

8140 DAVID WELLMAN RD

11103113

1/9/2008

duponbj

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

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

COPY

****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 [X]

OR

REFUND [ ]

1. Property Owner's Name: Scott W. Stevens 2. Permit Number: 10000158
3. Address: 8140 David Wellman Drive 4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____
   ☐ Not Doing Work ☒ Other (Specify) Permit Denied
6. Account Name: Scott W. Stevens Account # 6145B
7. *If Refund*, Check payable to: _____ (Please Print) 8. Phone _____
9. Address: _____ Street _____ City _____ State _____ Zip _____
10. Signature: Phone Request by Scott W. Stevens 11. Printed Name _____ 12. Date: 11/22/05

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
%	%	100 %	$	$400.00	$
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials VAW Date 11/22/05

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 #

INSTRUCTIONS FOR COMPLETION OF CREDIT REFUND ADJUSTMENT FORM
PLEASE PRINT - PRESS FIRMLY
ONLY SIGNED APPLICATIONS WILL BE PROCESSED

SECTION I - Applicant Instructions:

#1, #2, #3 and #4	Information can be obtained from the permit
#5	Specify reason for requested Refund or Credit to Account
#6	List account number
#7, #8 and #9	For a REFUND, provide name and complete mailing address for check issuance
#10, #11, and #12	Signature of person completing form is REQUIRED

SUBMIT ENTIRE FORM TO: Mecklenburg County Land Use and Environmental Services
Attention: Revenue Collection
P. O. Box 31097
Charlotte, NC 28231-1097
(704) 336-3801

OR FAX TO: (704) 353-0419 for permits
(704) 336-3800 for all others

(Note: If faxing, please tear off the top band so the entire form can be received.)

SCHEDULE OF CREDIT/REFUND

The amount of the credit or refund issued is a percentage of the fee paid for each permit. No credit or refund will be given for permits less than the minimum fee. The minimum fee will be retained if no work has commenced. The amount retained by Mecklenburg County represents work done by plan review, permit processing and/or inspections made to date. A change of general contractor on a specific project requires a new permit application by the NEW general contractor. All credits or refunds are to the permittee unless there is proof of payment provided. No transfer of credits from one account to another will be made. No credit or refund will be given for expired permits. (Permits expire 6 months after issued date if no work has commenced. Permits also expire when work has started and discontinued for 12 months from the last inspection.)

	Maximum Refund
PERMITS REQUIRING PLAN REVIEW	
Plan reviewed, permit processed, no inspections	80%
FOR EACH INSPECTION MADE, CREDIT/REFUND IS REDUCED BY	10%
PERMITS NOT REQUIRING PLAN REVIEW	
Permit processed, no inspections	90%
FOR EACH INSPECTION MADE, CREDIT/REFUND IS REDUCED BY	10%
ALL PERMITS	
Permits DUPLICATED by no fault of Mecklenburg County	90%
A MINIMUM CHARGE will be retained to offset the cost of processing permits	See Fee Schedule

FEE SCHEDULES MAY BE OBTAINED AT LAND USE AND ENVIRONMENTAL SERVICES, 700 NORTH TRYON STREET, CHARLOTTE, NC 28202 OR BY CALLING (704) 336-2831 OR ON OUR INTERNET SITE: www.meckpermit.com

COPY

Daily Counter Transactions - Environmental Health

Printed On September 15, 2:58 PM
Printed By aidoojk

Transaction Date 09/15/05

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
36945	X36417	CAROLINA AQUA SUN INC	0718 Residential Pool Permit	14812 jockey's ridge drive	CHARGE		BEACHMS	75.00
36948	200000	FLAMMINI ROB	0701 Improvment Permit App-Residen	14117 THOMPSON ROAD LOT 1	VISA	006013	WALKEVA	200.00
36949	200000	FLAMMINI ROB	0701 Improvment Permit App-Residen	THOMPSON ROAD LOT 2	VISA	085636	WALKEVA	200.00
36950	X35882	HUDSON POOL & SPA INC	0718 Residential Pool Permit	105 A Holbrook Street	CHARGE		BEACHMS	75.00
36957	200000	HANDS OF JOY YOUTH SERVICES IN	0721 Home Day Care Eval/Permit	MELRENA MCINNIS	CHECK	1075	JOHNSK	70.00
36958	200000	LITTLE LEARNERS DAY CARE HOME	0722 Home Day Care Eval/Annl Fee		CHECK	552	JOHNSK	40.00
36960	200000	EMMA JEAN ADDISON DAY CARE HOM	0722 Home Day Care Eval/Annl Fee		CHECK	8853	JOHNSK	40.00
36961	200000	LITTLE KIDDIE DAY CARE HOME	0722 Home Day Care Eval/Annl Fee		CHECK	9479	JOHNSK	40.00
36968	200000	GLENCROFT ASSOCIATES INC	0702 Optional Site Evaluations	8905 FULTRAM LANE/5721B	CHECK	1625	AIDOOJK	100.00
36969	200000	STEVENS SCOTT W.	0753 Private Well, New	8140 DAVID WELLMAN DRIVE	VISA	051482	WALKEVA	400.00
36970	200000	PRICE, MICHAEL	0721 Home Day Care Eval/Permit		CHECK	5797	JOHNSK	70.00
36971	200000	WALKER, VONTINA RENEE'	0721 Home Day Care Eval/Permit		CHECK	4443	JOHNSK	70.00
GW05000	200000	NODA Properties LLC	0764 Contam Site/Monitor 11-25 Well	PARCEL - 08305501 ADDR - 2320 N DA	CHECK	1300	AIDOOJK	450.00
GW05001	200000	Griffin Brothers Enterprises I	0764 Contam Site/Monitor 11-25 Well	PARCEL - 01910108 ADDR - 15300 HO	CHECK	50134	AIDOOJK	450.00
GW05002	200000	Woodie Enterprises	0764 Contam Site/Monitor 11-25 Well	PARCEL - 12524372 ADDR - 923 S KIN	CHECK	029452	AIDOOJK	450.00
GW05002	200000	Kings Point Marina	0763 Contam Site/Monitor 7-10 Wells	PARCEL - 00167299 ADDR - 17947 KI	CHECK	3116	AIDOOJK	290.00

Total for Transaction Date 09/15/05: **3,020.00**

New Well Construction Tracking

Permit #: 10000158

1. Application & Well Siting

☑ Well siting visit completed.			9/30/20
☐ Registered Well Driller. Certification Number:			
☑ Proposed well location meets setbacks.			9/30/20
☑ ARGU restrictions satisfied.			9/30/20
☑ Well permit issued.			9/30/20
☐ Septic System permit issued.			

2. Onsite Inspection

☑ Observed	☐ Driller	Valid permit on site with registered driller.	9/30/20
☑ Observed	☐ Driller	Required setbacks satisfied, approved per permit.	9/30/20

Appropriate Materials Used for Construction:

☐ Observed	☐ Driller	Drilling fluids/additives
☐ Observed	☐ Driller	Casing material/Joint compounds

Source of Water:

☐ Observed	☐ Driller	Greater than 40 ft. below land surface.
☐ Observed	☐ Driller	Water NOT from a known contamination zone.

Well Casing:

☐ Observed	☐ Driller	Casing > than 40 ft. below land surface.
☐ Observed	☐ Driller	Non-potable zones effectively sealed.
☐ Observed	☐ Driller	Casing properly sealed.
☐ Observed	☐ Driller	Casing terminated at least 12 inches above land surface
☐ Observed	☐ Driller	All ASTM/NSF standards met.

Grouting:

☐ Observed	☐ Driller	Approved grouting materials used.
☐ Observed	☐ Driller	Grouted to a minimum of 20 ft. below land surface.
☐ Observed	☐ Driller	Grouted with 5 days of casing being set.
☐ Observed	☐ Driller	Proper depth to seal non-potable zones.
☐ Observed	☐ Driller	Drive shoe used.

Well Head:

☐ Well casing extended at least 12 inches above the land surface.

☐ Vented, sanitary well cover in place.

☐ Access port in place.

☐ Sample tap between pump and pressure tank properly constructed.

Well Disinfection:

☐ Notification of disinfection

Well Contractor Identification Plate

☐ Plate installed securely

☐ Information not obscured.

☐ Information accurately completed.

Pump Installer Identification Plate:

☐ Plate installed securely.

☐ Information not obscured.

☐ Information accurately completed.

3. Well Sampling

☐ Appropriate water samples collected as required by permit.

4. Approval

☐ Well construction form (GW-1) on file

☐ Construction approval granted.

☑ Construction approval denied. 9/20/20

5. Additional Comments / Observations

9-16-2005
Vernon Lassiter advised they had a blowout at approx. 100 feet before they had any water and could not set a casing. Homeowner decided to use an existing well onsite rather than sink any more money. There was no casing and a minimal hole with the cave-in. Advised to fill in hole with cuttings from drilling process.

Submit

COPY

GWS – RES. APP 07/05

SEPTIC FEE:
DATE:
CRT:

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

FILE # 61458

WELL FEE: $400.00
DATE: 9/15/05
CRT: VISA AP 051482

SEPTIC / TYPE APPLICATION: ☒ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 111-031-13
STREET ADDRESS: 8140 DAVID WELLMAN DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
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: 2500
NUMBER OF BEDROOMS: 3
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: SCOTT W. STEVENS
ADDRESS: 15005 SULLIVAN RIDGE DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28277
HOME PHONE: 704-544-1612 WORK PHONE: 704-400-5040 * CONTACT #
MOBILE PHONE: FAX: 704-544-1023

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? June 2005
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 9/15/05

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 9/15/05

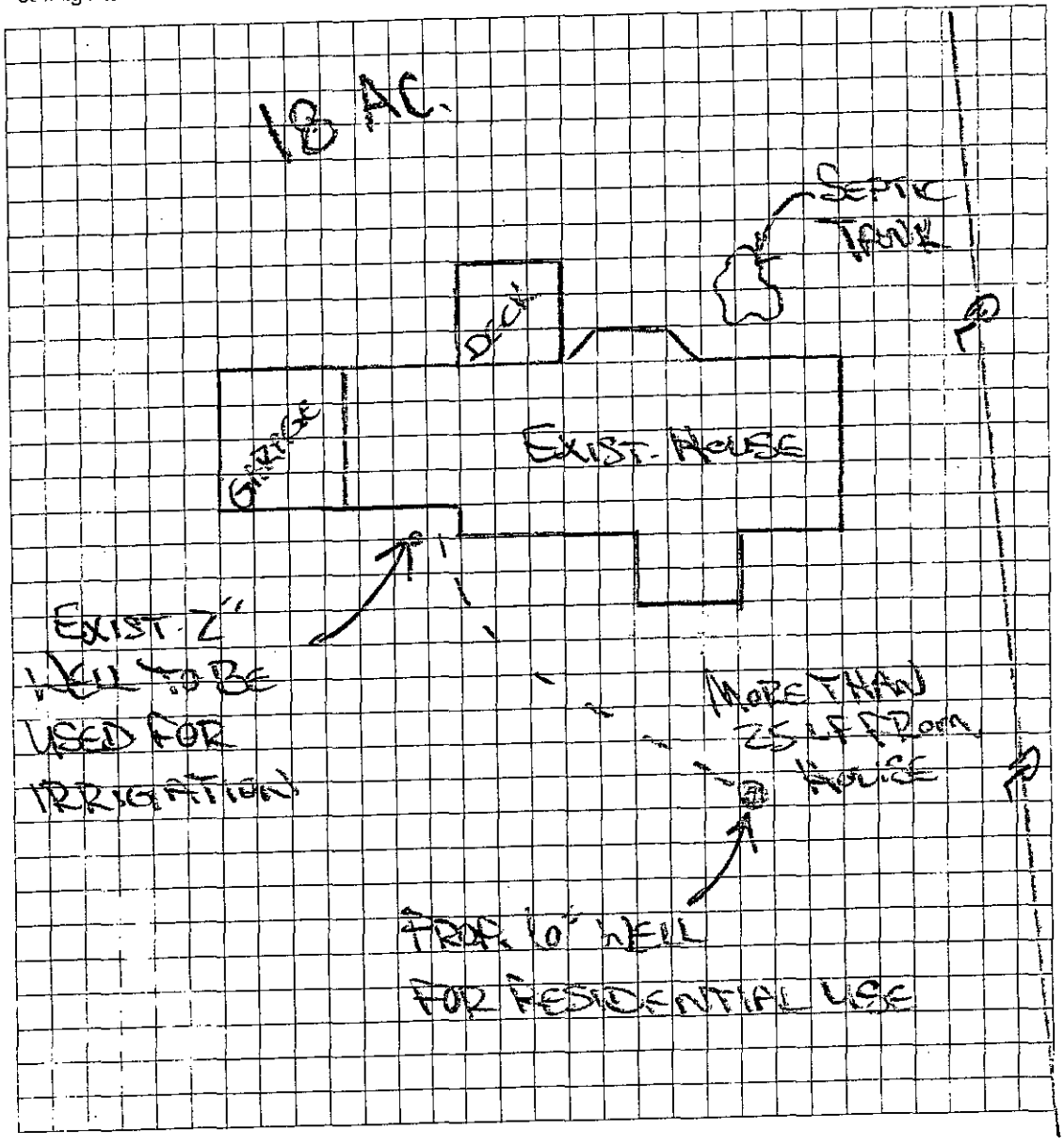
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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

COPY File # 61453
Date 9/19/05

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 9/15/05

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000158 **Tax Parcel #:** 111-031-13
Property Owner: Scott W. Stevens
Job Location Address:8140 DAVID WELLMAN RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 9/28/2005
Use of Well: *Potable*
Type of Facility Served by Well: House
Sewage System Type: None FAX 544-8023 CONSULTANTS

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 Certified Well Contractor that is currently registered with the Department 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):

X *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:

Jackson A. Walker
Authorized Agent: Print Name
Signature:

Scott W. Stevens
Owner/Legal Agent: Print Name
Signature:

Date:9/23/2005
Reviewed By:_DFT___

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 111-031-13 File # 6145B

Street Address: 8140 Wellman Road

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 111-031-16 MPL #733 Estes Property

Street Address: 9805 Harrisburg Road, Charlotte

DENR Incident #: None Located

Current Status: Closed Why? Heat Oil UST excavated 4-21-98. Contaminated soils removed then.

Responsible Party: Ms. Starr C. Estes

Responsible Party Contact Info: 1207 Matthews Plantation Drive
Matthews, NC 28105

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map. Yes
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? Yes

ARGU is a 1500-foot buffer around the maximum extent of contamination

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location? NO

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU?
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: Well allowed with following requirement: Full grouting of casing. No additional sampling is prescribed since no contamination from the heating oil UST has been detected in the potable well at the contamination site (MPL#733 Estes Property 9805 Harrisburg Road).

EPIC Report for ARGU Review
8140 David Wellman Road
Tax Parcel ID # 111-031-13
File # 6145B

Public water supplied by CMU is NOT available at this site.

09/19/2005 (Monday) – Received e-mail notification for ARGU review for new water supply well located at 8140 David Wellman Road.

9/21/2005 Called applicant, Mr. Scott Stevens to inquire about his schedule for well installation. Mr. Stevens stated that there is an existing 2-inch well currently serving the house that he wants to replace next week. Informed Mr. Stevens that I would conduct the review by Friday.

9/23/2005 (Friday) – Conducted ARGU review. Identified one MPL site within 1,500 feet of the subject parcel:

MPL# 733 Estes Property
9805 Harrisburg Road
MPL site is located approximately 650 feet from proposed new well location.

File review of Estes Property file indicates:

- Home heating OIL UST removed 4-21-98 by CCA Environmental.
- Contaminated soil removed at time of UST removal.
- Potable wells at 9805 and 9813 Harrisburg Road were sampled by County staff on 4/17/98. No contamination detected in either sample.
- Well at 9805 Harrisburg Road was sampled again on 5/4/2004 for VOCs and Semi-Volatile Organics. No contaminants detected in that sample.

Contacted Charlotte Mecklenburg Utilities - municipally supplied water is NOT available to 8140 David Wellman Road.

Based on this review this permit application is approved with the following conditions:

Full grouting of well casing. No sampling required since the potable well at 9805 Harrisburg Road (contamination site) has tested clean both times sampled.

END.

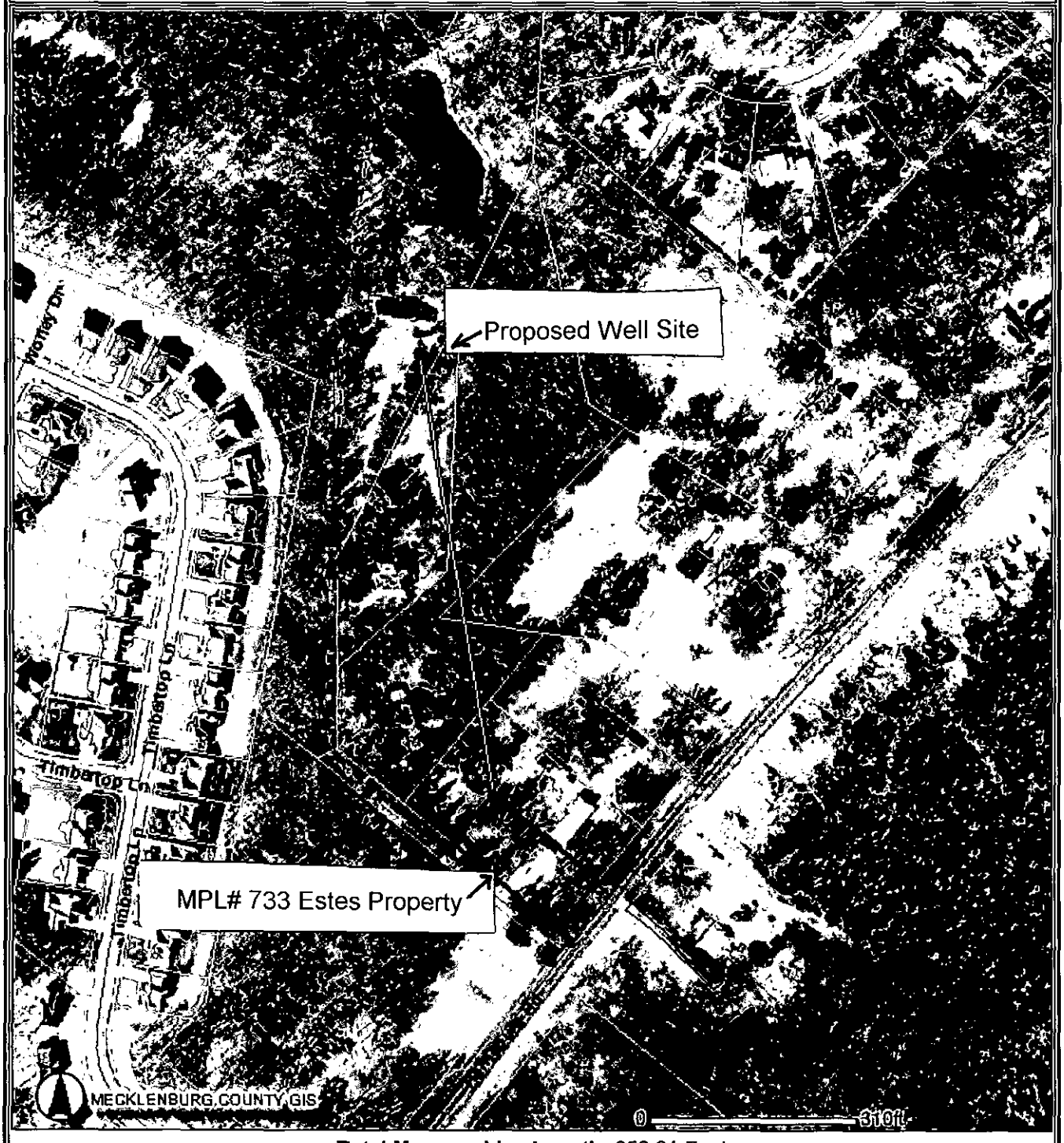
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri Sep 23 09:34:02 EDT 2005

ARGU Review FILE 6145B 8140 David Wellman Road-Distance from proposed well to MPL#733 Estes Estate approx. 650-feet


Proposed Well Site
MPL# 733 Estes Property
Timbertop Ln
Timbertop Ln
Timbertop Ln

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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: $400.00
DATE: 9/15/05
CRT [VISA AP 051482

FILE # 61458

V.V.

SEPTIC / TYPE APPLICATION: ☒ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 111-031-13
STREET ADDRESS: 8140 DAVID WELLMAN DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
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: 2500
NUMBER OF BEDROOMS: 3
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: SCOTT W. STEVENS
ADDRESS: 15605 SULLIVAN RIDGE DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28277 * CONTACT #
HOME PHONE: 704-544-1612 WORK PHONE: 704-400-5040
MOBILE PHONE: FAX: 704-544-1023

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? JUNE 2005
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 9/15/05 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 9/15/05 Date

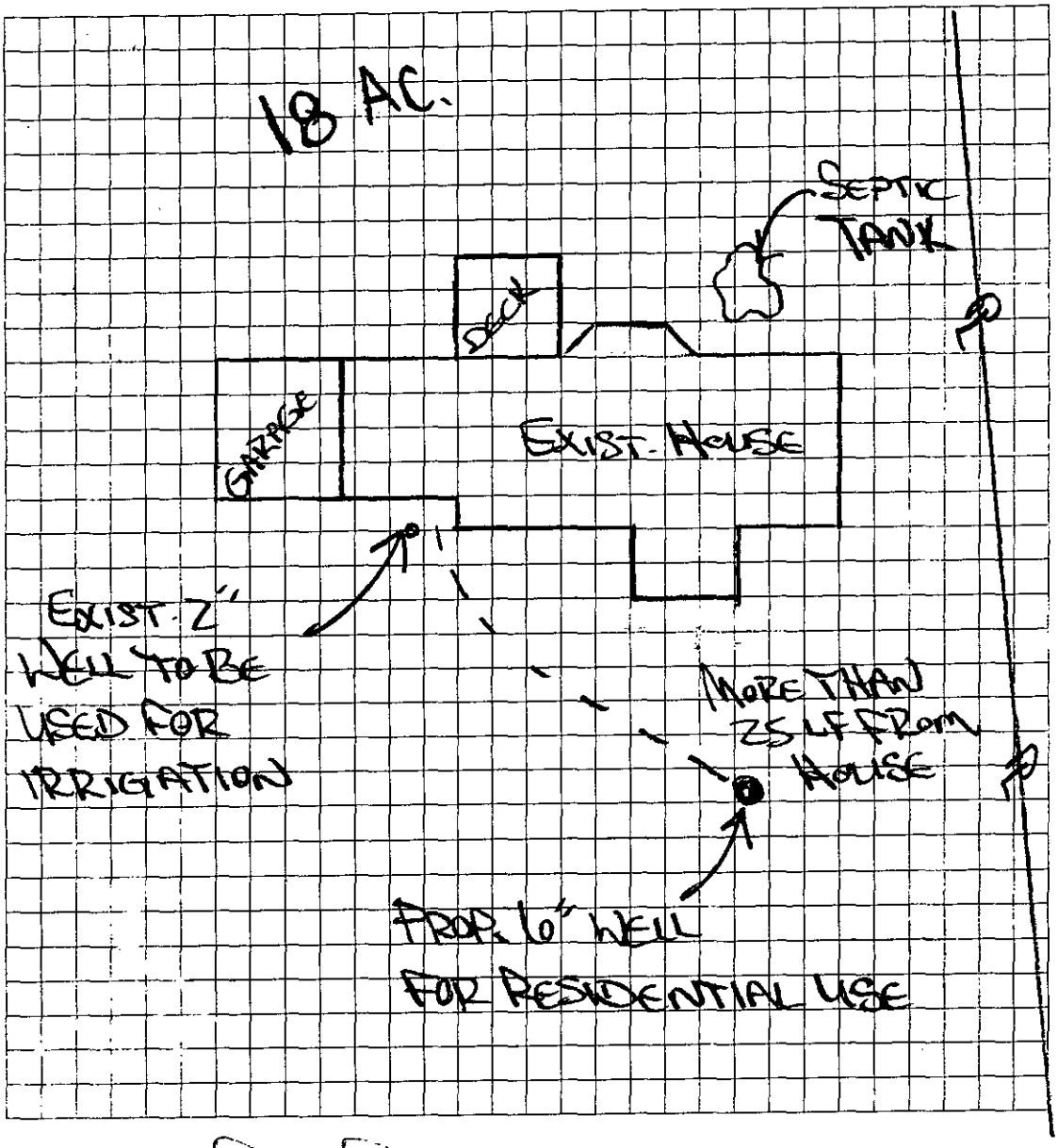
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 # 61458
Date 9/19/05

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 9/15/05

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/15/05	**Amount:**	400.00
Receipt #:	36969	**Tendered:**	0.00
Check / Auth #:	VISA 051482	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #:	200000
Contractor:	STEVENS SCOTT W.
Attn:	
Address:	15605 SULLIVAN RIDGE DRIVE
Address:	
City/State/Zip:	CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 8140 DAVID WELLMAN DRIVE		1	400.00	400.00

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

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