

2214 LAKEVIEW LN

03149102

10/8/09

thomatc

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 29851 WASPS App #: 41090

Primary ES assigned to project: Debra Howell

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:

_____

_____

_____

_____

_____

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: _____ Well approval date: _____

Review performed by: _____ Date performed: _____

Attention: Debra Howell

Faxed 4/16/09

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3285 File 2885A

1. WELL CONTRACTOR:
Ralph Bailey
Well Contractor (Individual) Name
B+K well Drilling Inc.
Well Contractor Company Name
STREET ADDRESS 132 mt moore LP
Mooresville NC. 28117
City or Town State Zip Code
(704) 892-6692
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT #(if applicable) 1000 4090
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 4/15/09
TIME COMPLETED 2:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY: Meck.
Huntersville MT. Holly RD.
(Street Name, Numbering, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate box)
LATITUDE 3 __ __
LONGITUDE __ __ __
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 John GALLIMORE
STREET ADDRESS [redacted] 2214 Lakeview
Charlotte NC.
City or Town State Zip Code
( )
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 205
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 50 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): 20 METHOD OF TEST Open Flow

f. DISINFECTION: Type CHLOR Amount 12 Cl
g. WATER ZONES (depth):
From 100 To 105 From ____ To ____
From 140 To 155 From ____ To ____
From 180 To 185 From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 72	Ft.	6"	Sch 40	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Ft³	Method
From 0	To 20	Ft.	SAND MIX		BUCK
From ____	To ____	Ft.			
From ____	To ____	Ft.			

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From ____	To ____	Ft.	in.	in.	
From ____	To ____	Ft.	in.	in.	
From ____	To ____	Ft.	in.	in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From ____	To ____	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	20	RED CLAY
20	72	BROWN SAND
72	205	GREY 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.

Ralph Bailey 4/15/09
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Ralph 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 568.

Form GW-1b
Rev. 7/05

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 #: 10004090 **File #:** 2885A **Tax Parcel #:** 031-491-02
Property Owner: JOHN GALLIMORE
Job Location Address: 2214 LAKEVIEW LN
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 3/10/2009
Use of Well: Potable
Type of Facility Served by Well: Double-mobile home

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.

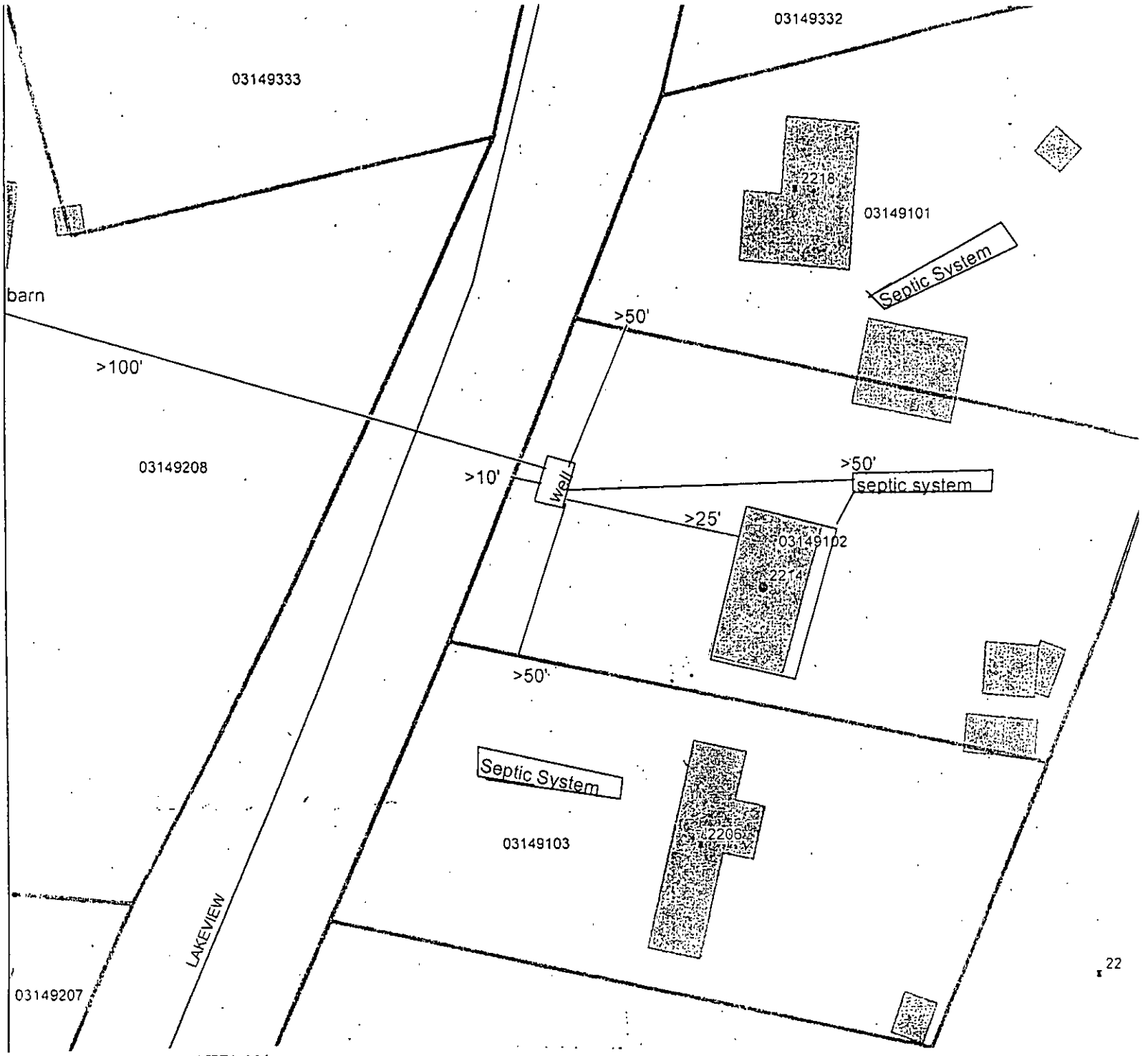
Other Conditions of This Permit:

Debra Howell R.S.
Authorized Agent: Print Name

Debra Howell RS
Signature:

John Gallimore
Owner/Legal Agent: Print Name

John Gallimore
Signature:



WELL PERMIT PLOTPLAN
PERMIT #10004090

ADDRESS: 2214 LAKEVIEW LANE
PID # 031-491-02

WELL SETBACKS:
>50 FT FROM PROPERTY LINE EXCEPT WHERE DESIGNATED
>25 FT FROM ALL BUILDING FOUNDATIONS
>50 FT FROM SURFACE WATER OR RETENTION PONDS
>50 FT FROM SEWER LINES OR SEWER SYSTEMS
WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN/
COMMUNITY FLOOD HAZARD

John Gallimore
OWNER/LEGAL AGENT(PRINT NAME)

SIGNATURE

DATE

Debra Howell, R.S.
AUTHORIZED AGENT (PRINT NAME)

Debra Howell R.S.
SIGNATURE

3/10/09
DATE

0 30 60 120 Feet

CK 5193
2/27/09
$550.00 MSB

28854

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

D.H.

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: 031-491-02
STREET ADDRESS: 2214 Lake View Lane
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
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: 960 ±
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
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?** _____ ☒ UNKNOWN

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

12. **PROPERTY OWNER:**
NAME: John Gallimore
ADDRESS: 13281 Lucia Riverbend Rd
CITY: Mt. Holly
STATE: NC ZIP: 28120
HOME PHONE: 704-827-1650
WORK PHONE:
MOBILE PHONE: 704-560-2003
FAX:

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

0753

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

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.

JCG (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.

John Charles Hallman — 2/27/09

Property Owner's or Owner's Legal Representative Signature — Date

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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 CK 5193 DATE FEE RECEIVED: 2/27/09

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 2885A

APPLICATION ID NUMBER ASSIGNED: 4090

COMMENTS:

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

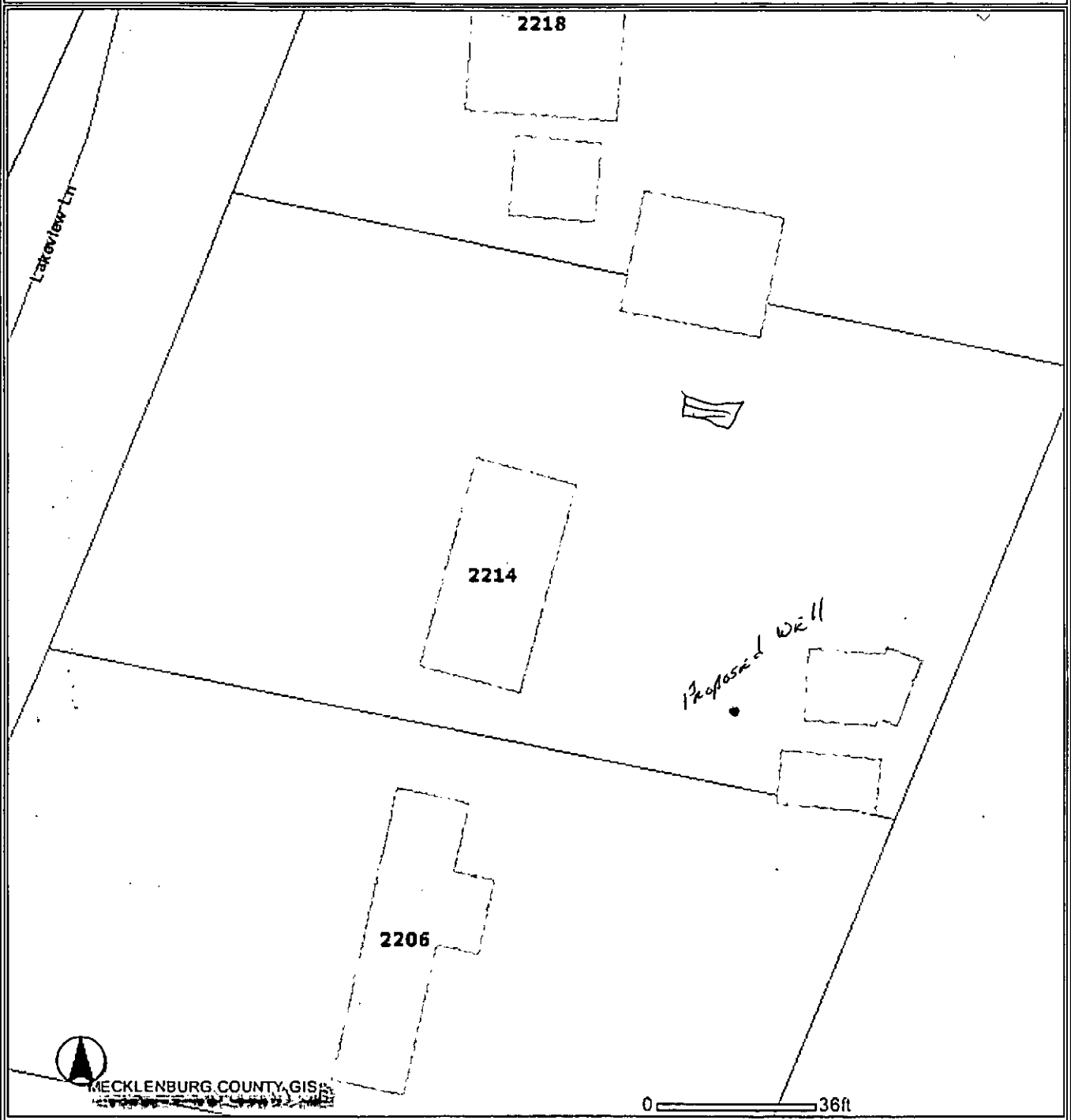
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri Feb 27 12:42:36 EST 2009

2214 Lakeview



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.

APPLICATION FOR AN IMPROVEMENT PERMI

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

COUNTY DEPARTMENT OF
RECEIVED
JAN 29 1987
MENTAL HEALTH

OFFICE USE ONLY
FILE: 88514
TC:
SERIAL: № 12337
☒ ☐ CRT

JOB LOCATION

① ADDRESS: 2214 LAKEVIEW LANE (STREET NO / STREET) ② FILE:
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 03118211
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: RAY (FIRST) EARL (MIDDLE) KING (LAST)
⑨ MAILING ADDRESS: 2214 LAKEVIEW LANE
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 827-7511-EX7282 ⑭ (HOME) 392-5443

REQUEST

This request is for a(n):
⑮ ☐ New permit ⑰ ☒ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:
⑲ ☐ Residence ⑳ ☒ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ray Earl King
Date: January 29 - 1987

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

may use existing system

Environmental Health Specialist — 2/2/87 (Date)
Director or Authorized Section Head — 2/3/87 (Date)

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/27/09	**Amount:**	550.00
Receipt #:	61577	**Tendered:**	0.00
Check / Auth #:	CHECK 5193	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #:	200000
Contractor:	GALLIMORE JOHN
Attn:	
Address:	13281 LUCIA RIVERBEND ROAD
Address:	
City/State/Zip:	MT HOLLY, NC 28120

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 2214 LAKE VIEW LANE- CHARLOTTE		1	550.00	550.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					