11000 B

#12291 21 JUN '21 AM 9:59

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ● SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
● ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Richard Forster
ADDRESS: 3900 Bon Rea Drive
CITY: Charlotte
STATE: NC ZIP: 28226
PHONE: 704-281-4043 cell
ALTERNATE PHONE: 704-248-6680 home
E-MAIL: rforster@alphaiwp.com

PROPERTY OWNER: ● SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 21154157
STREET ADDRESS: 3900 Bon Rea Dr.
CITY: Charlotte
STATE: NC ZIP: 28226

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
● HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ● N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*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.

Richard Forster
Owner's/Agent's Signature

6/18/2021
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

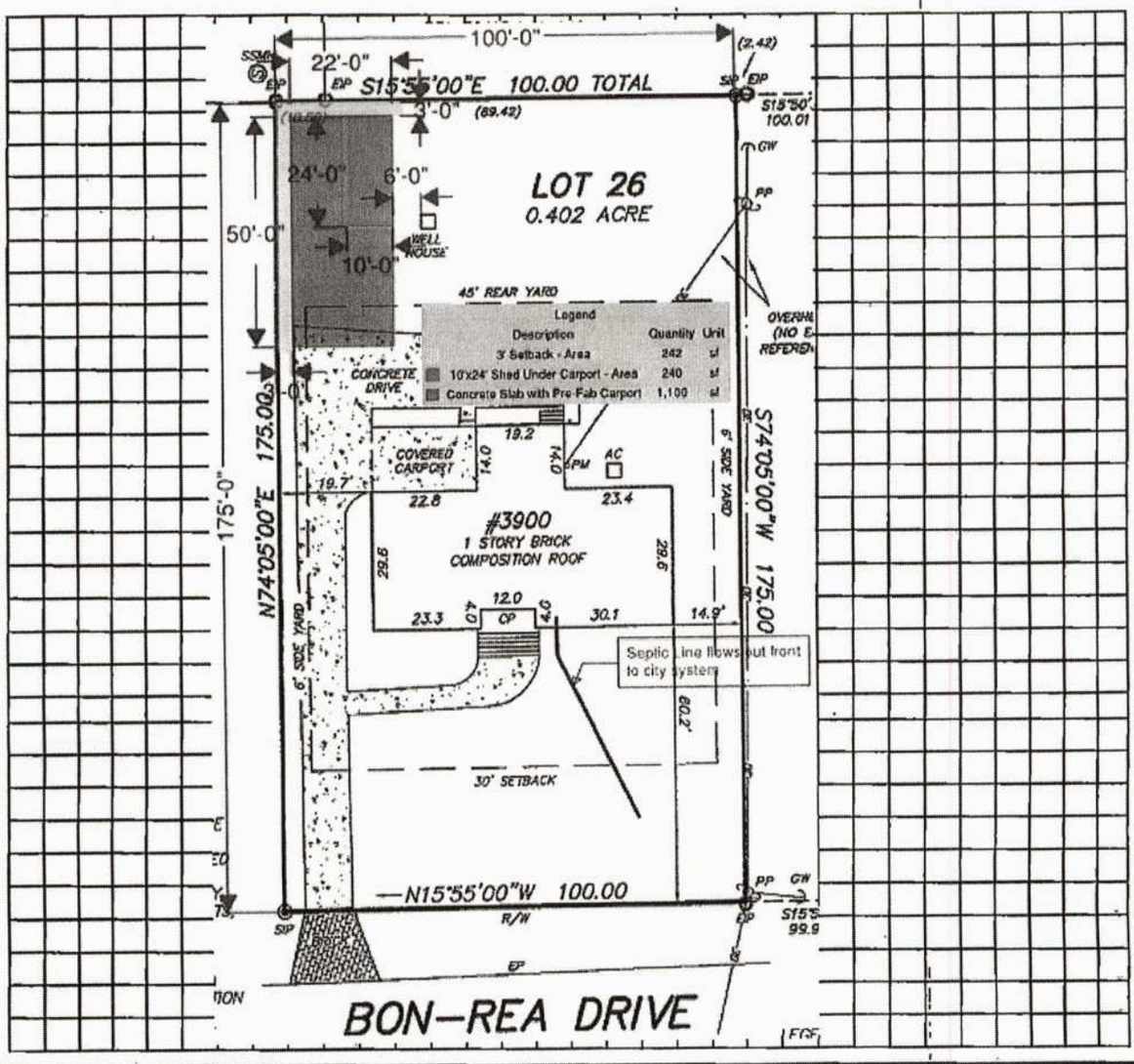
Revised on: 03/27/19

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 3900 Bon Rea Drive Charlotte, NC Tax Parcel #: 21154157



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Approved for variance. See attached

April Bumgarner 7-12-21

REHS Signature Date

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

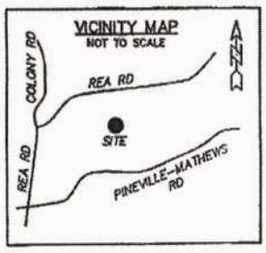
Revised on: 03/27/19

THIS IS TO CERTIFY THAT ON THE 20th DAY OF AUGUST, 2015, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____ PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-4689 LAND SURVEYOR THOMAS E. WHITE

8/20/15



NORTH PER MB 6/933

~NOW OR FORMERLY~
RACHEL E MAZUR
& RICHARD K MAZUR
DB: 29418 PG: 648

100'-0"

22'-0"

S15°55'00"E 100.00 TOTAL

3'-0" (89.42)

(2.42)

S15°50'56"E 100.01 TIE

24'-0"

8'-0"

50'-0"

10'-0"

WELL HOUSE

LOT 26
0.402 ACRE

45' REAR YARD

Legend

Description	Quantity	Unit
3' Setback - Area	242	sf
10'x24' Shed Under Carport - Area	240	sf
Concrete Slab with Pre-Fab Carport	1,100	sf

OVERHEAD LINES (NO EASEMENT REFERENCE FOUND)

Maintain 3 FT set back from property lines from overhang of building

CONCRETE DRIVE

COVERED CARPORT

19.2

14.0

14.0

19.7'

22.8

23.4

PM

AC

#3900
1 STORY BRICK
COMPOSITION ROOF

29.6

29.6

12.0

CP

23.3

30.1

14.9'

6' SIDE YARD

S74°05'00"W 175.00

~NOW OR FORMERLY~
ANGELA S LEE
DB: 25752 PG: 574

~NOW OR FORMERLY~
WILLIAM AVERY HEARN
DB: 4712 PG: 431

175'-0"

N74°05'00"E 175.00

6' SIDE YARD

Septic Line flows out front to city system

60.2'

30' SETBACK

—N15°55'00"W 100.00

R/W

S15°50'52"E 99.98 TIE

EP

BON-REA DRIVE
50' PUBLIC R/W

EP

R/W

NOTES:

1. PID 21154157

2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS, BUFFERS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710446900K, WITH A DATE OF IDENTIFICATION OF 2/19/2014.

4. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.

5. PROPERTY ZONED: R-3 SETBACKS SHOWN ARE PER CURRENT ZONING CLASSIFICATION AND ARE SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

LEGEND:

EIP = EXISTING IRON PIN
SIP = SET IRON PIN
PM = POWER METER
AC = AIR CONDITIONING
R/W = RIGHT OF WAY
PP = POWER POLE
GW = GUY WIRE
SSMH = SANITARY SEWER MANHOLE
EP = EDGE OF PAVEMENT
OE = OVERHEAD ELECTRICITY
CP = COVERED PORCH

SCALE 1"=30'

PHYSICAL SURVEY
OF
LOT 26, BLOCK 2
of PROVIDENCE FRANKLIN PARK
CITY OF CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

SURVEYED FOR RICHARD and LISA FORESTER

MAP RECORDED IN BOOK 6 AT PAGE 933 DEED RECORDED BOOK ____ PAGE ____

DRAWN BY JW FIELD WORK BC/MB FIELD BOOK # ____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC: C-1242 SC: 858

2015\BAT\Bon-Rea Dr 3900
2015\B\Bon-Rea Dr 3900

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/28/21	**Amount:**	100.00
Receipt #:	129444	**Tendered:**	100.00
Check / Auth #:	VISA 03827C	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: FORSTER, RICHARD
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 3900 BON REA DRIVE		1	100.00	100.00

----------Outstanding Balances----------

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

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107
All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108
Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: July 1st, 20 21 **PERMIT NO.:** _____ (to be completed by DWQ/DPH)

A. **WELL OWNER** – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

Richard Forster

Mailing Address: 3900 Bon Rea Drive

City: Charlotte State: NC Zip Code: 28226 County: Mecklenburg

Day Tele No.: 704-281-4043 cell Cell No.: 704-248-6680 home

EMAIL Address: rforster@alphaiwp.com Fax No.: None

B. **PHYSICAL LOCATION OF WELL SITE**

(1) Parcel Identification Number (PIN) of well site: 21154157

County: Mecklenburg

(2) Physical Address (if different than mailing address): _____

3900 Bon Rea Drive

City: Charlotte State: NC Zip Code: 28226

C. **WELL DRILLER INFORMATION** (if known)

Well Drilling Contractor's Name: Unknown

NC Well Drilling Contractor Certification No.: _____

Company Name: _____ Contact Person: _____

City: _____ State: ____ Zip Code: ____ County: _____

Day Tele No.: _____ Cell No.: _____

EMAIL Address: _____ Fax No.: _____

D. **REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

See attached

E. **ATTACHMENTS** – Provide the following information as attachments to this application:

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) 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) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

F. **OTHER MINIMUM CONSTRUCTION REQUIREMENTS**

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

G. **SIGNATURES**

Signature of Person Responsible for Well Construction (typically the well driller)

Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)

April Bumgarner REHS

Signature of County Environmental Health Specialist

April Bumgarner

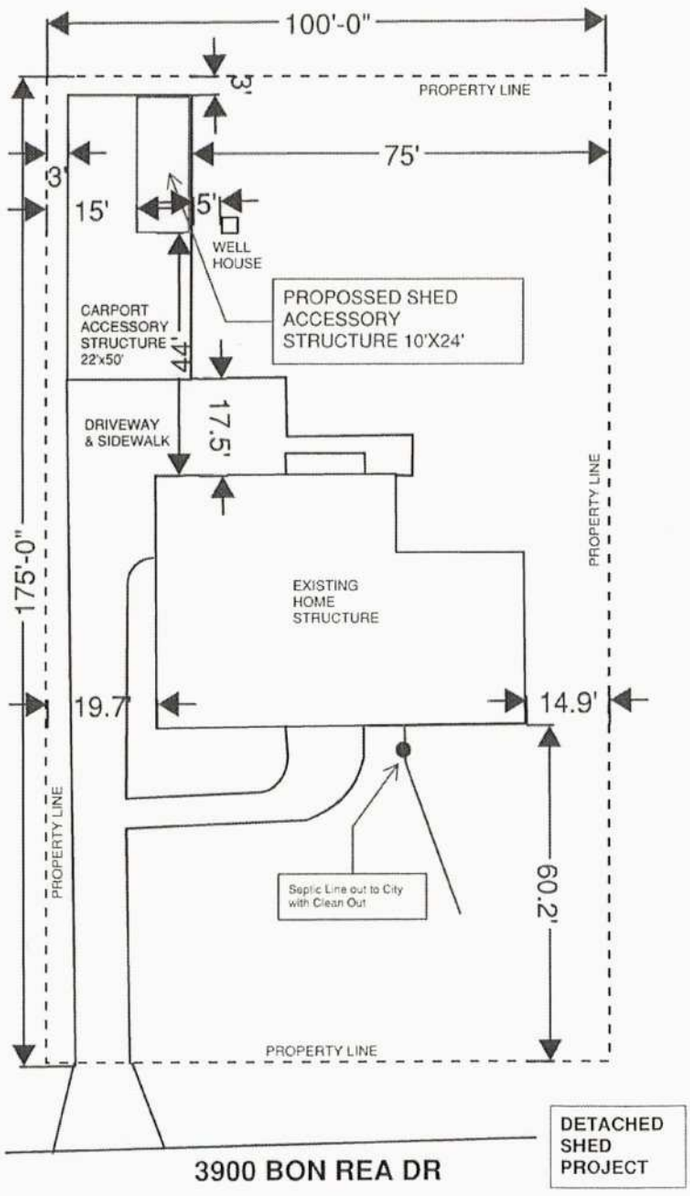
Print or Type Full Name of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality or the Division of Public Health 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 in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.

Section D. Reason for Variance Request

Owner would like to construct a metal out building/shed to store outdoor items. The shed would be 5' from the existing drinking water well. Due to this being a metal building and constructed on a concrete pad there would be no pesticide treatment.

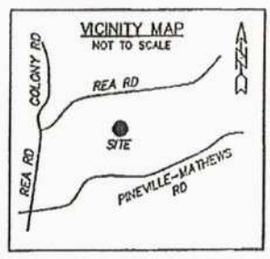
AB 7-2-21


100'-0"
3'
PROPERTY LINE
75'
3'
15'
5'
WELL HOUSE
PROPOSSED SHED ACCESSORY STRUCTURE 10'X24'
CARPORT ACCESSORY STRUCTURE 22'x50'
44'
17.5'
DRIVEWAY & SIDEWALK
175'-0"
PROPERTY LINE
EXISTING HOME STRUCTURE
19.7'
14.9'
Septic Line out to City with Clean Out
60.2'
PROPERTY LINE
PROPERTY LINE
3900 BON REA DR
DETACHED SHED PROJECT

THIS IS TO CERTIFY THAT ON THE 20th DAY OF AUGUST, 2015, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____ PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-4689 LAND SURVEYOR THOMAS E. WHITE 8/20/15



NORTH PER MB 6/933

~NOW OR FORMERLY~
RACHEL E MAZUR
& RICHARD K MAZUR
DB: 29418 PG: 648

100'-0" (2.42)

SSMH EP EIP S15°55'00"E 100.00 TOTAL SIP EIP S15°50'56"E 100.01 TIE EIP

22'-0" 3'-0" (89.42)

24'-0" 6'-0" 10'-0" WELL HOUSE

50'-0"

LOT 26
0.402 ACRE

GW PP

45' REAR YARD

OVERHEAD LINES (NO EASEMENT REFERENCE FOUND)

Legend			
Description	Quantity	Unit	
3' Setback - Area	242	sf	
10'x24' Shed Under Carport - Area	240	sf	
Concrete Slab with Pre-Fab Carport	1,100	sf	

Maintain 3 FT set back from property lines from overhang of building

CONCRETE DRIVE

COVERED CARPORT 19.2 14.0 0.4 19.7 22.8

PM AC 23.4

#3900
1 STORY BRICK
COMPOSITION ROOF

29.6 29.2

12.0 CP 4.0 23.3 0.4 30.1 14.9'

6' SIDE YARD

S74°05'00"W 175.00

~NOW OR FORMERLY~
ANGELA S LEE
DB: 25752 PG: 574

175'-0"

N74°05'00"E 175.00

~NOW OR FORMERLY~
WILLIAM AVERY HEARN
DB: 4712 PG: 431

6' SIDE YARD

Septic Line flows out front to city system

60.2'

30' SETBACK

N15°55'00"W 100.00

SIP R/W EIP PP GW S15°50'52"E 99.98 TIE EIP

EP

BON-REA DRIVE
50' PUBLIC R/W

EP R/W PP

NOTES:

1. PID 21154157

2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS, BUFFERS, RIGHTS-OF-WAY OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.

3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710446900K, WITH A DATE OF IDENTIFICATION OF 2/19/2014.

4. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.

5. PROPERTY ZONED: R-3 SETBACKS SHOWN ARE PER CURRENT ZONING CLASSIFICATION AND ARE SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.

LEGEND:

EIP = EXISTING IRON PIN
SIP = SET IRON PIN
PM = POWER METER
AC = AIR CONDITIONING
R/W = RIGHT OF WAY
PP = POWER POLE
GW = GUY WIRE
SSMH = SANITARY SEWER MANHOLE
EP = EDGE OF PAVEMENT
OE = OVERHEAD ELECTRICITY
CP = COVERED PORCH

SCALE 1"=30'

PHYSICAL SURVEY OF
LOT 26, BLOCK 2
of PROVIDENCE FRANKLIN PARK
CITY OF CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

SURVEYED FOR RICHARD and LISA FORESTER

MAP RECORDED IN BOOK 6 AT PAGE 933 DEED RECORDED BOOK ____ PAGE ____

DRAWN BY JW FIELD WORK BG/MB FIELD BOOK # ____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7801
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION NO: C-1242 SC: 858

2015\BAT\Bon-Rea Dr 3900
2015\B\Bon-Rea Dr 3900

FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2021 JUL 09 10:26:44 AM
BK:36276 PG:319-321
FEE:$26.00
INSTRUMENT # 2021132899

JONESAW

2021132899

7-9-2021

Returned to customer

Recording Cover Page

Grantor + Grantee

Must be typed or printed clearly in black ink only.

Well VARIANCE - 3900 BON Rea

Document Title

Must appear exactly as the first page of the document to be recorded

Prepared By:

Name: RICHARD FORSTER

Address: 3900 BON REA DR.

City/State/Zip: CHARLOTTE, NC 28226

After Recording, Mail To:

Name: RICHARD FORSTER

Address: 3900 BON REA DR

City/State/Zip: CHARLOTTE, NC 28226

Cover sheets may be used for documents that do not conform to North Carolina document recording standards. Submitters may use this cover sheet or prepare their own. If using this cover sheet, submitters assume responsibility for its completion and all liability for the content and information provided.

3

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
July 6, 2021

Richard Forster
3900 Bon Rea Drive
Charlotte, NC 28226

Re: Approval No. JMB2344

Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(P)]

Property location:
3900 Bon Rea Drive Parcel # 2115417
Charlotte, NC 28226

Dear Mr. Forster:

On July 2, 2021 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that is serving one dwelling. A structure is proposed to be within twenty-five feet of the well.

Specifically, the variance request grants you permission to use a water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty-five foot setback would be difficult given the challenges of the property.

Based upon information provided by you, Mecklenburg County Health Department it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted,** terminated at least 12" above land surface, properly sealed, and having a thread-less sample tap etc.
2) The well shall be sampled for the same parameters required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied to the structure within twenty five feet of the well unless alternative methods are approved by Mecklenburg County Health Department.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John M. Brooks R.E.H.S, MS