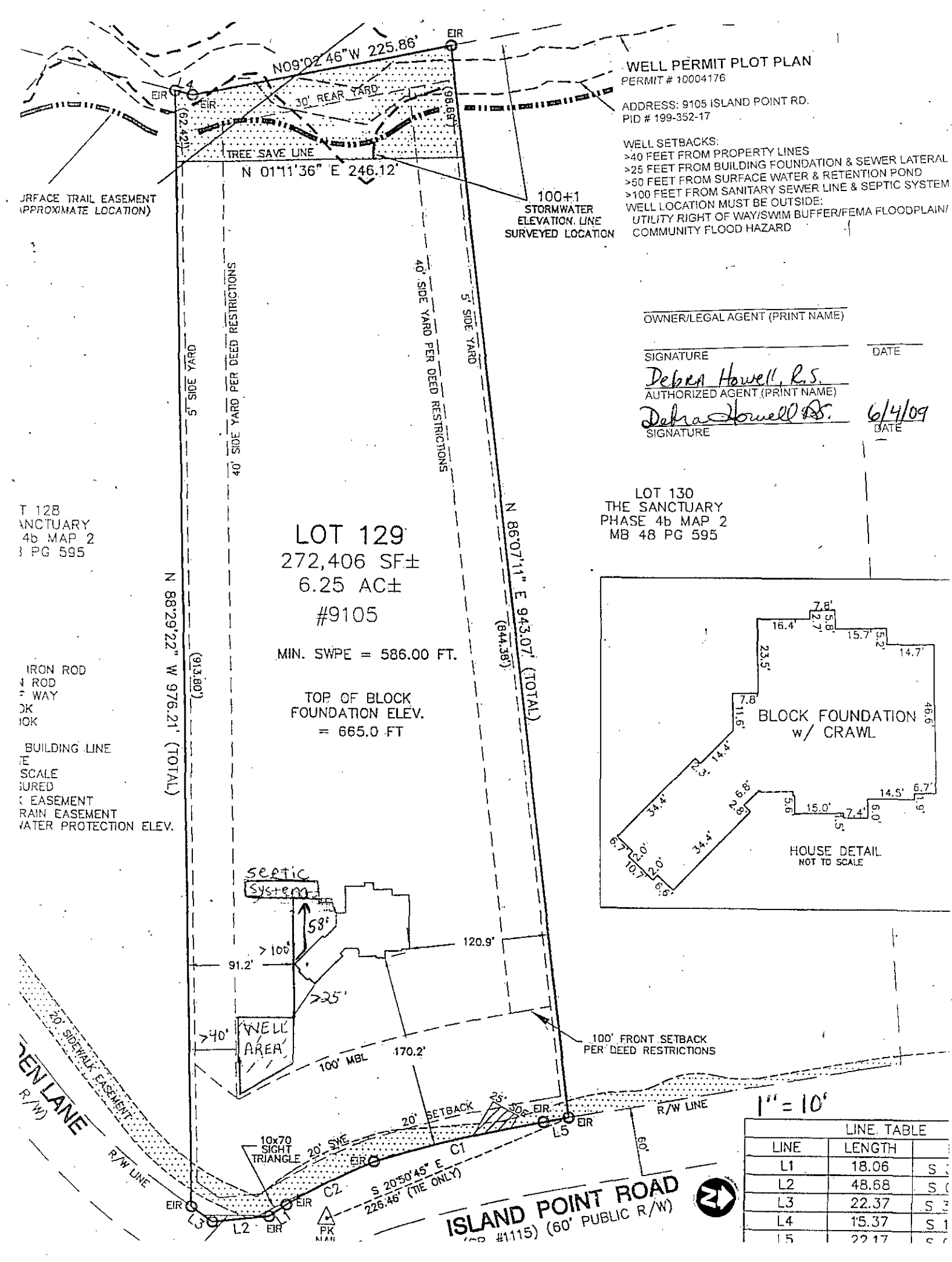
Other Conditions of This Permit:

Debra Howell, R.S.
Authorized Agent: Print Name

Debra Howell RS
Signature:

Owner/Legal Agent: Print Name

Signature:


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PERMIT # 10004176
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WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN/
COMMUNITY FLOOD HAZARD
OWNER/LEGAL AGENT (PRINT NAME)
SIGNATURE
DATE
Debra Howell, R.S.
AUTHORIZED AGENT (PRINT NAME)
Debra Howell R.S.
SIGNATURE
6/4/09
DATE
N09°02'46"W 225.86'
EIR
30' REAR YARD
(96.68')
(62.42')
TREE SAVE LINE
N 01°11'36" E 246.12'
100+1
STORMWATER
ELEVATION, LINE
SURVEYED LOCATION
URFACE TRAIL EASEMENT
APPROXIMATE LOCATION)
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5' SIDE YARD
40' SIDE YARD PER DEED RESTRICTIONS
5' SIDE YARD
N 86°07'11" E 943.07' (TOTAL)
(844.38')
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272,406 SF±
6.25 AC±
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MIN. SWPE = 586.00 FT.
TOP OF BLOCK
FOUNDATION ELEV.
= 665.0 FT
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THE SANCTUARY
PHASE 4b MAP 2
MB 48 PG 595
T 128
ANCTUARY
4b MAP 2
PG 595
IRON ROD
ROD
WAY
OK
OK
BUILDING LINE
E
SCALE
URED
EASEMENT
RAIN EASEMENT
WATER PROTECTION ELEV.
BLOCK FOUNDATION
w/ CRAWL
HOUSE DETAIL
NOT TO SCALE
septic
system
58'
>100'
91.2'
120.9'
>25'
>40'
WELL
AREA
100' MBL
170.2'
100' FRONT SETBACK
PER DEED RESTRICTIONS
20' SIDEWALK EASEMENT
EN LANE
R/W)
R/W LINE
20' SETBACK
25'
50'
EIR
R/W LINE
60'
10x70
SIGHT
TRIANGLE
20' SWE
C1
C2
S 20°50'45" E
226.46' (TIE ONLY)
L1
L2
L3
L4
L5
PK
NAIL
ISLAND POINT ROAD
#1115) (60' PUBLIC R/W)
1" = 10'
LINE TABLE
LINE
LENGTH
L1
18.06
L2
48.68
L3
22.37
L4
15.37
L5
22.17

Call for meeting Wednesday 5-13-09

70328

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

1. SEPTIC SYSTEM APPLICATION: ☒ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL CONSTRUCTION APPLICATION: ☐ N/A ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. SUBDIVISION INFORMATION:
TAX PARCEL NUMBER: 199-352-47
STREET ADDRESS: 9105 Island Point Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: The Sanctuary
LOT #: 129 LOT SIZE (acres): 6.25
TOWNSHIP:
☒ 1-CHARLOTTE ☐ 2-CORNELIUS ☐ 3-DAVIDSON ☐ 4-HUNTERSVILLE ☐ 5-MATTHEWS ☐ 6-PINEVILLE ☐ 7-MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 4,681
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☒ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

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

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

BURIED DEBRIS/ANIMALS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) 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
ABOVEGROUND/BURIED STORAGE TANKS	☐ YES	☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
FILLED GROUND	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? June 30 2009 ☐ N/A

12. PROPERTY OWNER:
NAME: Ron & Eleanor Barkey
ADDRESS: 9105 Island Point Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE:
WORK PHONE: 704-889-1600
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Kingswood Custom Homes
ADDRESS: 106 Oakley Ave. Suite 100
CITY: Pineville
STATE: NC ZIP: 28134
HOME PHONE:
WORK PHONE: 704-889-1600
MOBILE PHONE:
FAX: 704-889-5015

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

Revised on: 7/1/08

704-226-6766 → Brian Provine

14. SEPTIC SYSTEM PERMIT APPLICATION:

If any information on 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. This permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 mo; complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If any information on 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 twelve (12) months from the date of issuance.

BLH (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

INCOMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

B [illegible] Purchasing Manager — 4.30.09

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

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

SUBDIVISION NUMBER ASSIGNED: _____

APPLICATION NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

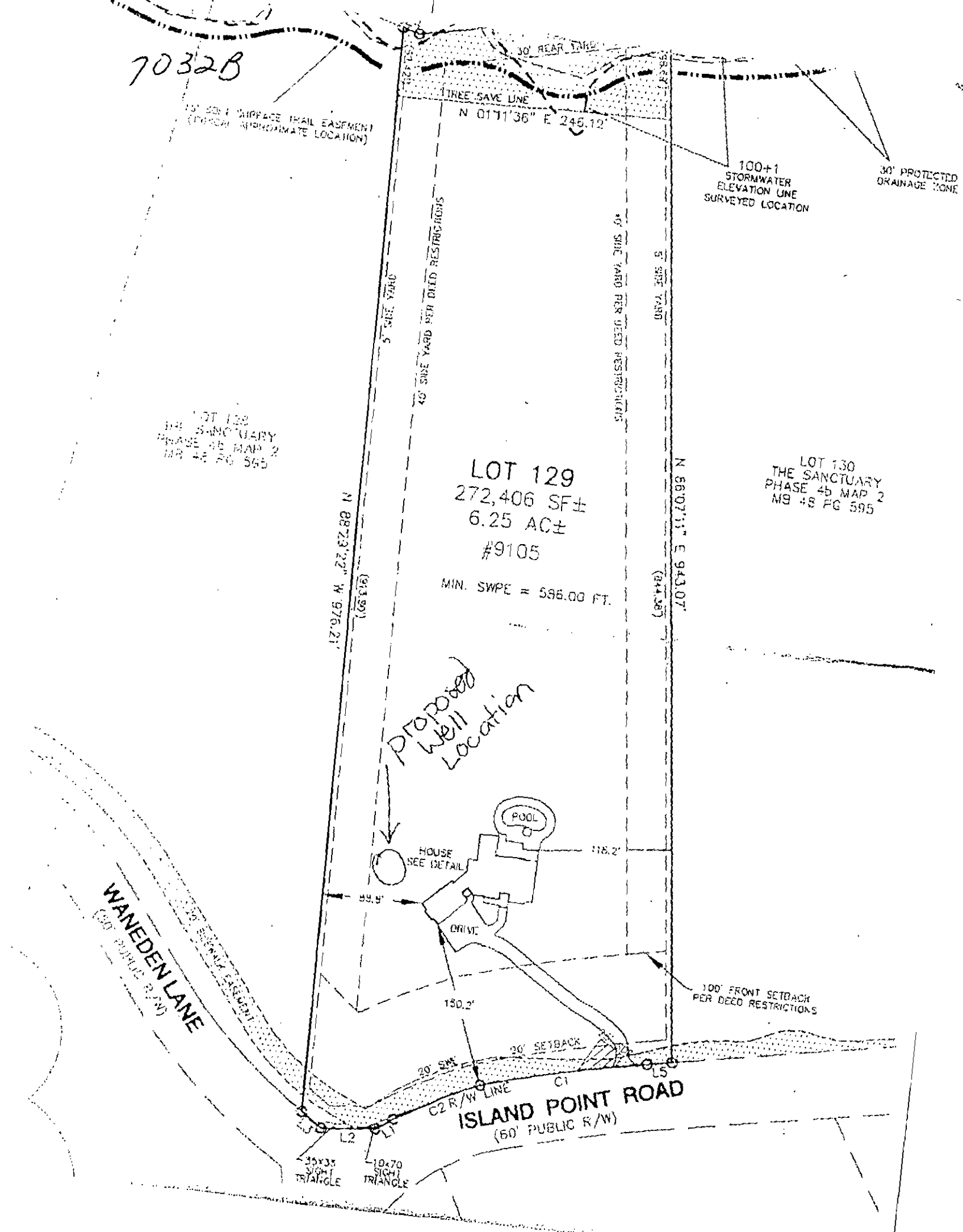
_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST, SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5100, FAX: 704-336-6894

Revised on: 7/1/08


7032B
30' REAR YARD
TREE SAVE LINE
N 01°11'36" E 246.12'
100+1 STORMWATER ELEVATION LINE SURVEYED LOCATION
30' PROTECTED DRAINAGE ZONE
10' SOIL SURFACE TRAIL EASEMENT (PROPOSED APPROXIMATE LOCATION)
5' SIDE YARD
45' SIDE YARD PER DEED RESTRICTIONS
5' SIDE YARD
45' SIDE YARD PER DEED RESTRICTIONS
LOT 128
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
LOT 129
272,406 SF±
6.25 AC±
#9105
MIN. SWPE = 586.00 FT.
LOT 130
THE SANCTUARY
PHASE 4B MAP 2
MB 48 PG 595
N 88°23'22" W 976.21'
(976.39')
N 89°07'11" E 943.07'
(944.58')
Proposed Well Location
POOL
HOUSE SEE DETAIL
118.2'
89.9'
DRIVE
150.2'
100' FRONT SETBACK PER DEED RESTRICTIONS
WANEDEN LANE
(60' PUBLIC R/W)
30' SETBACK
30' SWE
C2 R/W LINE
C1
L5
L2
L1
ISLAND POINT ROAD
(60' PUBLIC R/W)
35x35 SIGHT TRIANGLE
10x70 SIGHT TRIANGLE