

5420 CAMP STEWART RD

11109137

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 #: 7063B WASPS App #: 2145

Primary ES assigned to project: Debora Howell

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:

_____

_____

_____

_____

_____

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: 4/5/07 ES assigned date: 4/5/07 Permit issued date: 4/5/07

Well approval date: 4/25/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 5/22/07

CHARLOTTE.

Laboratory Analysis Report
Report Date: 4/20/2007 03:40 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-72822
LOC ID: G-NEW
SAMPLE DATE-TIME: 4/17/2007 10:55 CHAIN OF CUSTODY #: 070417134426
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC14082	**NITRATE**	**0.93**	**mg/L**	0.05	EPA 353.2	4/18/2007	15:58	EWN
AC14082	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	4/18/2007	14:20	EWN

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

CHAIN OF CUSTODY RECORD

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	5420 Camp Stewart Rd., Charlotte, Nc 28215
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER [redacted]

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

[redacted]
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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
AC14082																						
GWO-72822 AC14082	DH	4/17/07 10:55 am	N/A	N	18.3°C	[redacted]				X	500 ml		1			X				[redacted]	X	
GWO-72822 AC14082	DH	4/17/07 10:55 am	N/A	N	18.3°C	[redacted]				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:

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.

[redacted]

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	[signature]	4/17/07	1320
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

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 4/20/2007 03:37 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-72822
LOC ID: G-NEW
SAMPLE DATE-TIME: 4/17/2007 10:55 CHAIN OF CUSTODY #: 070417134302
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC14081	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	4/17/2007	15:10	MKV
AC14081	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	4/17/2007	15:10	MKV

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	5420 Camp Stewart Rd., Charlotte, NC 28215
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER [redacted]

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

[redacted]
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
AC14081											100 ml										
GWO72822		4/17/07	N/A	N	NA	[redacted]				X			1						X		X
AC14081	DH	10:55am	N/A																		

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.
[redacted]
Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	[signature]	4/17/07	1320
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

Debra H.
File 7063B
Appl # 2145

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3002

1. WELL CONTRACTOR:

FRANKIE L. OLIVER
Well Contractor (Individual) Name

CAROLINA WEN DRILLING
Well Contractor Company Name

STREET ADDRESS 6614 MEDLIN RD.

MONROE NC 28112
City or Town State Zip Code

(704) 764-8085
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable) MECK. Co. # 10002145

WELL USE (Check Applicable Box): Residential Water Supply ☑

DATE DRILLED 4-12-07

TIME COMPLETED 4:00 AM ☐ PM ☑

3. WELL LOCATION:

CITY: CHARLOTTE COUNTY MECKLENBURG

5420 CAMP STEWART RD.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35° 14.490 N
LONGITUDE 80° 39.580 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)

4. WELL OWNER

OWNER'S NAME MARK & DEBORAH BRANCH

STREET ADDRESS 5420 CAMP STEWART RD.

CHARLOTTE NC 28215
City or Town State Zip Code

(704) 497-3989
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 255'

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

c. WATER LEVEL Below Top of Casing: 40 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): 5 METHOD OF TEST AIR

f. DISINFECTION: Type 70% HTH Amount 20 oz.

g. WATER ZONES (depth):

From	To	From	To
162			
173			
225			

6. CASING:

From	To	Ft.	Depth	Diameter	Thickness/ Weight	Material
0	157			6¼"	SDR 21	PVC

7. GROUT:

From	To	Ft.	Depth	Material	Method
0	150			PORTLAND	POUR

8. SCREEN:

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

9. SAND/GRAVEL PACK:

From	To	Ft.	Depth	Size	Material

10. DRILLING LOG

From	To	Formation Description
0	13	RED DIRT
14	70	BROWN DIRT
71	150	BROWN SANDSTONE
151	255	BLUE GRANITE

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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 4/12/07

FRANKIE OLIVER / CLIFF RAPE
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) 336-5109
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10002145 **File #:** 7063B **Tax Parcel #:** 111-091-37
Property Owner: DEBRA BRANCH
Job Location Address: 5420 CAMP STEWART RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 4/5/2007
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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:

Based on ARGU review, permit can be approved with no special conditions.

Debra Howell
Authorized Agent: Print Name
Debra Howell
Signature:

Frances Baker
Owner/Legal Agent: Print Name
Signature: Frances Baker

WORK ORDER

Workorder No: 72753
Description: ARGU Well Review
Submitted To: STUTTS, JACK
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 4/5/07 2:19:22 PM
Projected Start Date: 4/5/07
Projected Finish Date: 4/5/07 2:19:00 PM
Actual Start Date: 4/5/07
Actual Finish Date: 4/5/07 2:19:00 PM
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 9211
Entity Location: 9211

SITE INFORMATION

Workorder Address: 5420 CAMP STEWART RD
and/or
General Location:
Town: CITY

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:
1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comment:
Create one work order per ARGU Review
By CALDWELL, SHAWNA: 4/5/07 2:24:00 PM
Based on review of our files, the permit for private well installation at PID# 111-091-37, 5420 Camp Stewart Rd., Charlotte, NC is approved. The referenced MPL site is outside of the ARGU and the status will also be changed from MPL to GWMPL, so the well requires abandonment under the Mecklenburg Co. Groundwater [illegible] for Private Water Supply Wells with no special conditions.

Hydrogeologist Permit Application Review

Application #: 2145
Permit File #: 7063B

Permit Type: New Well (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

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

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

Based on ARGU review, permit can be approved with no special conditions.

EHS Review | Update

The application has been forwarded to David Cornelius for review.

App. #: 2145

Septic Fee: 0.00

Date:

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 7063B

Well Fee: 400.00

Date: 4/5/2007

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 111-091-37 [ ] PO

STREET ADDRESS: 5420 CAMP STEWART RD

CITY: Charlotte

STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

NO WATER NEED PERMIT ASAP

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No

TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ( ) N/A ( ) IRRIGATION (•) POTABLE ( ) GEOTHERMAL ( ) OTHER

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: DEBRA BRANCH

ADDRESS: 5420 CAMP STEWART RD

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28215

HOME PHONE: 704-568-9063 WORK: 704-497-3989

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: CAROLINA WELL DRILLING

ADDRESS: 6614 MEDLIN ROAD

CITY: MONROE

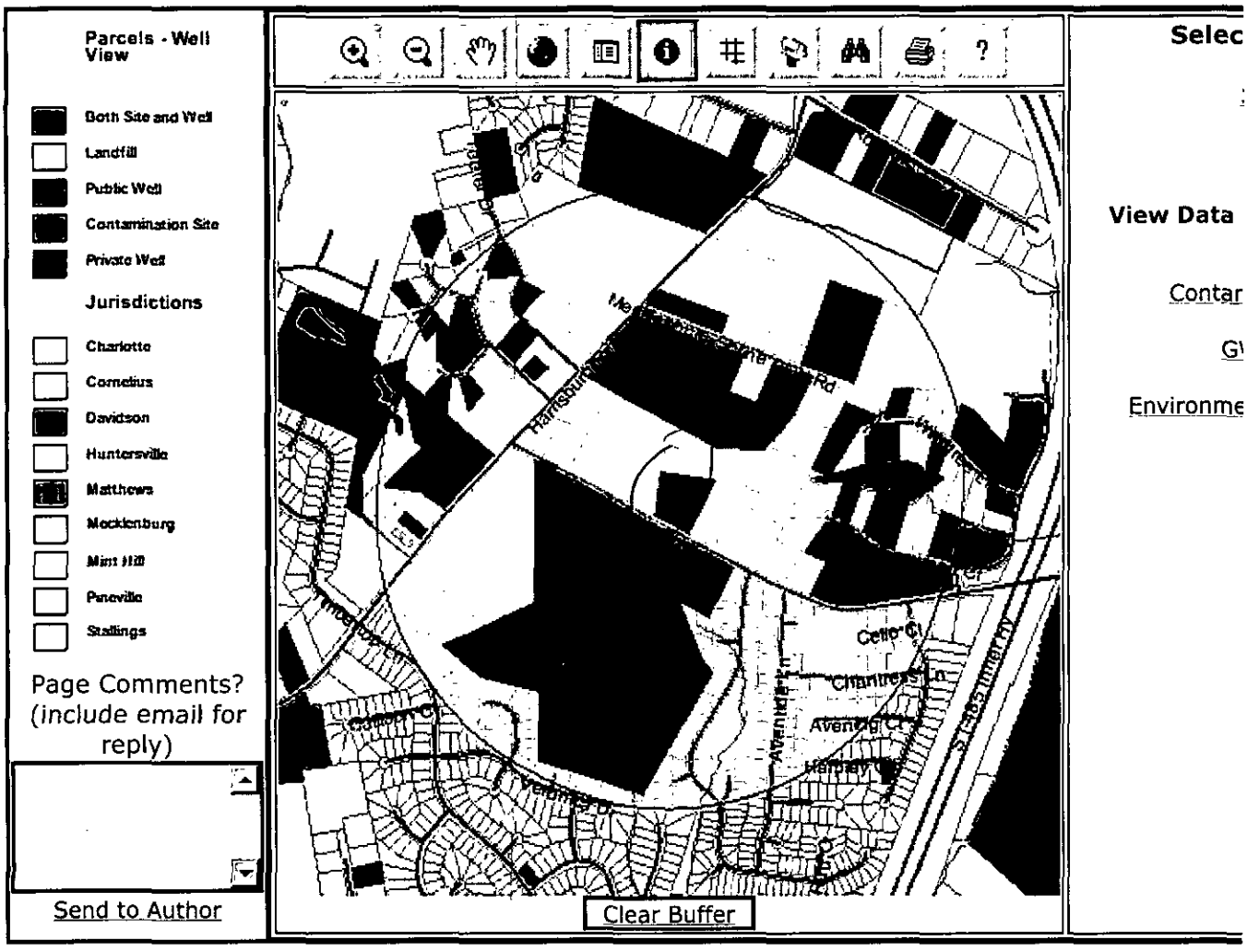
STATE: NORTH CAROLINA ZIP: 28112

HOME PHONE: WORK: 704-882-1393

MOBILE:	FAX:	MOBILE:	FAX: 704-764-2177

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?	4 / 4 / 2007
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?	4 / 4 / 2007

PRINT | Update | Go to Front Counter | Duplicate



No CW available.

Mecklenburg County, NC **Groundwater & Wasterwater Services**
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 11103116
Name: ESTES PROPERTY
House No: 9805
Street Dir:
Street Name: HARRISBURG
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28215
NC Incident Number: 0

* Link to GIS Real Estate System

Rept. for ARGU Review
5420 Camp Stewart Rd., Charlotte, NC
PID# 111-091-37
File # 7063B
Application#2145

City water supplied by CMUD is not available in this area.

04/05/07 (Thurs.) - Received request for ARGU review for private well installation at 5420 Camp Stewart Rd., Charlotte, PID#111-091-37. According to the WIS, there is an existing well at this property. This permit is for a replacement WSW, since the existing well is dry.

04/05/07 (Thurs.) - Conducted ARGU Review. Identified 1 MPL site within 2,000' of the subject parcel.

MPL# 733 Estes Property
9805 Harrisburg Rd., Charlotte, NC
PID# 111-031-16
NCDENR UST Section Inc. #18510
Source-heating oil UST

NCDENR database indicates that this UST closure received a No Further Action letter for clean closure following additional soil excavation, soil results<soil to GW and GW results<2L, so this site status will be changed from MPL to GWMPL.

MPL investigation completed in 1999. Thirty-eight WSWs located and 2 were sampled for VOCs, including the a WSW at the Estes Property, with no wells impacted. No record of well sampling or impact at the subject site.

The subject site is more than 1,500' from the parcel boundary for this MPL site.

Based on review of our files, the permit for private well installation at PID# 111-091-37, 5420 Camp Stewart Rd., Charlotte, NC is approved. The referenced MPL site is outside of the ARGU and the status will also be changed from MPL to GWMPL, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

No Water ASAP 72814 DC

FILE NUMBER: 7063B

SEPTIC FEE: _____
DATE: _____

Revised On: January 3, 2007

APPLICATION NUMBER: 2145

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: 400.00
DATE: 4/5/07 Cash

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: 111-091-37
STREET ADDRESS: 5420 Camp Stewart Rd
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 1.04
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: 1500 sf
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
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: Debra Branch
ADDRESS: 5420 Camp Stewart Rd
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: 704-568-9063 WORK PHONE: 704-497-3989
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Carolina Well Drilling
ADDRESS: 6614 Medlin Rd
CITY: Monroe
STATE: NC ZIP: 28112
HOME PHONE: WORK PHONE: 704 882 1393
MOBILE PHONE: FAX: 704-764-2177

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4-4-2007
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4-4-2007

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.

X Debra Branch 4-5-07
Property Owner's or Owner's Legal Representative Signature Date

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

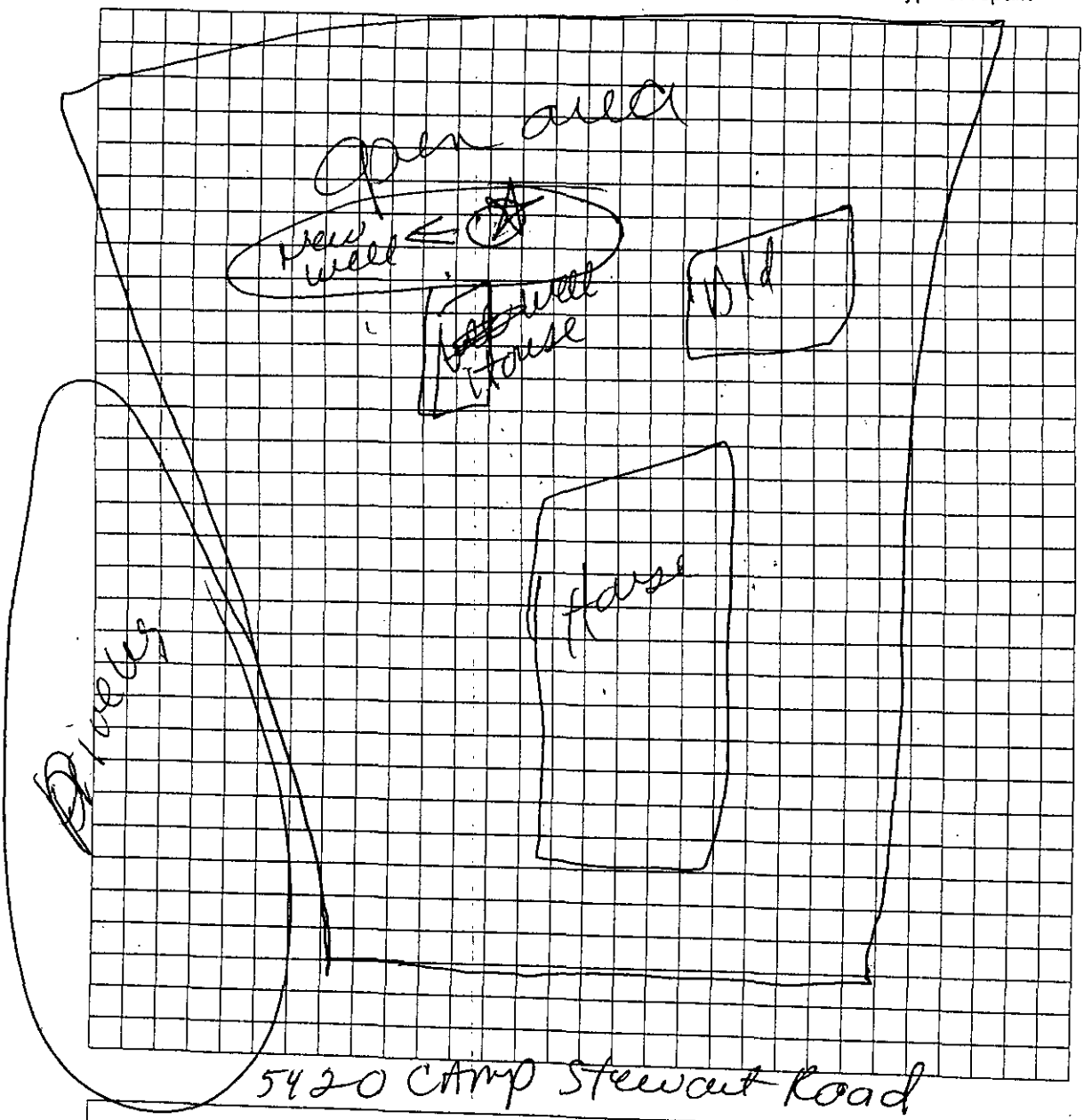
MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date

LBC 12/15/04