

7325 VERO LN

10710104

5/15/07

duponbj

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

4099A

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

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☐

OR

REFUND ☑

1. Property Owner's Name: Edwin P. Burrow 2. Permit Number: _____
3. Address: 7325 Vero Lane 4. Date Issued: 5/25/06
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____
☐ Not Doing Work
☒ Other (Specify) Work can not be done
6. Account Name: _____ Account # _____
7. If Refund, Check payable to: D.L. Mullis Well Drilling (Please Print) 8. Phone 704-545-5694
9. Address: 9200 Surface Hills Rd (Street) Cit (City) NC (State) 28227 (Zip)
10. Signature: D.L. Mullis 11. Printed Name D.L. Mullis 12. Date: 8/2/06

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

	B	E	M	P	F	L
# Of made Inspections						

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L
Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
N %	%	100 %	$ 400	$ 400	$ 400.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials JKA Date 8/2/06

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund Charge on account	88 ---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/25/06	**Amount:**	400.00
Receipt #:	44142	**Tendered:**	0.00
Check / Auth #:	VISA 092988	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: DL MULLIS WELL DRILLING
Attn:
Address: 9200 SURFACE HILL ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 7325 VERO LANE		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	100.00				

Do you have this file?

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: ALLISON _____ Fax #: 704-545-9449

_____ Phone #: _____

From: PAUL C _____ Date: _____

_____

Number of pages transmitted: 2 (including coversheet)

Comments: 7325 VERDO LN. - Well Permit

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000868 **File #:** 4099A **Tax Parcel #:** 107-101-04
Property Owner: EDWIN P BURROW
Job Location Address: 7325 VERO LN
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 6/8/2006
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. ☐ 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:

DAVID GRAFELMS, IRS
Authorized Agent: Print Name
Signature:

Owner/Legal Agent: Print Name
Signature:

DC #868

GWS – RES. APP 12/04

400 00

[redacted]

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

[redacted]

FILE # 4099A

5/25/06 VISA

JKA

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 #: 107101D4

STREET ADDRESS: 7325 Verodin

CITY: Charlotte

STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 4

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: 1600

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

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: Edwin P Burrows

ADDRESS: 7325 Verodin

CITY: Charlotte

STATE: NC ZIP: 28215

HOME PHONE: 7045354389 WORK PHONE: 7042935517

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling

ADDRESS: 9200 Surface Hill Rd

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 7045455694

MOBILE PHONE: FAX: 7045459449

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.

Owner's/Agent's Signature Date

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

*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.

DL Mullis 5-22-06

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

* call for credit card #

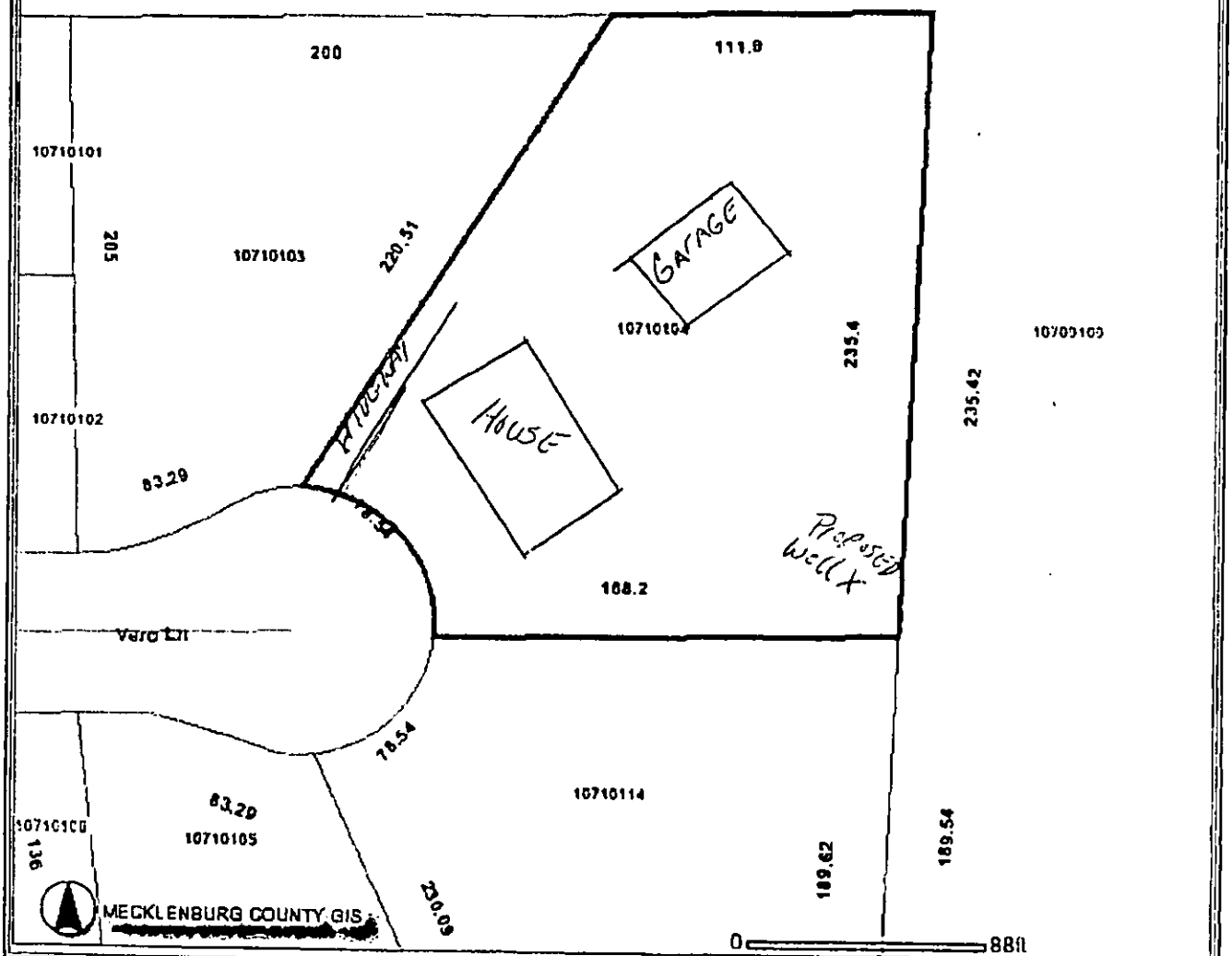
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed May 17 07:35:26 PDT 2006

107-10-104



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.