Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 105318 WASPS App #: 10987

Primary ES assigned to project: Kim Cornett

Secondary ES assigned to project: _____

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: Signatures

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: Well file Completed

Application received date: _____ ES assigned date: _____ Permit issued date: _____

Well approval date: _____ Number of days to complete project: _____

Review performed by: [signature] Date performed: 3/10/20

MECKLENBURG COUNTY
HEALTH DEPARTMENT

10531B #10987

27 JAN '20 AM 9:14

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 / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ◉ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 01911108

STREET ADDRESS: 11830 Old Statesville Road

CITY: Huntersville

STATE: NC **ZIP:** 28078

SUBDIVISION NAME: Bryton

LOT #: _____ **LOT SIZE (acres):** 15.00

TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ◉ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
○ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: _____

NUMBER OF BEDROOMS: _____

NUMBER OF OCCUPANTS: _____

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT 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 CABLES, LANDFILLS, 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
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ 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? _____ ☑ N/A

12. PROPERTY OWNER:

NAME: DEVELOPMENT SOLUTIONS BRY LLC
ADDRESS: 516 N WEST ST
CITY: RALEIGH
STATE: NC ZIP: 27603
WORK PHONE: (704) 944-3294
MOBILE PHONE: _____
FAX: _____
E-MAIL: aaron@lvnt.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: SUMMIT ELT, PC
ADDRESS: 3575 Centre Circle
CITY: Fort Mill
STATE: SC ZIP: 29715
WORK PHONE: (704) 504-1717
MOBILE PHONE: (803) 238-1080
FAX: _____
E-MAIL: mzavislak@summit-companies.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

MZ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE 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. A PROPOSED PLOT PLAN is required to be submitted with each application.

Michael Zavislak
Property Owner's or Owner's Legal Representative Signature

1/14/20
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

E. Winters Mabry, MD
Director

MECKLENBURG COUNTY
Health Department

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that SUMMIT ELT, PC is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

01911108
Number Street Town
(Or Parcel Number)

DEVELOPMENT SOLUTIONS BRY, LLC
Property Owner (print name)

Property Owner (signature)
TOM B. ORRADRE
ATTORNEY IN FACT

1/14/20
Date

CAT

Mecklenburg County Environmental Health Department
Groundwater and Wastewater Services
WORK ORDER SUMMARY

Work Order

Work Order ID #	95724
Department	Groundwater/Wastewater Services
Description	ARGU Well Review
Status	Completed
Address	11830 Old Statesville Road
Location	11830 OLD STATESVILLE RD - Parcel ID: 01911108
Jurisdiction	Huntersville
X Coordinate	1453772
Y Coordinate	598885
Submitted To	Morris, Brett
Date Initiated	1/28/2020 9:47:24 AM
Initiated By	Morris, Brett
Date Completed	1/28/2020 12:00:00 PM
Completed By	Morris, Brett
Closed By	
Unattached WO?	
Comments	Create one work order per ARGU Review By Morris, Brett: 1/28/2020 9:47:24 AM Create one work order per ARGU Review By Morris, Brett: 1/28/2020 9:52:33 AM One MPL within 1,500. However, no sampling data found for the subject well. Thus, no ARGU abandonment conditions apply.
Cost Summary	
Total Cost	$42.25
Labor Cost	$42.25
Material Cost	$0.00
Equipment Cost	$0.00

Associated Service Request

Request ID	Status	Request Description	Incident Address

Initiated By	Date Initiated	Dispatch To	Submit To

Custom Fields

Field	Value

GIS Feature(s) Attached

Feature Type	Feature ID
ARGU_WELLS	57976

ARGU_WELLS	
Name	**Value**
Application ID	10987
File #	10531B
Parcel ID	01911108
Site Address	11830 OLD STATESVILLE RD
Location	11830 OLD STATESVILLE RD - Parcel ID: 01911108

Mecklenburg County Health Department
Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000
Charlotte, NC 28208
Phone: (980) 314-1680
Fax: (704) 336-6894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10010987 **File #:** 10531B **Tax Parcel #:** 019-111-08
Property Owner: DEVELOPMENT SOLUSTIONS BRY LLC
Job Location Address:11830 OLD STATESVILLE RD
City/ETJ:HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 1/29/2020
Use of Well: N/A
Type of Facility Served by Well: Other Residential
Project Type: Abandonment

Area of Regulated Groundwater Usage Review: YES

General Conditions of This Permit:

- The Water Supply Well repair or abandonment 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.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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

☐ Grout must be placed the full extent of the casing.
☐ Initial water sample to taken and analyzed for (check all that apply):

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

Other Conditions of This Permit:
None

Kim Garrett, REHS
Authorized Agent: Print Name

Kim Garrett, REHS
Signature:

Owner/Legal Agent: Print Name

Signature:

Mecklenburg County Health Department
Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000
Charlotte, NC 28208
Phone: (980) 314-1680
Fax: (704) 336-6894

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☐ Initial water sample to taken and analyzed for (check all that apply):
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

Other Conditions of This Permit:
None

Kim Barnett, REHS
Authorized Agent: Print Name

Kim Barnett, REHS
Signature:

Owner/Legal Agent: Print Name
MICHAEL EANES JR

Signature:

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3584-A

1. WELL CONTRACTOR:

M. Zavislak
Well Contractor (Individual) Name

SUMMIT ELT, Inc.
Well Contractor Company Name

STREET ADDRESS 3575 Centre Circle

Fort Mill SC 29715
City or Town State Zip Code

(704) - 504-1717
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 10010987

DWQ or OTHER PERMIT # (if applicable) _____

WELL USE (Check applicable use): ☐ **Monitoring** ☑ **Residential**

☐ **Municipal/Public** ☐ **Industrial/Commercial** ☐ **Agricultural**

☐ **Recovery** ☐ **Injection** ☐ **Irrigation**

☐ Other (list use) _____

3. WELL LOCATION:

COUNTY Mecklenburg QUADRANGLE NAME _____

NEAREST TOWN: Charlotte

11830 Old Statesville Road, Charlotte, NC
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING

☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other _____
(Check appropriate setting)

LATITUDE 35°22'54.64"N
LONGITUDE -80°49'57.01"W

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.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

_____
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME DEVELOPMENT SOLUTIONS BRY LLC

STREET ADDRESS 516 N WEST ST, RALEIGH, NC 276

5. WELL DETAILS:

a. Total Depth: 253 ft. Diameter 6 in.
b. Water Level (Below Measuring Point): 35 ft.
Measuring point is 0 ft. above land surface

6. CASING: Length Diameter

a. Casing Depth (if known): _____ ft. _____ in.
b. Casing Removed: _____ ft. _____ in.

7. DISINFECTION: 2 tablets
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement _____ lb.
Water _____ gal

Sand Cement

Cement 8100 lb.
Water _____ gal.

Bentonite

Bentonite lb.
Type: ☐ Slurry ☐ Pellets
Water _____ gal

Other

Type material _____

Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

concrete truck

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 3/2/20

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

_____ 3/5/2020
SIGNATURE OF CERTIFIED WELL CONTRACTOR **DATE**

_____
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL **DATE**
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Michael Zavislak
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06