

15257 HUS MCGINNIS RD

02120102

10/5/09

thomatc

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 1855 WASPS App #: 3789

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project: _____

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit In Progress ☑ Installation Complete ☐ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐	
ARGU review report	Yes ☐	No ☐	N/A ☑
Signed permit	Yes ☐	No ☐	
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐ N/A ☐
GW-1 / GW-30	Yes ☐	No ☐	
Certificate of Completion	Yes ☐	No ☐	
Other related documentation	Yes ☐	No ☐	N/A ☐

Comments: 9/2/08 - Please contact applicant to sign permit.

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 ☐	

Comments:

Application received date: 8/11/08 Well approval date: _____

Review performed by: _____ Date performed: _____

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions.

GAX-LUE - _____

CREDIT ☐

REFUND ☒

CANCEL ☐

1. Property Owner's Name: Jeffrey + Brenda Lally 2. Permit #: File# 1855
3. Permit Address: 15257 Hwy McGinnis Rd 4. Posting Date: _____ 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. If Refund, Check payable to: Jeffrey Lally (Please Print) 9. Phone # 704 948-2984
10. Mailing Address: 15257 Hwy McGinnis Rd (Street) Huntersville (City) NC (State) 28078 (Zip)
11. Signature: Requested by G. Craig for Jeffrey Lally 12. Printed Name Jeffrey Lally 13. Date: 7/23/09

REASON FOR REQUEST →

☐ Plan Change ☒ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN _____ (Correct contractor) CHARGES REAPPLIED _____ (Staff Initials)

☐ Other (Specify) _____

Staff Use Only For Department Purposes - Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____

Correct Entry -

Reason - _____

_____
_____
_____
_____

Initials _____ Date / /

Supery Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review 80% = Plan Review 90% = No Plan Review	%
Insp. Info Each Insp (10%)	%
Total Crdt/Rfnd % PR% - Insp	%
Pmt or Fee Amt $ Total Amt	$ 550.00
Zoning Fee $ Amt	$

$550.00 X 81.819% =

Total Pmt/ Fee Credit/Refund $ 450.00

Permit Fee- Zoning X C/R% or Min/- Whichever is greater

G.y.C. (Initials) 7/23/09 (Date)

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit (Trans #)	Serv Chg Cr	Initials & Date	Posting Date
	8_03=0 9004=$		$		
Org/Account [8_03=0]	Refund Charge to account	88- - -	88116		

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ____-____-____

Kim G

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

1. **SEPTIC / TYPE APPLICATION:** ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ N/A ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 02120102
STREET ADDRESS: 15257 Hwy McGinnis Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): 3.5
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: 4400
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. **PROPOSED USE OF WELL:** ☐ N/A ☑ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☑ N/A ☐ 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 (SEPTIC) 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
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☑ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☑ NO
WASTE STORAGE	☐ YES	☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☑ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** Jan 20, 2005 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Jeffrey Lally
ADDRESS: 15257 Hwy McGinnis Rd
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704-948-2984 N/A
WORK PHONE: 704-264-8848 LM and NM to call 9/3 11:40
MOBILE PHONE: 704-201-9731
FAX: 264-8888

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

J. L. (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Jeffrey Lalley
Property Owners or Owner's Legal Representative Signature

7/21/08
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ 550.00 DATE FEE RECEIVED: 8-11-08

APPLICATION PROCESSED BY: Annette G.

GWS FILE NUMBER ASSIGNED: 1855

APPLICATION ID NUMBER ASSIGNED: 3789

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6984

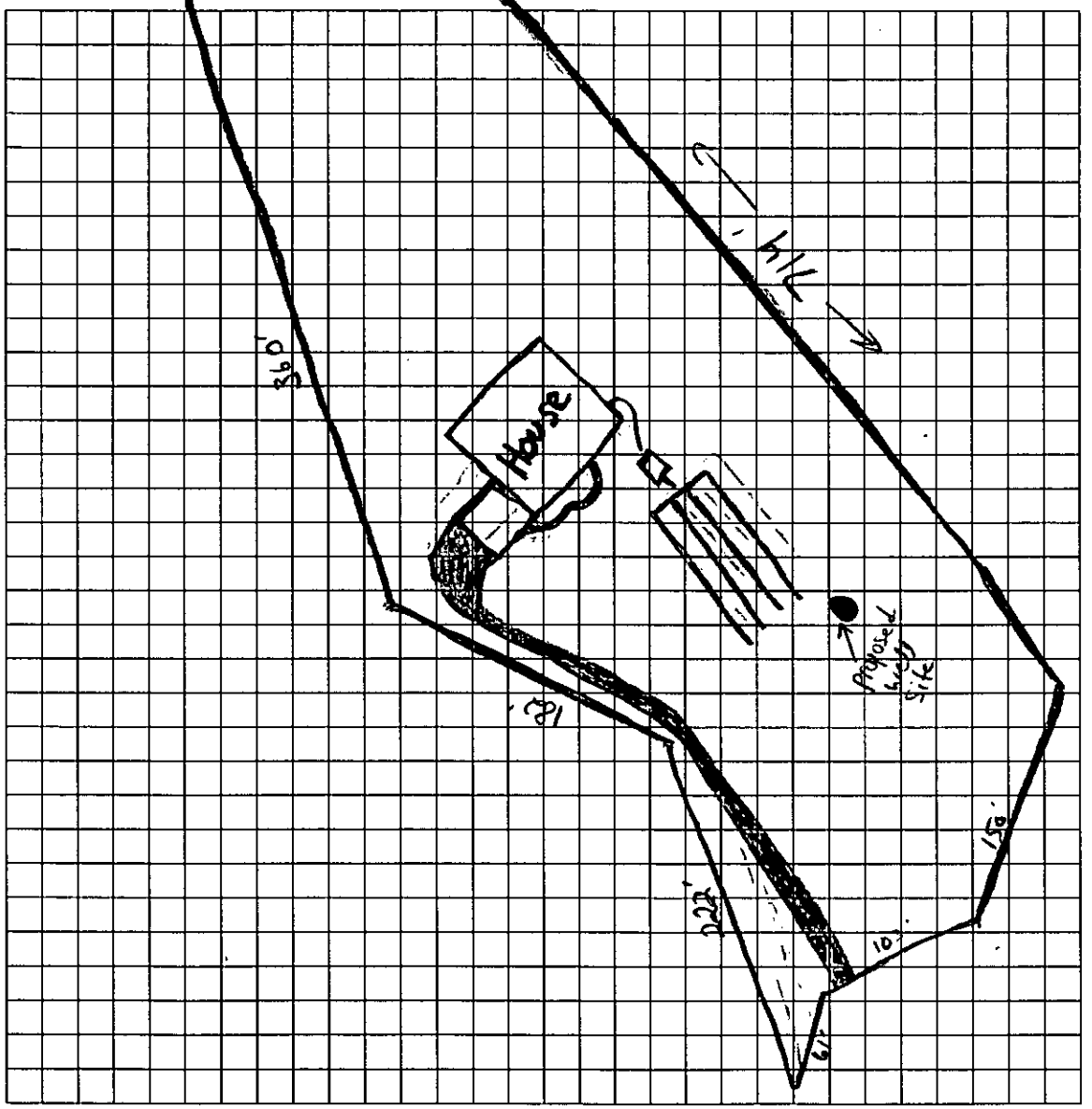
Revised on: 7/1/08

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	Jeffrey Lally
Date	8/11/18

LBC 12/15/04

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

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10003789 **File #:** 1855 **Tax Parcel #:** 021-201-02
Property Owner: JEFFREY LALLY
Job Location Address: 15257 HUS MCGINNIS RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 8/28/2008
Use of Well: Irrigation
Type of Facility Served by Well: House

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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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:

Schedule a time with GWS staff prior to the start of drilling to field verity the well area to ensure the 100 ft setback requirement for the three saprolite septic systems.

Kim Garrett, RS
Authorized Agent: Print Name

Kim Garrett, RS
Signature:

Owner/Legal Agent: Print Name

Signature:

Well Permit # 10003789

Well shall be sited according to Mecklenburg County Groundwater Well Regulations (amended July 1, 2008) including but not limited to:

10' from property boundaries
25' from building foundations
25' from private lateral sewer lines
50' from surface water bodies
100' from sanitary sewer lines, septic tanks, drainfields & repair areas;

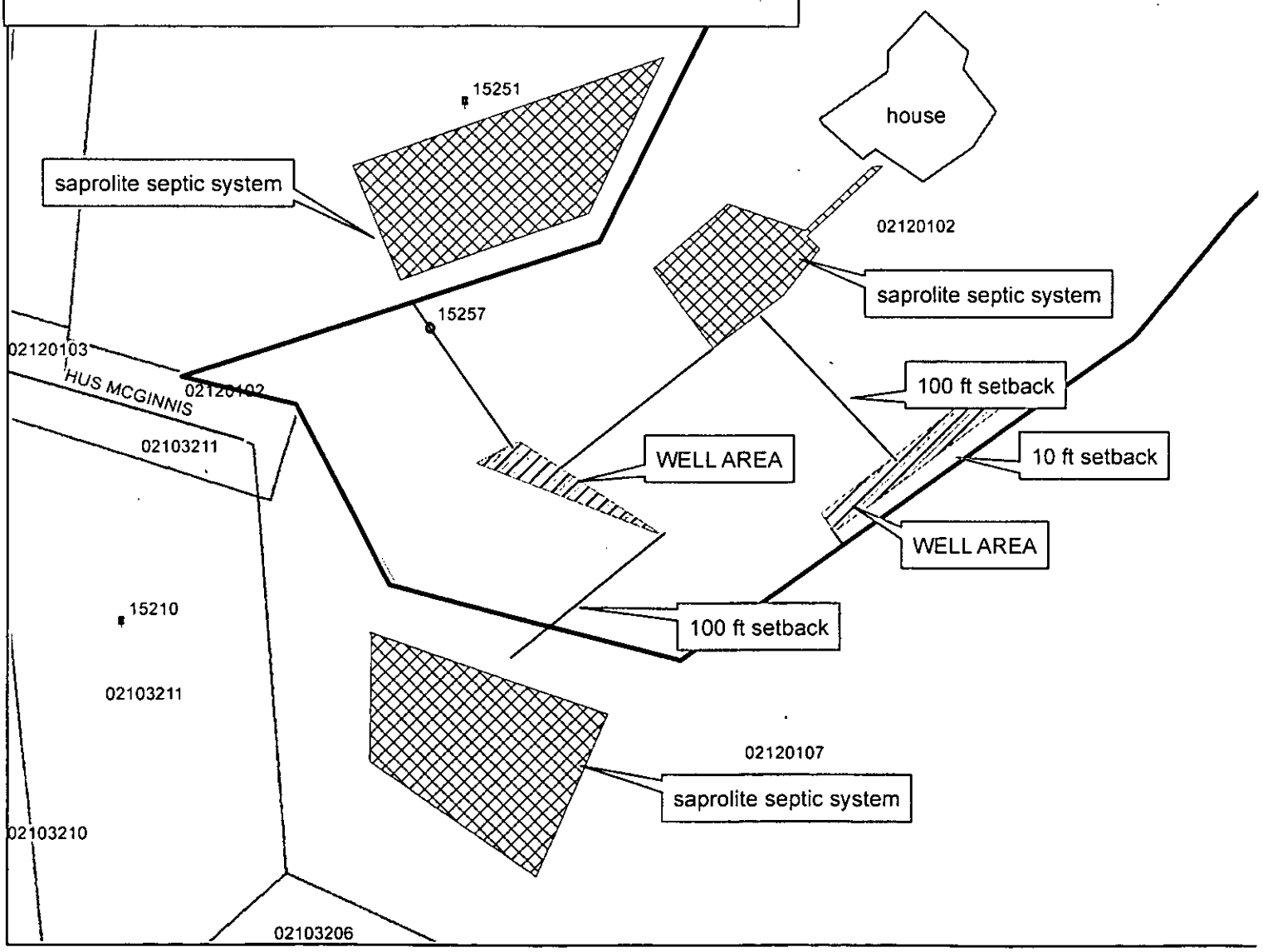
and shall not be located in any easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kristi Barnett, RS Date: 8/28/08

Owner/Legal Agent: _____ Date: _____

** **Prior to the start of drilling**, GWS staff will have to field verify the well area in the front yard to ensure a 100 ft setback off all three of the saprolite septic systems and repair areas. Please schedule a time with GWS staff prior to the start of drilling.

PID # 021-201-02
15257 Hus McGinnis Road
File # 1855



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

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10003789 **File #:** 1855 **Tax Parcel #:** 021-201-02
Property Owner: JEFFREY LALLY
Job Location Address: 15257 HUS MCGINNIS RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 8/28/2008
Use of Well: Irrigation
Type of Facility Served by Well: House

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

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- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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☐ 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:

Schedule a time with GWS staff prior to the start of drilling to field verify the well area to ensure the 100 ft setback requirement for the three saprolite septic systems.

Kim Garrett, RS
Authorized Agent: Print Name
Kim Garrett, RS
Signature:

Jeffrey Lally
Owner/Legal Agent: Print Name
Jeffrey Lally
Signature:

Well shall be sited according to Mecklenburg County Groundwater Well Regulations (amended July 1, 2008) including but not limited to:

10' from property boundaries
25' from building foundations
25' from private lateral sewer lines
50' from surface water bodies
100' from sanitary sewer lines, septic tanks, drainfields & repair areas;

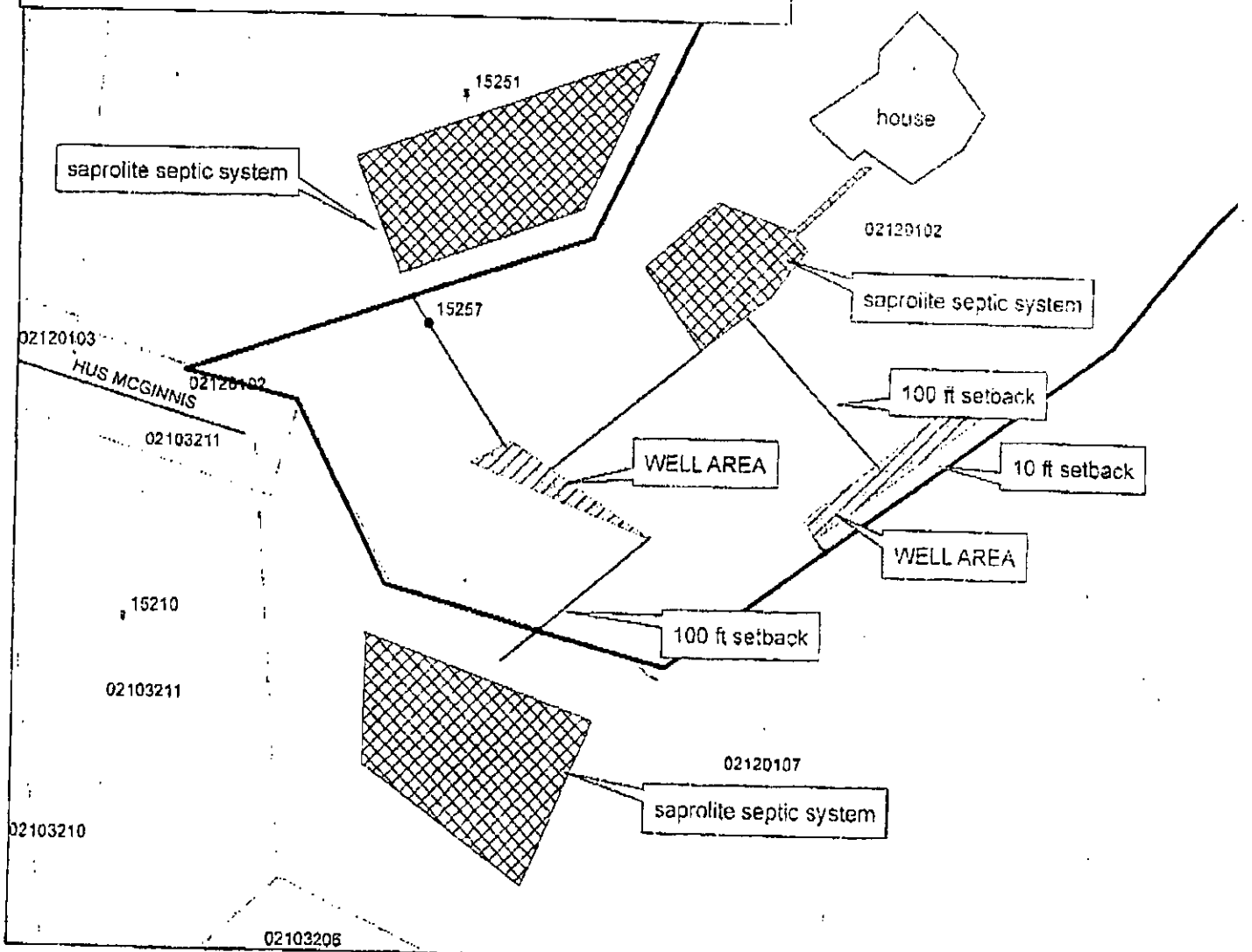
and shall not be located in any easement or right-of-way except for easements such as conservation easements.

Authorized Agent: [signature] Date: 8/28/08

Owner/Legal Agent: [signature] Date: 9/8/08

** **Prior to the start of drilling**, GWS staff will have to field verify the well area in the front yard to ensure a 100 ft setback off all three of the saprolite septic systems and repair areas. Please schedule a time with GWS staff prior to the start of drilling.

PID # 021-201-02
15257 Hus McGinnis Road
File # 1855



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/11/08	**Amount:**	550.00
Receipt #:	58563	**Tendered:**	550.00
Check / Auth #:	CHECK 5603	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	LALLY BRENDA & JEFFREY
Attn:	
Address:	15257 HUS MCGINNIS RD
Address:	
City/State/Zip:	HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 15257 HUS MCGINNIS RD		1	550.00	550.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
50.00					