

1807 CHARDEN RD

00329201

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 #: 18356 WASPS App #: 1625

Primary ES assigned to project: Cina Buchanan

Secondary ES assigned to project: Josh Sellers

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: 8/16/07 - verbal result for nitrate/Nitrite

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: _____

Comments: 8/16/07 - Release well hold on CO

Application received date: 11/7/06 ES assigned date: _____ Permit issued date: 11/8/06

Well approval date: 8/16/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 8/16/07

Close Print

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

COLIFORM ANALYSIS - PRIVATE WATER SYSTEM

Name of Owner/Tenant:	GWO 74166	**Source of Sample:**	Well
Address:	1807 Charden Lane Davidson 28036	**Type of Sampling Point:**	Outside Faucet
		Type of Analysis:	Private

County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202
Attn: Sellers, Joshua R.
(704) 336-5101
Courier: 05-16-21

Signed By: Sellers, Joshua R.
Collected By: JRS **Date:** 8/8/2007 **Time:** 11:00:00 AM
Comments:

Bacteriologic Analysis

Contaminants	Result
Total Coliform (ColilertRoutine)	Absent

Date Received:	8/9/2007	**Report Date:**	8/10/2007	**Reported By:**	
Today's Date:	8/16/2007	**Login Batch:**	07080017	**Sample Number:**	AB03068

08-16-07
PC w/ Mike King
@ State Lab
Nitrates/Nitrates
Non detectable
Can't fax report
until verified

Mailed 5/9/07

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2604

1. WELL CONTRACTOR:
Reid Mullis
Well Contractor (Individual) Name
Gopher Well & Pump Service, Inc.
Well Contractor Company Name
STREET ADDRESS 1511 N Main St
Kannapolis NC. 28081
City or Town State Zip Code
704-932-7662
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(If applicable)
STATE WELL PERMIT#(If applicable)
DWQ or OTHER PERMIT #(If applicable) Meck 10001625
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 4-18-24-07
TIME COMPLETED 12:00 AM ☐ PM ☒

3. WELL LOCATION:
CITY: Davidson COUNTY Mecklenburg
1807 Charden RD Davidson, 28036
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☒Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE 3 N 35° 30.008
LONGITUDE W 80° 48.904
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 BARRY Pedersen
STREET ADDRESS 1807 Charden Rd
Davidson N.C. 28036
City or Town State Zip Code
704-634-2145
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 545'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 63 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 .0116.
e. YIELD (gpm): 10 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 6402
g. WATER ZONES (depth):
From 388 To 389 (1) From ____ To ____
From 425 To 427 (2) From ____ To ____
From 526 To 528 (3) From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1	To 147	Ft	6 1/4	.188	Galv Steel
From ____	To ____	Ft			
From ____	To ____	Ft			

7. GROUT:

	Depth		Material	Method
From 0	To 36	Ft	Bentonite Chips	Pumped
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	9	Red Clay
9	139	Brown Silt + Clay
139	141	Hard Blue + Black
141	143	Soft Black Granite
143	196	Hard Black Granite
196	208	Blue/Gray Granite
208	215	White + Pink
215	284	Gray Granite
284	306	Black Hard
306	315	Pink + Blue
315	336	Gray
336	338	White
338	381	Gray + Black
381	388	Pink + Black

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.

Reid Mullis 4-25-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Reid Mullis
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-1a
Rev. 7/05

CAB Waiting on Payment LM 11/1/06 GWS - RES. APP 07/05

LM 11/7/06

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

SEPTIC FEE: ____
DATE: ____
CRT [ ]

FILE # 183356 #1625

WELL FEE: 400
DATE: 11/7/06
CRT # VISA JKA

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 #: 00329201
STREET ADDRESS: 1807 CHAROEN RD.
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 46
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: 3600
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:
NUMUER 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: BARRY PEDERSEN
ADDRESS: 19935 MADISON VILLAGE DR.
CITY: CORNELIUS
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-634-2145 FAX: 704-799-6423

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? 02/23/2006
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.

10/30/06
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: 704-336-6994

10/31/2006 02:03 FAX 704 799 6423 PLUMBOB DOORS LLC 001

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 #: 10001625 **File #:** 18356 **Tax Parcel #:** 003-292-01
Property Owner: BARRY PEDERSEN
Job Location Address: 1807 CHARDEN RD
City/ETJ: DAVIDSON **State:** NC **Zip Code:** 28036
Permit Issuance Date: 11/8/2006
Use of Well:
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:

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

BARRY PEDERSEN
Owner/Legal Agent: Print Name

Signature:

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

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Other Conditions of This Permit:

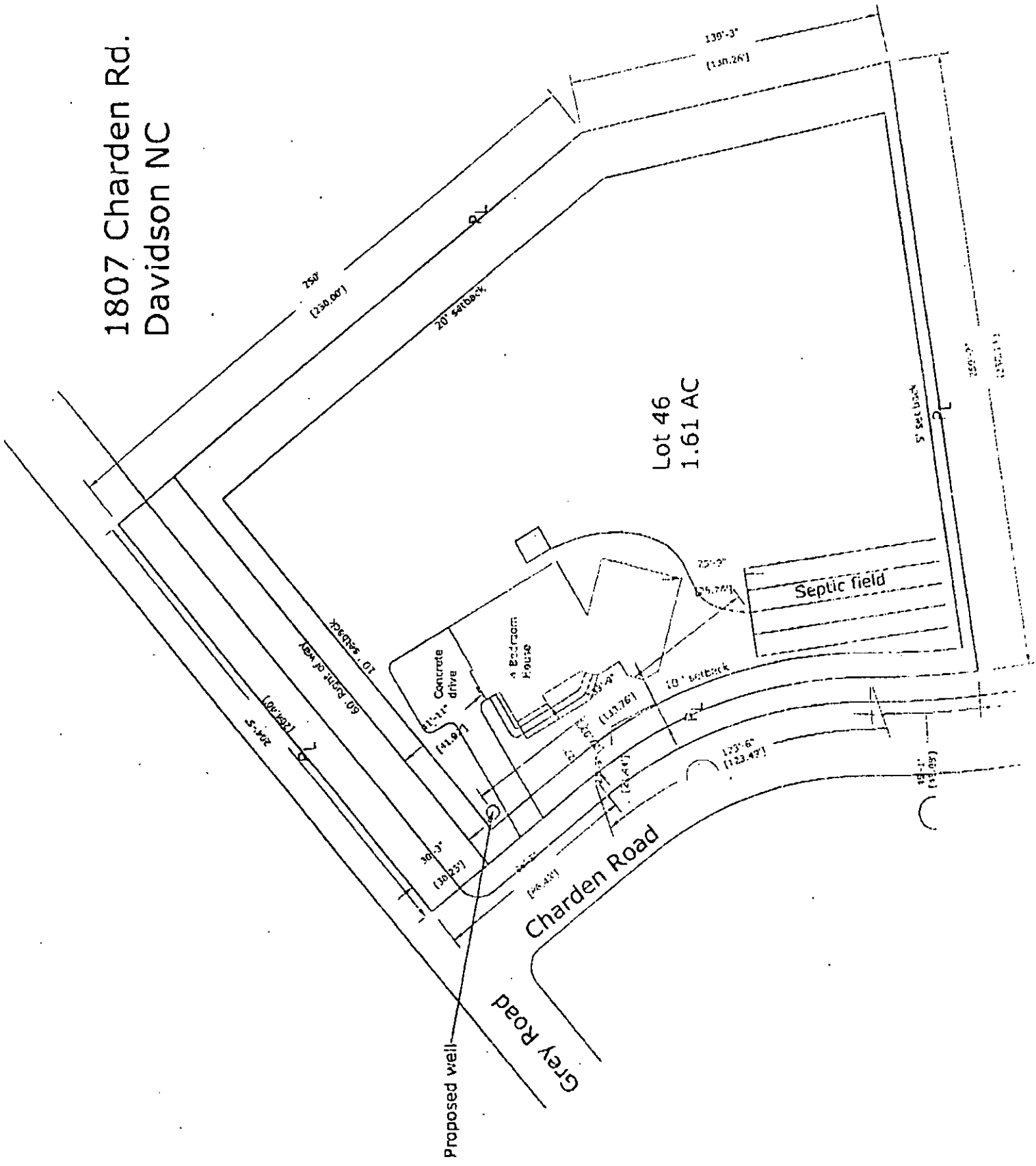
Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

Owner/Legal Agent: Print Name

Signature:

file # 18356


1807 Charden Rd.
Davidson NC
Lot 46
1.61 AC
Septic field
Concrete drive
4 Bedroom House
20' setback
10' setback
5' set back
Charden Road
Grey Road
Proposed well