Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 72863 WASPS App #: 2635

Primary ES assigned to project: Chris Shamill

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: 9/5/07 - Need complete plan showing all utility locations, i.e. sewer, water etc.
9/13/07 - Done SLS. - 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:

Application received date: 8/24/07 ES assigned date: _____ Permit issued date: 9/13/07

Well approval date: 1-11-12 Number of days to complete project: _____

Review performed by: KR Date performed: 1-12-12

CS

FILE NUMBER: 72860 Revised On: January 3, 2007 APPLICATION NUMBER: 2635

SEPTIC FEE: _____ DATE: _____

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: 217-291-03
STREET ADDRESS: 10310 Bastille Dr.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME: Montreux
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:
NUMBER OF OCCUPANTS:
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)*:

8A. RANK: ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

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: Montreux Development Group LLC
ADDRESS: 1171 Market St. Suite 204
CITY: Fort Mill
STATE: SC ZIP: 29708
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: 6700 Breckshire Blvd.
CITY: Charlotte
STATE: NC ZIP: 28216
HOME PHONE: WORK PHONE: 399-1506
MOBILE PHONE: FAX: 398-2605

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.

Joe McCabe 8/24/07
Property Owner's or Owner's Legal Representative Signature Date

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

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

DIVISION OF WATER QUALITY DWQ

APPLICATION FOR A PERMIT TO CONSTRUCT A WELL REQUIRING A VARIANCE TO THE TITLE 15 A NCAC 2C .0100 WELL CONSTRUCTION STANDARDS

1. Name of well/property owner: Montreaux Development Group
   Mailing Address: 1171 Market Street
   Ft Mill SC 29708
   Telephone Number(s): 803 5485286

2. Location of ~~proposed~~ EXISTING well: 16310 Bastille Drive Lot 41 Montreux Estates
   (road, community, subdivision, lot number, etc.)
   Address: 16310 Bastille Drive Charlotte NC 28278
   County: Mecklenburg Parcel ID Number: 217 292 42

3. Purpose (circle one): private drinking water supply / (irrigation) / public supply / other

4. Name of Certified Well Contractor & Company: Charlie Nichols McCall Brothers Inc
   Certificate No.: 3155 Telephone Number(s): 704 3991506
   Address: PO Box 668710 Charlotte NC 28266 0710

5. Reason for Variance Request (cite setback or section of 2C that will be varied from): Install a packer to a nominal 160' depth (packer plus 8 joints of 4" schedule 40 PVC casing). Grout the casing over entire length - in two steps. A couple of BAGS initially and balance next day (Title 15A, Subchapter 2C, Section .0107(2)(E)

Provide the following information as attachments to this application:

1. A map showing general location of the property (include road names, NC State Route number, distances, any key landmarks) sufficient for finding the well location.

2. Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.

3. For sites in counties with a well permitting and inspection program, submit a copy of the local well permit application and site evaluation map.

4. Any other information relevant to the variance request (i.e. a well construction diagram showing proposed well liner or atypical construction materials/methods or Public Water Supply Section well site approval letter).

2/24/09
Signature of Well/Property Owner Date
McCall Brothers Inc

2/24/09
County Health Dept Representative Date
(if county has well program)

By 15A NCAC 2C .0118, the Division of Water Quality may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond to the request within 30 days of receipt. If the applicant is dissatisfied with the variance decision, it may be contested by filing a petition under G.S. 150B-23 within 60 days after receipt of the decision.

Approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 2C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachment A and B. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements can not be met.

Form GW-
Rev 2/08

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:
16310 Bastille Dr.
GWO-88751
CHARLOTTE, NC 28278

StarLiMS ID: **ES120711-0012001**

Date Collected: 12/05/11
Date Received: 12/07/11

Time Collected: 2:30 PM
Collected By: Debra Howell

Sample Type:
Sample Source: New Well

Sampling Point: Well head
Temp. at Receipt:

Well Permit #:
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	20		mg/L	
Chloride	< 5.00	500	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	0.96	4.00	mg/L	
Iron	0.55	0.30	mg/L	
Lead	0.011	0.015	mg/L	
Magnesium	2		mg/L	
Manganese	< 0.03	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
pH	7.1		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	12.00		mg/L	
Sulfate	< 5.00	250	mg/L	
Total Alkalinity	73		mg/L	
Total Hardness	57		mg/L	
Zinc	0.10	5.00	mg/L	

Report Date: 12/23/2011

Reported By: Debbie Moncol

Environmental Laboratory Services

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 12/07/2011 12:07

LOCATION: GWO-88751
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/05/2011 14:30
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 111205040

	Parameter	Result	Units	RL	Method	Start Date / Time		Analyst
Sample ID:	**AE10808**							
AE10808	E. COLI-PA	A	P/A		SM 9223B	12/05/2011	16:14	EKR
AE10808	Total Coliform- P/A	A	P/A		SM 9223B	12/05/2011	16:14	EKR
AE10808	NITRATE	0.59	mg/L	0.05	EPA 353.2	12/07/2011	08:42	KEK
AE10808	NITRATE/NITRITE	0.59	mg/L	0.05	EPA 353.2	12/06/2011	14:45	KEK
AE10808	NITRITE	<0.05	mg/L	0.05	EPA 353.2	12/07/2011	08:42	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

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	16310 Bastille Dr., 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

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
AE10808																								
GWO-88751	DEH	12/5/2011 2:30 pm	N/A N/A	N	NA					X	125 ml		1						(X)		(X)	(X)		
GWO-88751	DEH	12/5/2011 2:30 pm	N/A N/A	N	12.0					X	250 ML		1			(X)				NV			(X)	
GWO-88751	DEH	12/5/2011 2:30 pm	N/A N/A	N	12.0					(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.

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	T Wilkerson	12/5/11	1516

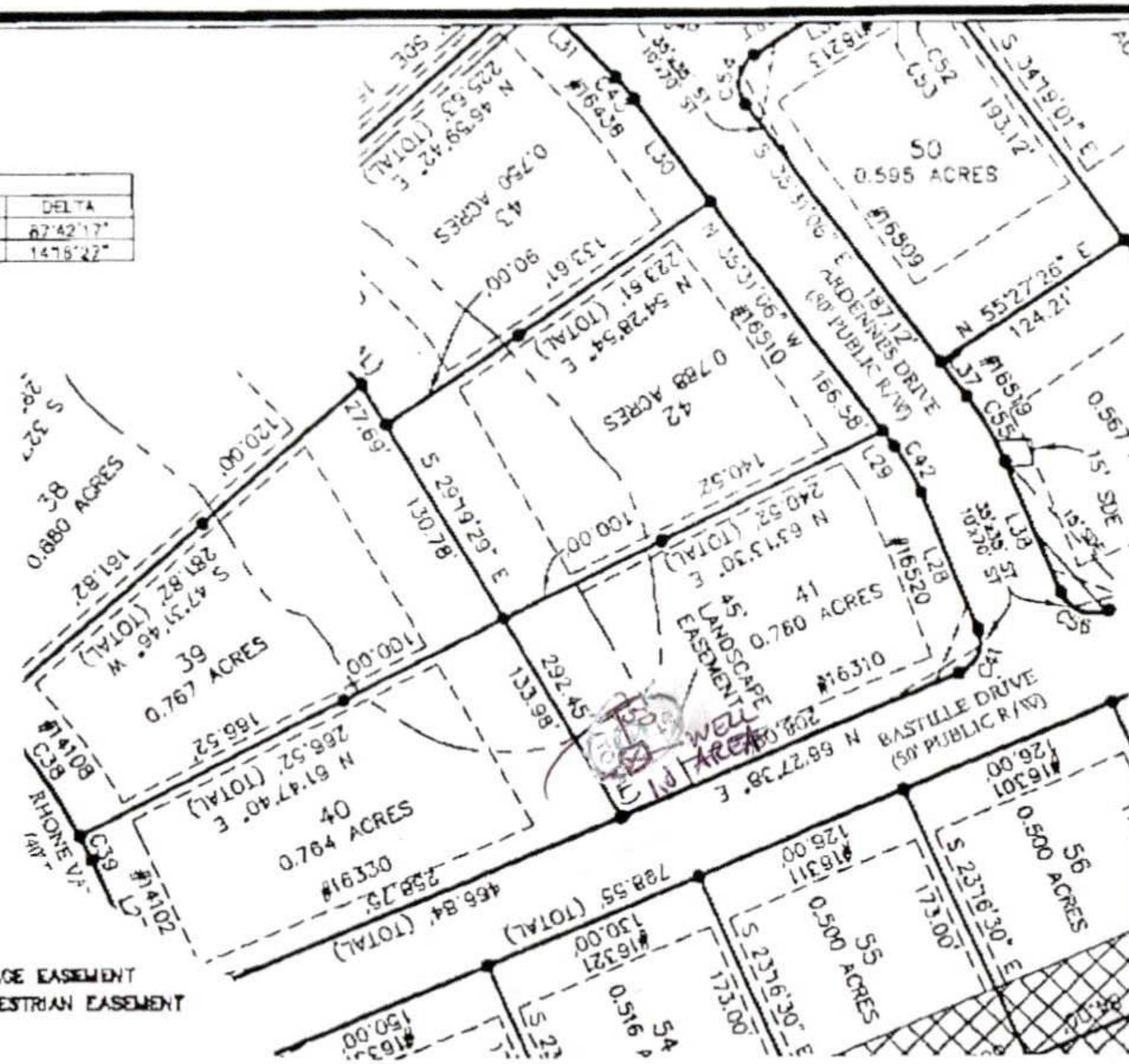
Form Revision 07; effective 02/16/2006

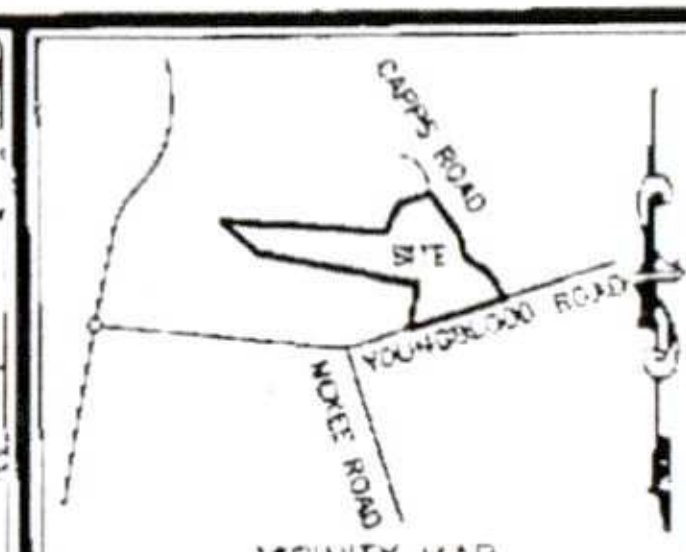
Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

73866B

LINE TABLE		
LINE	BEARING	LENGTH
L28	N 21°14'39" W	88.08'
L29	N 35°31'06" W	10.95'

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD BEARING	CHORD	DELTA
C41	20.00'	30.61'	N 22°36'32" E	27.71	87°42'17"
C42	125.00'	31.14'	N 28°22'52" W	31.06'	14°16'22"





VICINITY MAP
(NOT TO SCALE)

NOTES:

1) SDE/UPE/MAINTENANCE EASEMENT FOR POND BASED UPON OUTER TOP OF BANK.

2) A UTILITY AND DRAINAGE EASEMENT FOR ALL LOTS AND DEVELOPMENT IMPROVEMENTS IS HEREBY RESERVED BY THE DEVELOPER AND SHALL BE TWELVE (12) FEET IN TOTAL WIDTH, AND CENTERED ALONG SIDE LOT LINES, AND TWENTY (20) FEET ALONG ALL FRONT AND REAR LOT LINES.

WELL SITE DIAGRAM
(MONTREUX DEVELOPMENT GROUP)
MONTREUX SUBDIVISION
16310 BASTILLE DRIVE
(DB. 20727 PG. 282, MB. 46 PG.665)
TAX MAP PARCEL ID NO.
217-29-242
STEELE CREEK TOWNSHIP,
MECKLENBURG CO., NC

LEGEND

- ● COMPUTED POINT
- ST SIGHT TRIANGLE
- (W) PROPOSED WELL
- SDE STORM DRAINAGE EASEMENT
- UPE UTILITY / PEDESTRIAN EASEMENT

- BOUNDARY BY PLAT
- ADJOINER BY PLAT
- EASEMENT (AS DESCRIBED)
- R/W RIGHT OF WAY BY PLAT
- SETBACK BY PLAT

DATE	REVISION/APPROVAL	INITIAL

MONTREUX DEVELOPMENT GROUP, LLC
1171 Market Street,
Suite 204
Fort Mill, Sc 29708

PROJECT # : LOT41,WELL
DRAWN BY : DES
COMP. FILE : WELLDIAGRAM
SHEET # : 1
DWG. # : 1

42 78B



MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

January 11, 2012

Montreux Home Owners Association
c/o David Cline
P.O. Box 3340
Fort Mill, SC 29708

Re: Water Supply Well Certificate of Completion and Water Sample Results
Address: 16310 Bastille Dr.
PID # 217-292-42 Permit # 10002635 File # 7286B

Dear Mr. Cline:

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.

Laboratory results at the time of sampling indicate:

Compound	Concentration	EPA Secondary Drinking Water Standards
Iron	0.55 mg/L	0.30 mg/L

All other sample parameters were within standards.

The federal recommended limit of iron in drinking water is not based on risk to one's health, but rather on aesthetic considerations such as taste, odor and color. If you have any questions, please contact the North Carolina Occupational and Environmental Epidemiology Branch at 919-707-5900.

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 these results please call me at 704-336-5440.

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

Enclosures: Certificate of Completion, Sample Analysis, Parameter Explanations

RECEIVED
MAR 1 1 2009
LUESA

NCDENR

North Carolina Department of Environment and Natural Resources

Beverly Eaves Perdue
Governor

Coleen H. Sullins
Director, Division of Water Quality

Dee Freeman
Secretary

72863

March 5, 2009

McCall Brothers Inc.
PO Box 668710
Charlotte, NC 28266-8710
Attention: J. Michael Floyd

RE: Variance Request to Rule 15A NCAC 2C .0107(a)(2)(E) – Separation distance between a well and other sewage and liquid-waste collection or transfer facility
Montreux Subdivion Lot#41 – Irrigation Well
16310 Bastille Drive, Charlotte, Mecklenburg County
Well Variance Permit #WV0300040

Dear Mr. Floyd:

On December 26, 2008, the Mooresville Regional Office received a written request for a variance to the well construction rules specifically rule 15A NCAC 2C.0107(a)(2)(E), which specifies a 100-foot separation from "Other sewage and liquid-waster collection or transfer facility". The variance request is for the construction of an irrigation water supply well at 16130 Bastille Drive, the property entrusted to Montreux Development Group (Lot #41), Charlotte, Mecklenburg County.

In the request, the well is approximately 82 feet from the sewer line. Because the well was already constructed the usual procedure for a variance permit was not followed. A new request for variance was submitted on February 24, 2009. Based upon the information that has been submitted, conversations with Mecklenburg County and McCall Brothers, it was determined the variance request would be permitted. The variance will be effective from the date issued until September 4, 2009. Since the well will not meet the regulatory requirements, the following minimum additional construction requirements will be necessary to mitigate any potential problems that could affect public health, the ground water resource and/or the well's effective operation:

1. A packer plus 4" schedule 40 PVC casing will be installed as a liner to a nominal depth of 160 feet.

2. The entire length of the liner shall be grouted. Grout shall be installed using a pump and tremmie pipe. The final construction method shall be shown on a revised GW-1 Well Construction Record submitted to the Mooresville Regional Office within 30 days of completion.

3. The well driller shall be certified by the North Carolina Well Contractor Certification Commission as required by General Statutes 87-98.4, Title 15A NCAC 27.0101 and .0110.

4. Applicable permit for repair shall be obtained from Mecklenburg County Groundwater and Wastewater Services.

5. The well shall be used for irrigation purposes only and shall not be used as a potable water supply.

6. The well shall not be plumbed into connection with municipal water currently serving the property.

It is my finding that the factors specified above are sufficient to satisfy the conditions for approval of a variance as defined in 15A NCAC 2C.0118. A copy of this variance shall be attached to the required Well Construction Record (GW-1). The granting of this variance is for the location of the well only, and in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards, or any other applicable law, rule or regulation that may be regulated by other agencies. If you are dissatisfied with this decision, you may commence a contested case by filing a petition under G.S. 150-23 within sixty (60) days after receipt of the decision.

If you have any questions regarding this variance, please contact me at 704/663-1699.

Sincerely,

Andrew H. Pitner, P.G.
Environmental Regional Supervisor

Cc: Jack Stutts, Mecklenburg County Environmental Health

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 #: 10002635 **File #:** 7286B **Tax Parcel #:** 217-292-42
Property Owner: MONTREUX DEVT GROUP
Job Location Address: 16310 BASTILLE DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 9/4/2007
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.
- 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:

Chris Sherrill RS, LSS
Authorized Agent: Print Name
Signature:

McCALL Bros Inc
Owner/Legal Agent: Print Name
Joe McAlpine
Signature:

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 #: 10002635 **File #:** 7286B **Tax Parcel #:** 217-292-42
Property Owner: MONTREUX DEVT GROUP
Job Location Address: 16310 BASTILLE DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 9/4/2007
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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☐ 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:

#4 7033084
Montrewx Dev. Group

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3155

1. WELL CONTRACTOR:
Charlie Nichols
Well Contractor (Individual) Name
McCall Bros.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire Frwy.
Charlotte N.C. 28216
City or Town State Zip Code
(704)-399-1506
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10002635
WELL USE (Check Applicable Box): Residential Water Supply ☐ Irrigation ☒
DATE DRILLED 9-25-07
TIME COMPLETED 3:00 AM ☐ PM ☒

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck.
16310 Bastille dr. 28278
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 4.547'
LONGITUDE 80° 1.225
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 Montrewx dev. Group
STREET ADDRESS 1171 Market St.
Fort Mill S.C. 29708
City or Town State Zip Code
(803)-548-5286
Area code - Phone number

5. WELL DETAILS:
a. **TOTAL DEPTH:** 700 ft
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☒
c. **WATER LEVEL** Below Top of Casing: 35 FT.
(Use "+" if Above Top of Casing)
d. **TOP OF CASING IS** 1.5 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** Blow
f. **DISINFECTION: Type** HTH **Amount** 1.5 lb.
g. **WATER ZONES** (depth):
From 360 To 361 From To
From 648 To 648.5 From To
From To From To

6. CASING:

From	To	Ft.	Diameter	Thickness/ Weight	Material
0	148		6"	.188	Galv.

7. GROUT:

From	To	Ft.	Material	Method
0	24		Neat cement	tremie pipe

8. SCREEN:

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

9. SAND/GRAVEL PACK:

From	To	Ft.	Size	Material
N/A				

10. DRILLING LOG

From	To	Formation Description
0	140	overburden
140	700	Grey 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.

Charlie Nichols 9-25-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Charlie Nichols
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

7286B

Montrewx Dev. Group

NDN - RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3155

1. WELL CONTRACTOR:

Charlie Wichols
Well Contractor (Individual) Name

McCall Bros.
Well Contractor Company Name

STREET ADDRESS 6700 Brookshire Fwy.

Charlotte N.C. 28216
City or Town State Zip Code

(704) 399-1506
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable) 10002635

WELL USE (Check Applicable Box): Residential Water Supply ☐ Irrigation ☒

DATE DRILLED 9-25-07

TIME COMPLETED 3:00 AM ☐ PM ☒

3. WELL LOCATION:

CITY: Charlotte COUNTY Meck.

16310 Bastille dr. 28278
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

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

LATITUDE 35° 4.547'

LONGITUDE 81° 1.225

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 Montrewx dev. Croup

STREET ADDRESS 1171 Market St.

Fortmill S.C. 29708
City or Town State Zip Code

(803) 548-5256
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 700 ft

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

c. WATER LEVEL Below Top of Casing: 35 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1.5 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 Blow

f. DISINFECTION: Type HTH Amount 1.5 lb.

g. WATER ZONES (depth):

From 360 To 361		From ____ To ____	
From 648 To 648.5		From ____ To ____	
From ____ To ____		From ____ To ____	

6. CASING:

	Depth	Diameter	Thickness/ Weight	Material
From 0	To 148 Ft.	6	.188	Stl
From 0	To 150 Ft.	4"	Sch 40	PVC
From ____	To ____ Ft.			

7. GROUT:

	Depth	Material	Method
From 0	To 24 Ft.	Neat cement	tremie pipe
From 0	To 150 Ft.	Portland	Positive displacement
From ____	To ____ Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	140	overburden
140	700	Grey rock

11. REMARKS: 150' of 4" PVC/K PACKer

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.

Charlie Nichols 9-25-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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

NC DENR
Division of Environmental Health

CERTIFICATE of COMPLETION for a WATER SUPPLY WELL

Permit #: 10002635 File #: 7286B Tax Parcel #: 217-292-42

Well Location Address: 16310 Bastille Dr.

City: Charlotte State: NC Zip Code: 28278

Well Information

Well Type: Irrigation
Well Status: Active
Install Date: 09/25/2007
Well Depth: 700 (feet)
Casing Depth: 148 (feet)
Diameter: 6 (inches)
Yield – GPM: 20
Static Water Level: 35 (feet (below land surface))
Level Date: 09/25/2007
X-Coordinate: (NC GRID)
Y-Coordinate: (NC GRID)

Well Contractor Information

Well Contractor: McCall Brothers Inc.
Certification #: 3155
Registration #:

Well Inspection Dates

Permit Issued: 09/04/2007
Grout Inspection: 09/27/2007
☒ Contractor certification for grouting not witnessed by GWS.
Well Head Inspection: 12/5/2011

As-Built Sketch of Well Location

☒ See attached drawing for well location

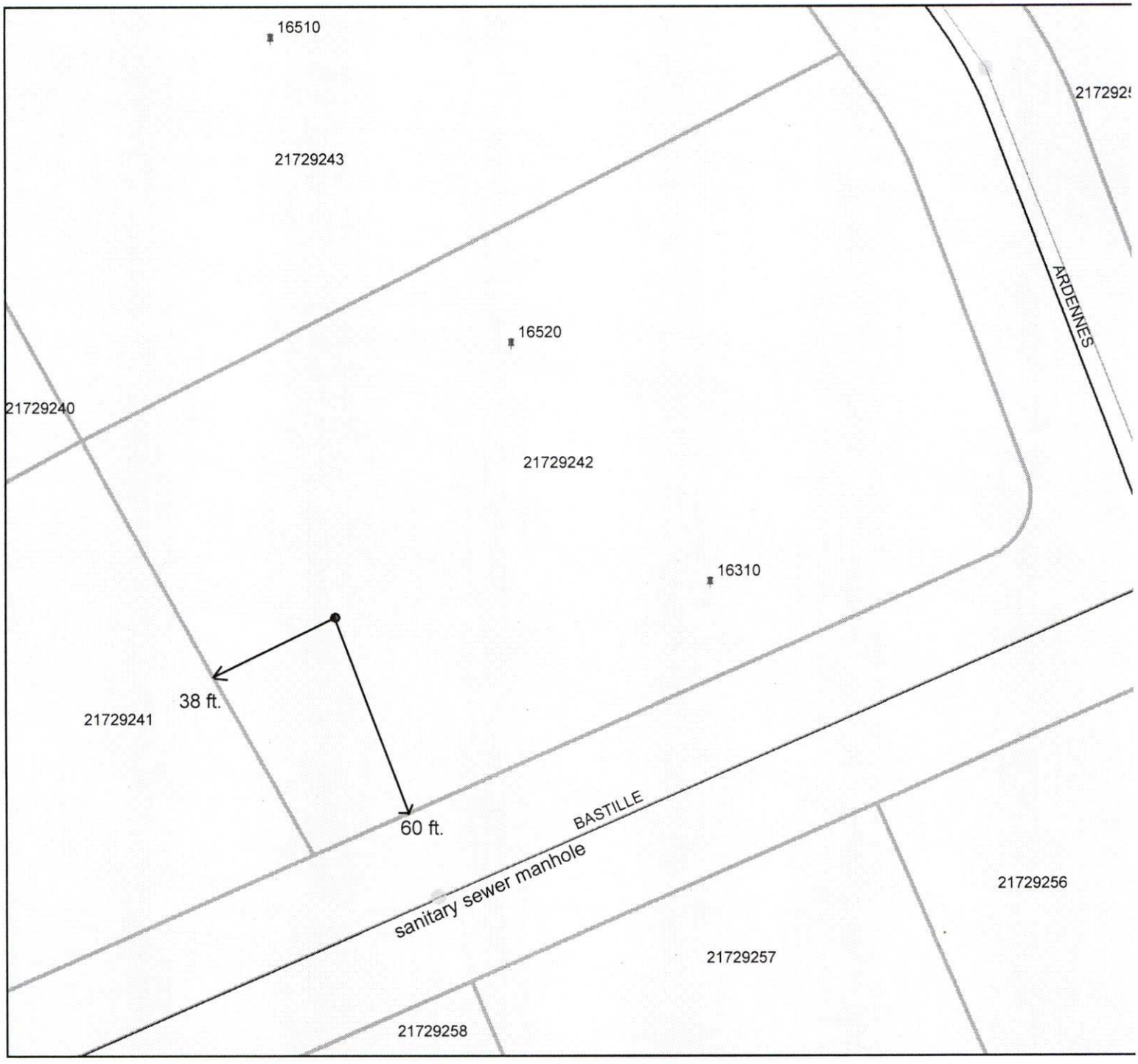
The undersigned has inspected the well described above and certifies that construction has been completed, a well construction form (GW-1a) has been received, and inspections have been completed in accordance with 15A NCAC 02C. This document is issued subject to those restrictions and conditions shown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

DENR Authorized Agent: Debra Howell, REHS Signature: Debra Howell

Certificate of Completion Issuance Date: 1/5/2012



CERTIFICATE OF COMPLETION

As Built Sketch of Well Location

Well Location: 16310 BASTILLE DR.
Charlotte, NC 28276

● = WELL

Permit # 10002635

Tax Parcel # 217-292-42

GWS File # 7286B

0 30 60 90 Feet