

2417 CASSIDY DR

00329124

8/15/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 18345 WASPS App #: 252

Primary ES assigned to project: Gina Buchanan

Secondary ES assigned to project: Kim Garrett

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: 0

Comments:

Application received date: 01-17-06 ES assigned date: 01-20-06 Permit issued date: 01-25-06

Well approval date: 01-14-07 Number of days to complete project: 359

Review performed by: Joshua R. Lillers R.S. Date performed: 01-19-07

Permit # 252

GWS – RES. APP 12/04

B98631 $400.00

SEPTIC FEE
DATE
CRT [illegible]

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

WELL FEE
DATE
CRT [illegible]

FILE # 18345

1.17.06

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00329124
STREET ADDRESS: 2417 Cassidy Rd
CITY: Davidson
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: Grayland
LOT #: 10
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2496
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

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

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: JD North Construction
ADDRESS: 18335-A Old Statesville Rd
CITY: Cornelius 28031
STATE: NC ZIP:
HOME PHONE: 7049878936 WORK PHONE: 7049878936
MOBILE PHONE: 704-634-1052 FAX: 704-997-9268

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/12/06
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 1/12/06

*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.

1/18/06
Owner's/Agent's Signature Date

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

*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.

Owner's/Agent's Signature Date

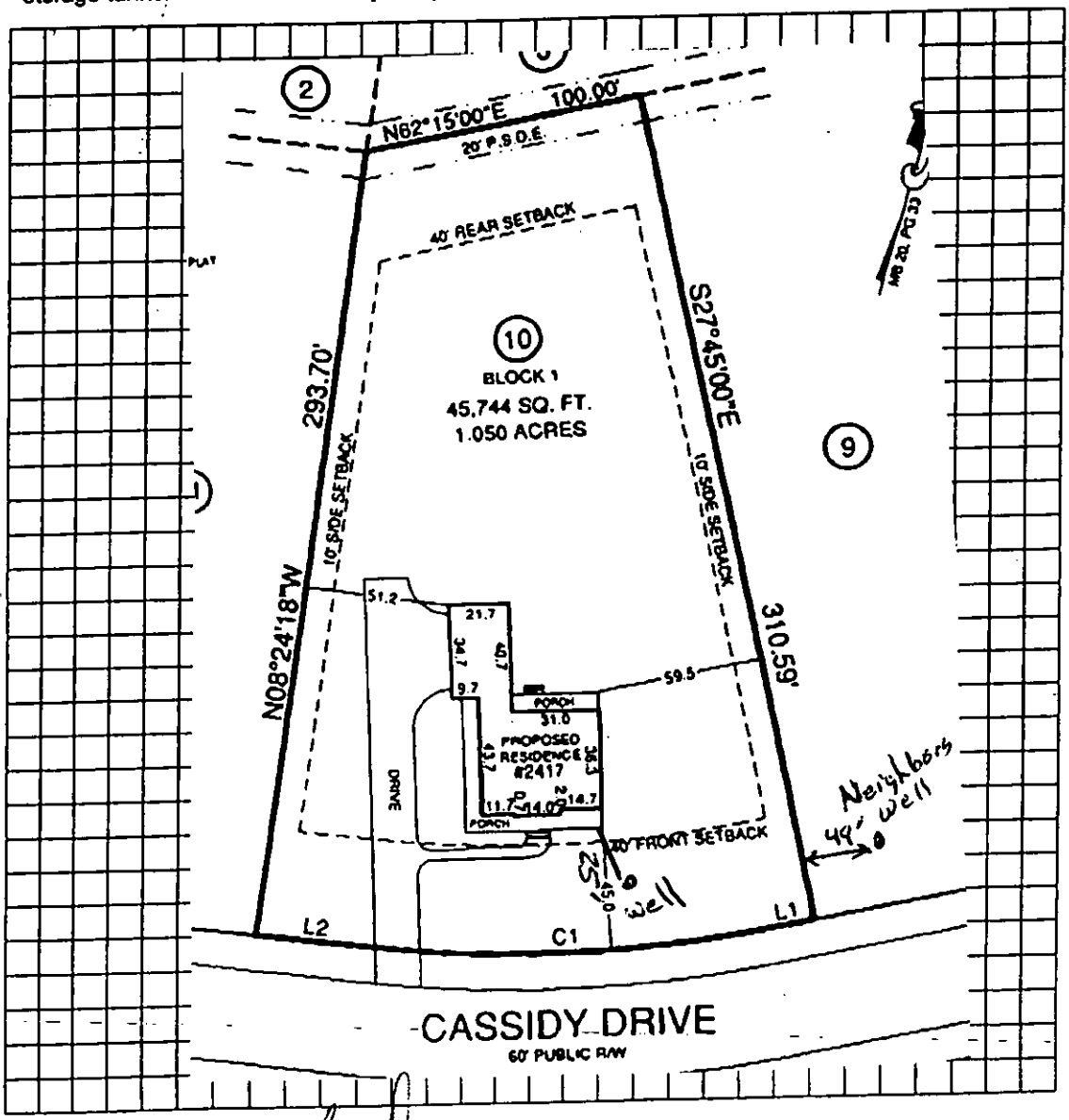
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 # 18345
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 1/18/06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/18/06	**Amount:**	400.00
Receipt #:	40131	**Tendered:**	400.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: B98631
Contractor: NORTH JD CONSTRUCTION CO
Attn:
Address: 18335 OLD STATESVILLE RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 2417 CASSIDY RD		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,261.24	372.06				

18345
file

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6594

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000262 **Tax Parcel #:** 003-291-24
Property Owner: JD North Construction
Job Location Address: 2417 CASSIDY DR
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 1/25/2006
Use of Well: Potable
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.

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)

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:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature: 1/25/06

Jason Florczyk
Owner/Legal Agent: Print Name

Signature: 12/7/06

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION #: 3271 chlorine 4lb

1. WELL CONTRACTOR:
Joseph Bailey
B & K Well Drilling Inc
STREET ADDRESS: 132 mt moore Ln
Mocksville NC 27117
(24) 632-4696

2. WELL INFORMATION:
SITE WELL ID #: 2417 Cassidy Ln
STATE WELL PERMIT #:
DWQ or OTHER PERMIT #:
WELL USE: Residential Water Supply
DATE DRILLED: 3/15/06
TIME COMPLETED: 1:30 AM PM

3. WELL LOCATION:
CITY: Advance COUNTY: Davie
2417 Cassidy Ln
TOPOGRAPHIC / LAND SETTING:
LATITUDE: NA
LONGITUDE:
Latitude/longitude source: GPS Topographic map
Accuracy of well owner to above: 30 METERS
Reference point for lat/long: OTHER

4. WELL OWNER:
OWNER'S NAME: J.D. North Const.
STREET ADDRESS: 18335 S.R.A. Old Statesville Rd.
Cornelius NC 28031
( ) -

5. WELL DETAILS:
a. TOTAL DEPTH: 205
b. DOES WELL REPLACE EXISTING WELL? YES ( ) NO ( )
c. STATIC LEVEL: Below Top of Casing 50 FT.
d. TOP OF CASING IS 1.5 FT. Above Land Surface
e. YIELD (gpm): 12 METHOD OF TEST: Stepswitch

6. CHEMICAL: Type: Chlorine Amount: 1 Bag
7. WATER ZONES (depth):
From 152 To 160 From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

8. CASING:

Depth From	To	Diameter	Thickness/Weight	Material
0	111	6"	SCH 21	PVC

9. GROUT:

Depth From	To	Material	Method
0	20	Sanitex	pour

10. SCREEN:

Depth From	To	Diameter	Slot Size	Material

11. SAND/GRAVEL PACK:

Depth From	To	Size	Material

12. DRILLING LOG:

From	To	Formation Description
0	111	Red Soil
		Grey Soil
112	205	Grey Rock

13. REMARKS:

I 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.

Joseph Bailey 3-15-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Joseph Bailey
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 566.

Form GW-1b
Rev. 7/97

Permit # 10000252

File # 18348

Tax Parcel # 003-291-24

2417 Cassidy Dr.

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: North, J D **County:** Mecklenburg

Address: 2417 Cassidy Davidson, NC **ZIP:**

Source: Well **Type of Sampling Point:** Well head

Collected By: KG **Date:** 12/13/2006 **Time:** 11:50 AM

Signed By: Garrett, Kim **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Absent

Sample No: AA98485 **Date Received:** 12/14/2006 **Time Received:** 8:50:00 AM

Date Reported: 12/15/2006 **Today's Date:** 12/15/2006

Comments:

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier 05-16-21

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: North, J. D.
Address: 2417 Cassidy
Davidson, NC
Zip:
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Kim Garrett
(704) 336-5101

Collected By: KIM GARRETT
Date: 12/13/2006
Time: 11:50:00 AM
Location of sampling point: well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	0.11	mg/l	12/14/2006
Nitrate as N	2.46	mg/l	12/14/2006

(1)

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 7.5 °C
Date Received: 12/14/2006 **Report Date:** 12/29/2006
Today's Date: 1/3/2007 **Reference:** 16208 **Login Batch** 06120030 **Sample Number:** AB50722
Reported By: Debbie Monk

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
306 N. Wilmington St. - P.O. Box 28047, Raleigh, NC 27611-8047

INORGANIC CHEMICAL ANALYSIS – NITRATE ONLY

Complete All Items - Please Write Legibly
(See Instructions on Reverse Side)

Name of System: J D North

Address: 2417 Cassidy

City: Davidson ZIP

County: Mecklenburg

Report To: Kim Garrett mcaws

Address: 700 N Tryon St

Charlotte

NC ZIP 28202

Collected By: Kim Garrett

Date Collected: 12/13/06 Time: 11:50 (AM) PM

Location of Sampling Point: Wellhead

Source of Water
- ☑ Ground
- ☐ Surface
- ☐ Both
- ☐ Purchased

Type of Sample
- ☑ Raw
- ☐ Treated

Type of Treatment
- ☑ None
- ☐ Chlorinated
- ☐ Fluoridated
- ☐ Filtered
- ☐ Alum
- ☐ Lime
- ☐ Soda Ash
- ☐ Polyphosphate
- ☐ Water Softener
- ☐ Other

Sample Category
- ☐ Foster/Therapeutic Home
- ☐ Intensive Livestock Operation
- ☑ Other

Remarks

Laboratory Use Only

DHHS 4017
State Laboratory (Review 10/01)

State Laboratory of Public Health
N.C. Department of Health and Human Services
PO Box 28047- 306 N. Wilmington St.- Raleigh, NC 27611-8047

DO NOT WRITE IN THIS AREA

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

COMMENTS:

Name of Owner/Tenant: JD North County: Mecklenburg

Street: 2417 Cassiday City/State: Davidson NC Zip:

Source: ☒ Well ☐ Spring ☐ Other Type of Sampling Point: Wellhead

Collected by: Kim Garrett Date 12/13/00 Time 1:50 ☐ AM ☐ PM

Signed by: Kim Garrett

Address: MCGWS 700 N Tryon St Indicate MD or EHS

City: Charlotte State NC Zip 28202

DHHS 1294 (Revised 2/98)
Laboratory (Review 3/01)

PLEASE PRINT LEGIBLY
ALL INFORMATION REQUESTED MUST BE GIVEN.

Tighten Lid on Bottle Securely

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

January 11, 2007

Jason Florczyk
JD North Construction
18335-A Old Statesville Road
Cornelius, NC 28031

Re: Well Water Sampling Results
2417 Cassidy Drive
Tax Parcel # 003-291-24

Dear Jason:

On December 13, staff with Mecklenburg County Groundwater & Wastewater Services sampled drinking water from the well located on the above referenced parcel. The samples were analyzed for the following parameters: Total Coliform, Nitrate and Nitrite.

Laboratory results for the analysis are attached and indicate that at the time of sampling, Total Coliform bacteria were absent , the Nitrate level was 2.46 mg/l (Nitrate-N levels are acceptable if $\leq$ 10 mg/l), and the Nitrite level was 0.11 mg/l (Nitrite levels are acceptable if <1.0 mg/l).

If you have any questions concerning these results, please contact me at (704) 432-4259. Thank you!

Sincerely,

Kim Garrett
Environmental Specialist
Mecklenburg County Groundwater & Wastewater Services
kimberly.garrett@mecklenburgcountync.gov
704-432-4259

Enclosure:
Laboratory Analysis