

9325 BARTLETT RD

13936103

1/9/2008

duponbj

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

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) John M. Mullis CERTIFICATION # 2038

WELL CONTRACTOR COMPANY NAME DL Mullis Well PHONE # ( )

STATE WELL CONSTRUCTION PERMIT# (if applicable) ASSOCIATED WQ PERMIT# (if applicable)

1. WELL USE (Check Applicable Box): Residential ☐ Municipal/Public ☐ Industrial ☐ Agricultural ☐
   Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:

2. WELL LOCATION:
   Nearest Town: Mint Hill County: Mecklenburg
   9325 Barrette Road
   (Street Name, Numbers, Community, Subdivision, Lot No. Zip Code)

   Topographic/Land setting
   ☐Ridge ☐Slope ☒Valley ☐Flat
   (check appropriate box)
   Latitude/longitude of well location
   (degrees/minutes/seconds)
   Latitude/longitude source: ☐GPS ☐Topographic map
   (check box)

3. OWNER: Merrifield Gardens/James Harris
   Address PO Box 6093
   (Street or Route No.)
   Huntersville NC 28070
   City or Town State Zip Code
   (704) 622-4551
   Area code- Phone number

4. DATE DRILLED 6-14-05
5. TOTAL DEPTH: 270'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐
7. STATIC WATER LEVEL Below Top of Casing: 10 FT.
   (Use "+" If Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
   *Top of casing terminated at or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 50 METHOD OF TEST AIR
10. WATER ZONES (depth): 125 - 265'
11. DISINFECTION: Type HTH Amount 1 QT
12. CASING:

	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 31' Ft.	6"	Sch 40	PVC
From	To Ft.			
From	To Ft.			

13. GROUT:

	Depth	Material	Method
From 0	To 30' Ft.	Cement	Poured
From	To Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

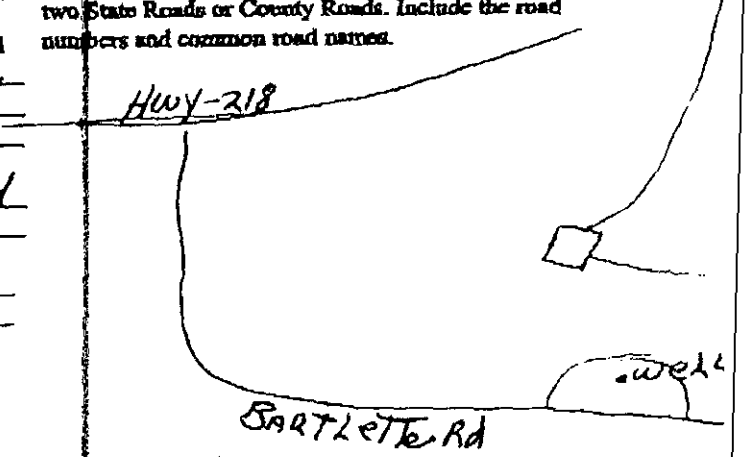
	Depth	Size	Material
From	To Ft.		
From	To Ft.		

16. REMARKS:

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	15	Red Clay
15	31'	Granite
31	150'	Blue Granite
150	270'	Blue Granite

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



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

John M. Mullis 6-14-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

GWS- COM. APP 12/04

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 5962B

SEPTIC FEE: _____
DATE: _____
CRT [ ]

WELL FEE: 400.00
DATE: 4/19/05
CRT [1] Check 06521 7
JKA

SEPTIC / TYPE APPLICATION: ☒ NONE ☐ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION

PROJECT TRACKING #: 139-361-03
TAX/PARCEL #:
STREET ADDRESS: 9325 BARTLETT RD.
CITY: MINT HILL
STATE: NC **ZIP:**
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☒ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: SEWAGE LIFT STATION

☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 0
NUMBER OF EMPLOYEES PER SHIFT: 0
NUMBER OF SHIFTS: 0
TYPE OF WASTEWATER:
☒ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☒ OTHER NON-POTABLE WATER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☒ YES	☐ NO

PROPERTY OWNER:

NAME: MERRIFIELD PARTNERS
ADDRESS: 125 SCALEYBARK ROAD
CITY: CHARLOTTE
STATE: NC ZIP: 28209
HOME PHONE: (704) 523-0272 WORK PHONE:
MOBILE PHONE: FAX :

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: JOHN G. HARRIS
ADDRESS: P.O. BOX 693
CITY: HUNTERSVILLE
STATE: NC ZIP: 28070 (704)
HOME PHONE (704) 895-0714 WORK PHONE: 948-4033
MOBILE PHONE: (704) 622-4557 FAX: (704) 948-4027

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

4-19-05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

NO SEPTIC

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

4-19-05
Owner's/Agent's Signature Date

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

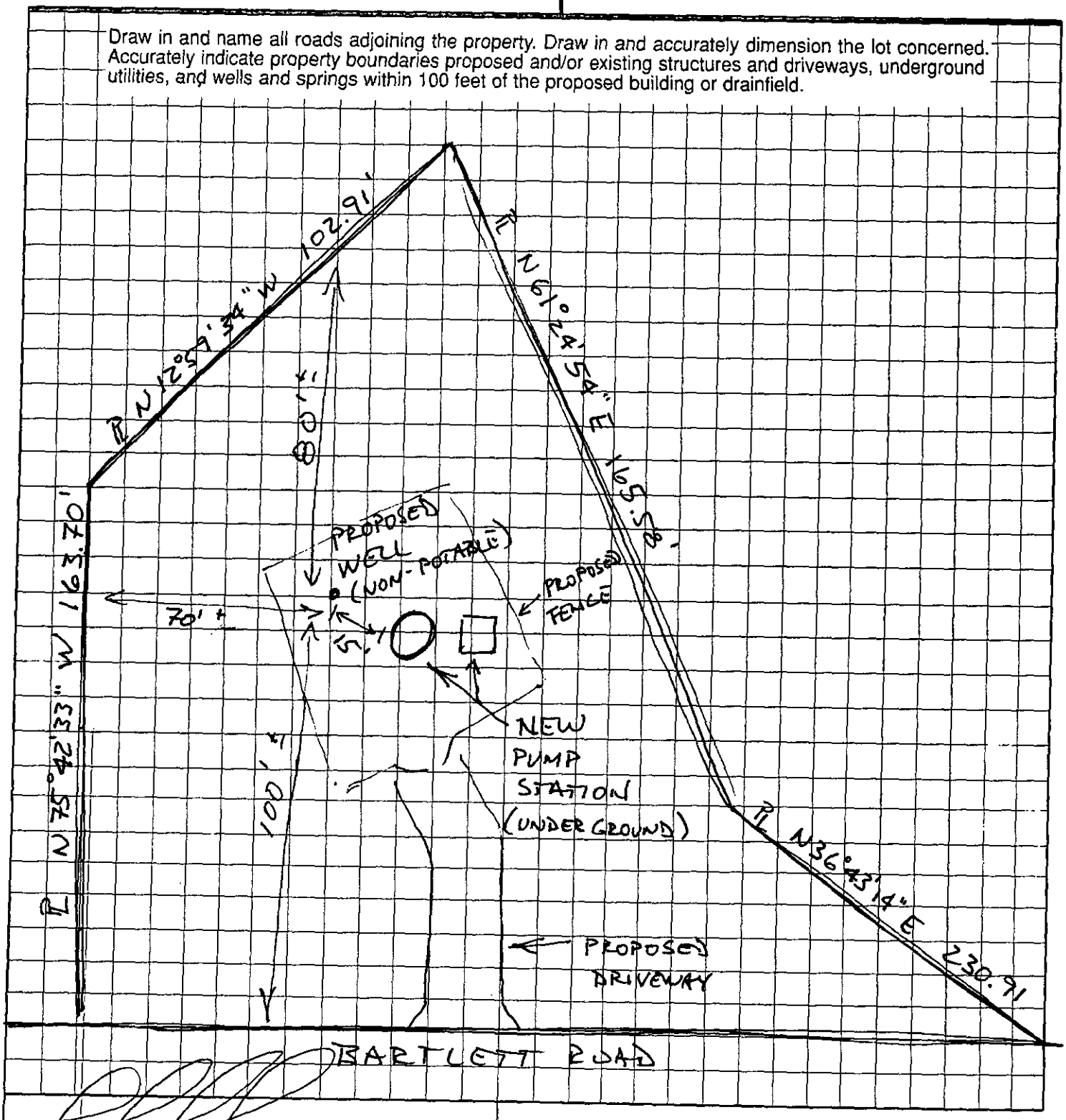
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE _____

DATE 4-19-05

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy