

10312 ANNIE OAKLEY TL

19719129

1/11/2008

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7043B WASPS App #: 2097

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Kim Garrett

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:

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:

Application received date: 3/23/07 ES assigned date: 3/23/07 Permit issued date: 3/28/07

Well approval date: 8/9/07 Number of days to complete project: _____

Review performed by: J. L. Selle Date performed: 8/9/07

MECKLENBURG COUNTY

Land Use & Environmental Services Agency

Groundwater & Wastewater Services

August 9, 2007

Florian Gmitas
10312 Annie Oakley Trail
Mint Hill, NC 28227

Re: Well Water Sampling Results
10312 Annie Oakley Trail
Tax Parcel # 197-191-29

Dear Florian:

On June 18, 2007, staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The samples were analyzed for the following parameters: Total Coliform, Nitrate and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were present, E. coli was absent, the Nitrate level was 0.38 mg/L (Nitrate-N levels are acceptable if $\leq$ 10 mg/l), and the Nitrite level was <0.05 mg/L (Nitrite levels are acceptable if <1.0 mg/l).

The well was rechlorinated and then resampled on July 26, 2007. Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria was absent.

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

Sincerely,

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

Enclosure:
Laboratory Analysis

CHARLOTTE.

Laboratory Analysis Report
Report Date: 6/29/2007 12:46 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73514
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/18/2007 16:30
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 070619085643

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC22788	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	6/18/2007	17:20	SLT
AC22788	**Total Coliform- P/A**	**Present**	**P/A**		SM 9223B	6/18/2007	17:20	SLT

Comment:

Laboratory Supervisor: Rhonda K Hutton

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	10312 Annie Oakley Trail
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 0706190856 43

Sampled By (Print Name)
Kim Garrett

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
AC22788																					
GWO-73514	KSG	6/18/07 1025	N/A	N	n/a	10.8	-			X	100 ml		2						X		X
			N/A																		

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: 24 hr TAT

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		6/18/07	17:12

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: 6/29/2007 12:36 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73514
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/18/2007 16:30
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 070619085507

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC22787	**NITRATE**	**0.38**	**mg/L**	0.05	EPA 353.2	6/20/2007	10:18	EWN
AC22787	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/20/2007	14:24	EWN

Comment:

Laboratory Supervisor: Rhonda K Hutton

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:	*10312 Annie Oakley Trail*
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 070619085507
Sampled By (Print Name)
Kim Garrett

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
AC22787																						
GWO-73514	ksg	6/18/07 16:30	N/A	N		6.0				X	500 ml		1			X					⊗	
AC22787	ksg		N/A	N						X	125 ml		1	X								⊗
			N/A																			
			N/A																			
			N/A																			
			N/A																			
			N/A																			
			N/A																			
			N/A																			
			N/A																			
			N/A																			

Instructions:
Complete all yellow shaded sections

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
		6/18/07	1712

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.

Laboratory Analysis Report
Report Date: 8/1/2007 05:09 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-73988
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/26/2007 11:10
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 070726134459

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC28587	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	7/26/2007	14:15	SLT
AC28587	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	7/26/2007	14:15	SLT

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:	10312 Annie Oakley Trail
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Kim Garrett
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC# 070725 3C 1455

Sampled By (Print Name)
Kim Garrett

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-73988	KSG	7/26/07	N/A	N	n/a					X	100 ml		2						X		X
AC28587		11:10 AM	N/A																		

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: 24 hr TAT

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Kim Garrett		7/26/07	1:32p
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

App 2097
Kim
7043B

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038

1. **WELL CONTRACTOR:**
John Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 920 Surface Hill Rd.
Charlotte NC 28227
City or Town State Zip Code
704-545-5694
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 4-2-07
TIME COMPLETED 4-2-07 AM ☐ PM ☑

3. **WELL LOCATION:**
CITY: Mint Hill COUNTY UNION
Ashe Plantation
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other
(check appropriate box)
LATITUDE 35 10.681
LONGITUDE 80 36.168
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 FLORIAN GMITAS
STREET ADDRESS 10312 ANNIE OAKLEY TRL
CHARLOTTE N.C 28227
City or Town State Zip Code
704-535-2789
Area code - Phone number

5. **WELL DETAILS:**
a. TOTAL DEPTH: 280'
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): 20 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1LOT
g. WATER ZONES (depth):
From 210 To 226 From ____ To ____
From 267 To 275 From ____ To ____
From ____ To ____ From ____ To ____

6. **CASING:**

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 46'	Ft.	6 1/8	SCH-40	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. **GROUT:**

	Depth		Material	Method
From 0	To 20'	Ft.	Cement	Pumped
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. **SCREEN:**

	Depth		Diameter	Slot Size	Material
From N/A	To ____	Ft.	N/A in.	____ in.	
From ____	To ____	Ft.	____ in.	____ in.	
From ____	To ____	Ft.	____ in.	____ in.	

9. **SAND/GRAVEL PACK:**

	Depth		Size	Material
From N/A	To N/A	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. **DRILLING LOG**

From	To	Formation Description
0 -	30'	Red dirt
30 -	46'	Blue Granite
46 -	80'	Lose Rock
80 -	120'	Blue Granite
126 -	280'	Same

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 4-2-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John M. Mullis
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) 336-5133
Fax (704) 336-8894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10002097 **File #:** 7043B **Tax Parcel #:** 197-191-29
Property Owner: FLORIAN GHITAS
Job Location Address: 10312 ANNIE OAKLEY TRL
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 3/28/2007
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

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

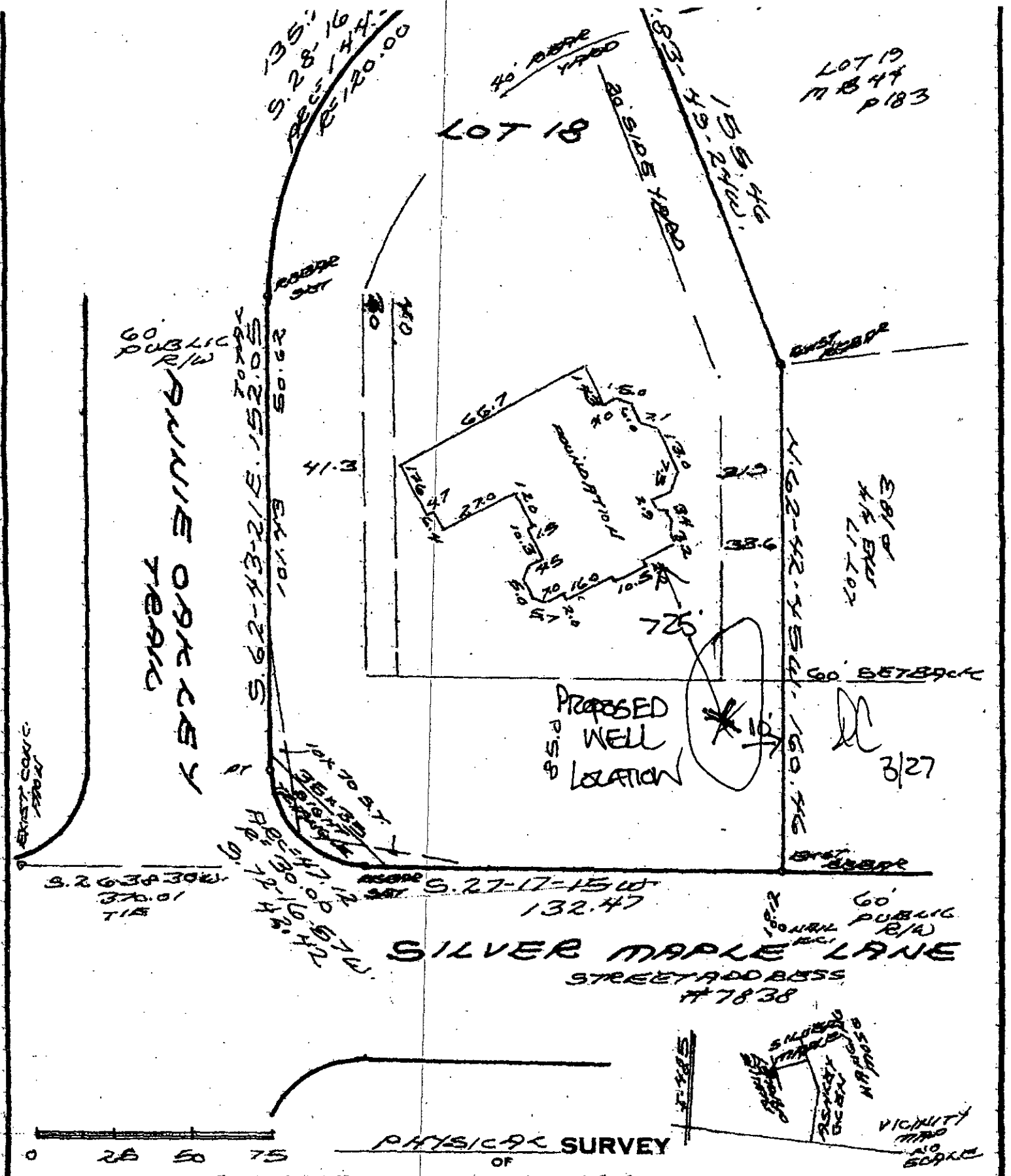
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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:

RAUL CORNELIUS, RS
Authorized Agent Print Name
Signature

FLORIAN GHITAS
Owner/Legal Agent Print Name
Signature Florian Ghitas


LOT 18
LOT 19
M B 44 P 183
40' SETBACK
20' SIDE YARD
60' PUBLIC R/W
PRUNUS OPACICY
TRAIL
EAST SIDE
60' SETBACK
PROPOSED WELL LOCATION
725'
SILVER MAPLE LANE
STREET ADDRESS #7838
60' PUBLIC R/W
VICINITY MAP NO SCALE
0 25 50 75
PHYSICAL SURVEY
OF
LOT 18 OF PLEASANT VALLEY SUBD. REVISED
MINT HILL - MECKLENBURG CO., N.C.
SCALE 1" = 40'
THE PROPERTY OF
MAP RECORDED IN BOOK 44 AT PAGE 183
DEED RECORDED IN BOOK PAGE
PB 113 P 70 & 51

197-191-99

FILE NUMBER: 70438 | Revised On: January 3, 2007 | APPLICATION NUMBER: 2097

SEPTIC FEE: 200
DATE: 3/23/07
CK 460

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

WELL FEE:
DATE:

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

2. **WELL / TYPE APPLICATION:** ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 197-191-29
STREET ADDRESS: 10312 Annie Oakley Trail
CITY: MINT HILL
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
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:
NUMBER OF BEDROOMS: X
NUMBER OF OCCUPANTS: X
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

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:** ____ ____ ____ ____ ____

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: FLORIAN GHITAS
ADDRESS: 10312 ANNIE OAKLEY
CITY: MINT HILL.
STATE: NC ZIP: 28227
HOME PHONE: 704 573 3275 WORK PHONE: 704 535 2789
MOBILE PHONE: 954 249 5848 FAX:

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?** _____
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

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.

Florian Ghitas 3/23/07
Property Owner's or Owner's Legal Representative Signature Date

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

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

Tried calling customer for # of bedrooms & occupants. No success reaching him
3/23/07

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/23/07
Receipt #: 49791
Check / Auth #: CHECK 460
Received By: DEBOESM

Amount: 400.00
Tendered: 400.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FLORIAN GHITAS
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New FLORIAN GHITAS		1	400.00	400.00

Outstanding Balances

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