

10215 FOREST DR

02510228

5/19/08

marliwr

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

File#: 1253 Permit#: 10000007

Well Activity Checklist

1. Application & Well Siting

		Date
☒	Complete application on file	4-1-05
☒	Site plan and other appropriate documentation submitted	4-1-05
☐	Registered well driller Certification Number: _____	
☒	Proposed well location meets required setbacks	4-7-05
☒	**ARGU** restrictions satisfied (if applicable)	4-7-05
☒	Well permit issued	4-7-05
☒	Septic system permit issued (if applicable)	N/A

2. Onsite Inspection

Observed	Driller		
☐	☐	Valid permit on site with registered well driller	
☐	☐	Required setbacks satisfied, approved location per permit	

Appropriate Materials Used for Construction:

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

Source of Water:

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

Well Casing:

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

Grouting:

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

Well Head:

☐	Well casing extended at least 12 inches above land surface	
☐	Vented, sanitary well cover in place	
☐	Access port in place	
☐	Sample tap between pump and pressure tank properly constructed	

Well Activity Checklist Continued

Well Disinfection: **Date**

☐ Notification of disinfection _____

Well Contractor Identification Plate:

☐ Plate installed securely on well casing _____

☐ 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 _____

☐ Well construction approval granted _____

☐ Well construction approval denied _____

5. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 1233 WASPS App #: 3859

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:

_____

_____

_____

_____

_____

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: 9/2/08 Well approval date: 12/01/08

Review performed by: _____ Date performed: 12/02/08

K Garrett

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: 02510228
STREET ADDRESS: 10215 Forest Dr.
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 0.54 AC
TOWNSHIP: Charlotte
☐ 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: 1770.00000
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB N/A ☐ 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: N/A 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: NC DOT ROW
ADDRESS: 206 Chester St.
CITY: Albemarle
STATE: NC ZIP: 28001
HOME PHONE:
WORK PHONE: 704-982-9181
MOBILE PHONE:
FAX: 704-982-4554

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Abatemaster, Inc.
ADDRESS: P.O. Box 12367
CITY: Winston-Salem
STATE: NC ZIP: 27117
HOME PHONE:
WORK PHONE: 336-731-4396
MOBILE PHONE:
FAX: 336-731-4398

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.

N/A (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.

[redacted] (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.

Angelo & Desh
Property Owner's or Owner's Legal Representative Signature

9/8/08
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: $ -0- DATE FEE RECEIVED: 9/8/08

APPLICATION PROCESSED BY: Annette Gladney

GWS FILE NUMBER ASSIGNED: 1233

APPLICATION ID NUMBER ASSIGNED: 3859

COMMENTS:

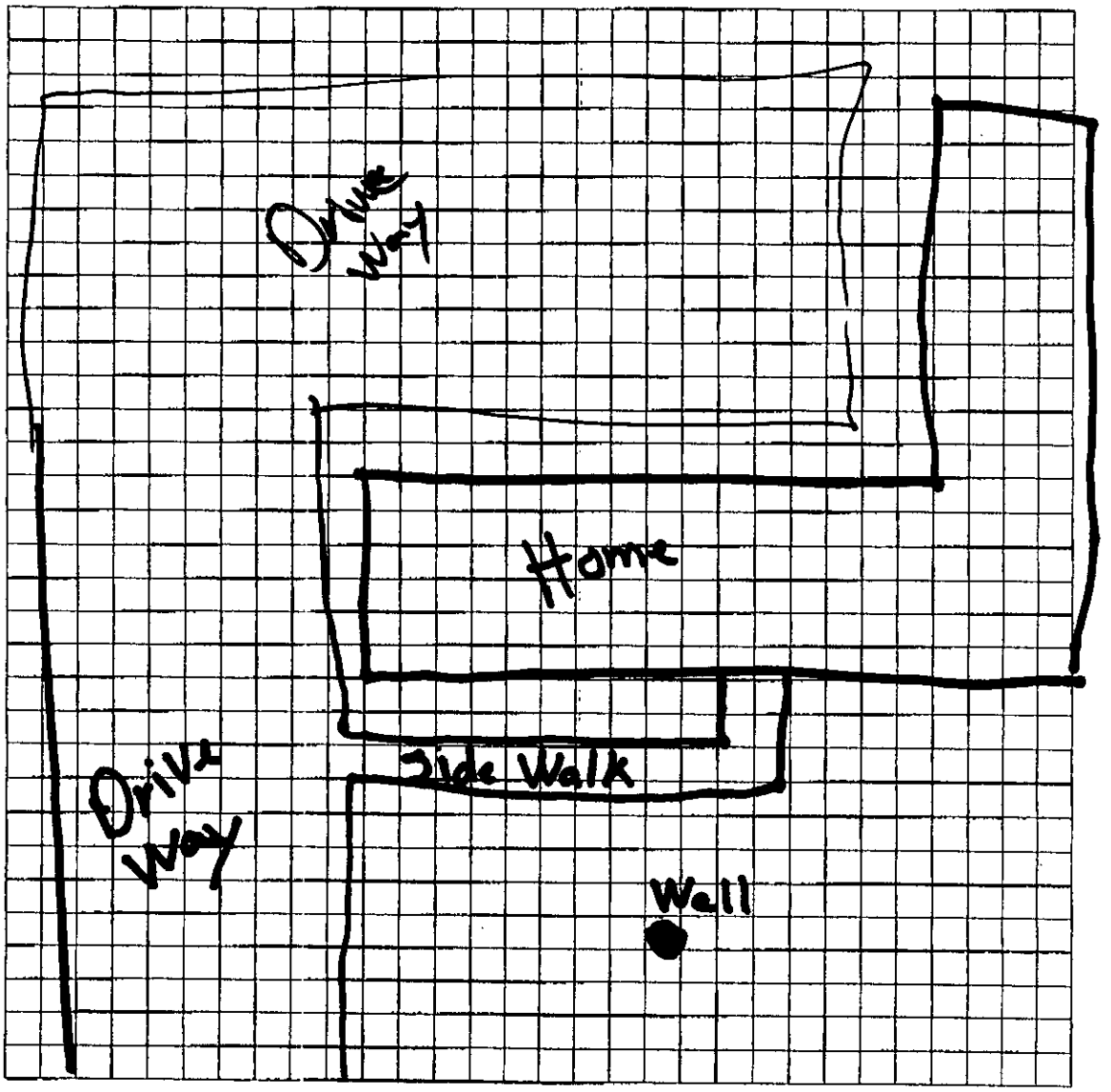
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-6894

Mecklenburg County
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
Date

LBC 12/15/04

Home
Side Walk
Well

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

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10003859 **File #:** 1233 **Tax Parcel #:** 025-102-28
Property Owner: NC DOT ROW
Job Location Address: 10215 FOREST DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 9/8/2008
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: NO
If Yes, see requirements in Specific Conditions of This Permit

General Conditions of This Permit:

- The Water Supply Well repair or abandonment 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.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- 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.
☐ 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)

Other Conditions of This Permit:

Kim Garrett, RS
Authorized Agent: Print Name

Kim Garrett, RS
Signature:

Angela S. Tesh
Owner/Legal Agent: Print Name

Angela S. Tesh
Signature:

704-336-6894

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2230

1. WELL CONTRACTOR:
Gary C. Honeycutt
Well Contractor (Individual) Name
Locust Pump & Well
Well Contractor Company Name
STREET ADDRESS P.O. Box 242
Locust N.C. 28097
City or Town State Zip Code
704 - 888-2413
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable) THREC 025-102-2B
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation
Other (list use)

3. WELL LOCATION:
COUNTY Mecklenburg QUADRANGLE NAME
NEAREST TOWN: Charlotte N.C.
10215 Forest DR.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35° 21.34
LONGITUDE 80° 51.50
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.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)
FACILITY ID #(if applicable)
NAME OF FACILITY
STREET ADDRESS
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER: NCDOT
NAME ABATEMASTER INC.
STREET ADDRESS P.O. Box 12367
Winston-Salem N.C. 27117-2367
City or Town State Zip Code
(336) - 817-7300
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 305' ft. Diameter: 6" in.
b. Water Level (Below Measuring Point): 40' ft.
Measuring point is 1' ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	Unknown	6" in.
b. Casing Removed:	ft.	in.

7. DISINFECTION: 3 cup 72%
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement: Cement 90 lb. Water 10-15 gal.
Sand Cement: Cement lb. Water gal.
Bentonite: Bentonite 120' lb. Type: Slurry Pellets Water 70-75 gal.
Other: Type material Stone #3/4 Amount 1-1 1/2 yd.

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Disinfected Well - Stone Place up to within 60' Bentonite pumped with tremie pipe 3-4' cap with cement

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 11-11-08

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

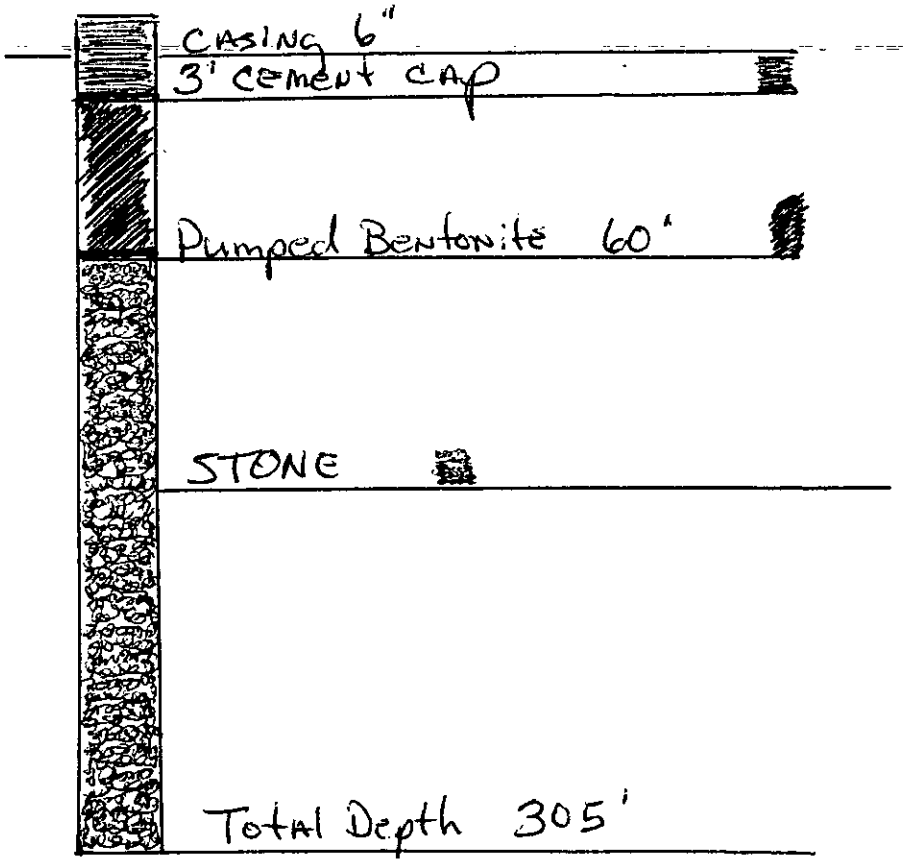
SIGNATURE OF CERTIFIED WELL CONTRACTOR 11-14-08 DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)
Gary C. Honeycutt
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

Addeest - 10215 Forest Dr. Charlotte N.C. 28218



GWS-COM. APP 12/04

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL 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 # 1233

WELL FEE: 400.00
DATE: 4/6/05
CRT # Check 6625 JICA

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION
PROJECT TRACKING #: 025-102-28
TAX/PARCEL #:
STREET ADDRESS: 10215 Forest Drive
CITY: Charlotte N.C.
STATE: NC ZIP:
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:
DESCRIBE TYPE OF BUSINESS:
☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 2000
NUMBER OF EMPLOYEES PER SHIFT: 8
NUMBER OF SHIFTS: 1
TYPE OF WASTEWATER: City Sewer
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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 Bottle Water for Sewage only

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: N.C. Dept of Trans
ADDRESS: 12033 East Independence Blvd
CITY: Charlotte Matthews N.C. STATE: ZIP: 28105
HOME PHONE: WORK PHONE: 704 845-1151
MOBILE PHONE: FAX:

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?
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 [signature] Date 1 APR 05
For N.C. Dept of Trans

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 [signature] Date 1 APR 05

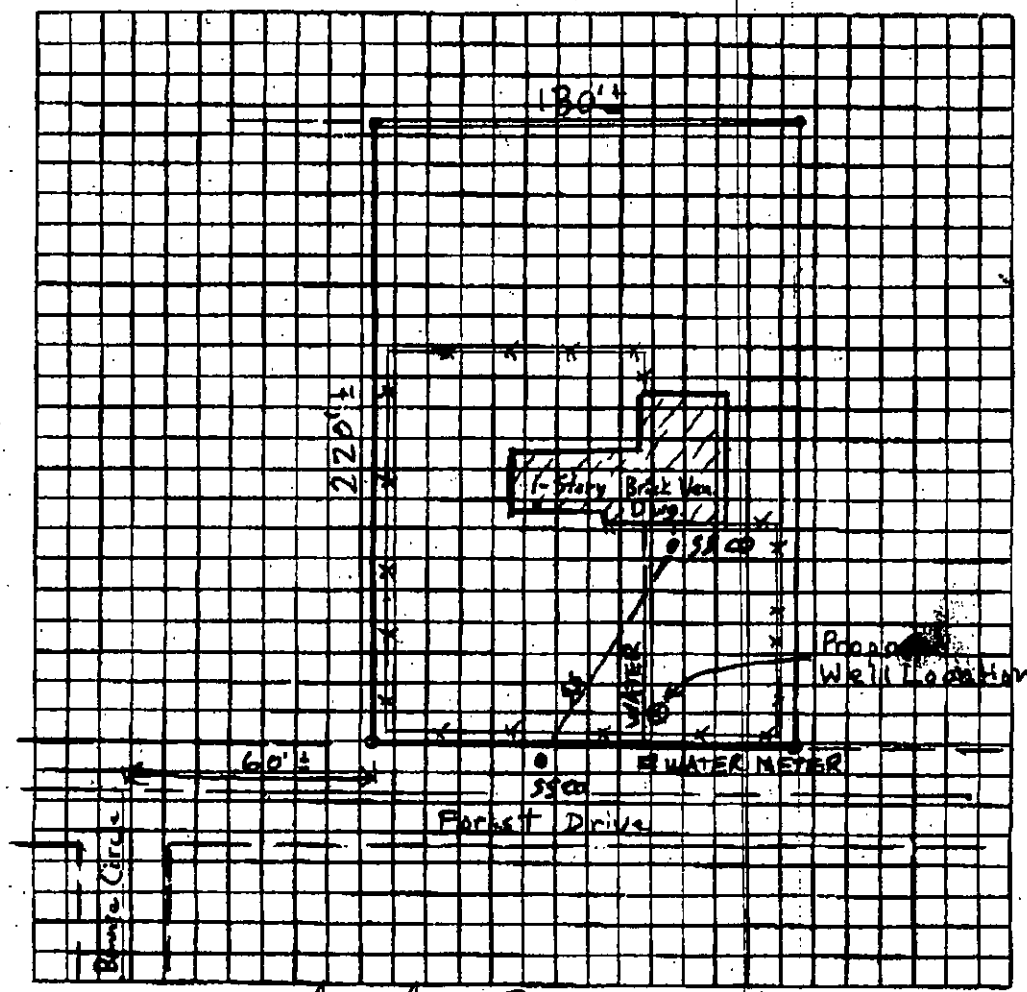
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX 704-336-5894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5108
Fax: (704) 336-5994

File # 1233
Date 4/6/05

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 N.C. Dept of Trans
Date 1 April 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 #: 10000007 **Tax Parcel #:** 02510228
Property Owner: NCDOT
Job Location Address:10215 FOREST DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 4/6/2005
Use of Well: Potable
Type of Facility Served by Well:
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 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):

☐ 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:

Jeremy Mickelson, R.S.
Authorized Agent: Print Name

Jeremy Mickelson, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

CHARLOTTE

Laboratory Analysis Report
Report Date: 3/14/2006 04:54 PM

LABORATORY SERVICES DIVISION

LOCATION: G-7
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/7/2006 15:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65222
CHAIN OF CUSTODY #: 06030209

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB65222	**NITRATE/NITRITE**	**0.30**	**mg/L**	0.05	EPA 353.2	3/8/2006 15:38	EWN
AB65222	**NITRITE**	**<0.05**	**mg/L**	0.05	SM4500-NO2B	3/8/2006 13:58	EWN

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 3/10/2006 04:57 PM

LABORATORY SERVICES DIVISION

LOCATION: G-7
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/7/2006 15:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB65223
CHAIN OF CUSTODY #: 06030210

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB65223	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	3/8/2006 8:47	KEK
AB65223	**Total Coliform**	**absent**	**P/A**		SM 9223B	3/8/2006 8:47	KEK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 of 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	10215 Forest Drive, Charlotte, NC 28216
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06030210

Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
65223 G-7	DH	3-7-06 3:20pm	N/A N/A	N	N/A	4.3				X	100 ml		1						X		X

Instructions:
- Complete all yellow shaded sections
- For each parameter requested circle the X to verify your request.
- Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
- Metals: Itemize the individual metals requested here -
- For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
- Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		3-7-06	1635

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

1233

North Carolina - Department of Environment ana Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh, N.C. 27699-1636 - Phone (919)733-3221

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: Rowan Well Drilling
WELL CONTRACTOR CERTIFICATION #: 3306
STATE WELL CONSTRUCTION PERMIT #: _____

1. WELL USE (Check Applicable Box): Residential x Municipal Industrial Agricultural Monitoring Recovery Heat Pump Water Injection Other If other, List Use: _____

2. WELL LOCATION: (Show sketch of the location below)
Nearest Town: Charlotte County: Mecklenburg

10215 Forest Drive
(Road Name and Numbers, Community, or Subdivision and Lot No.)

3. OWNER NC Dept. of Transportation
Address 12033 E. Indep. Blvd.
(Street or House No.)
Charlotte NC 28105
City or Town State Zip Code

DRILLING LOG From	To	DEPTH Formation Description
0 ft.	10ft	clay/rock
10ft.	38ft.	slate
38ft	305 ft.	granite

4. DATE DRILLED 04/11/05
5. TOTAL DEPTH 305ft.
6. CUTTINGS COLLECTED YES NO X
7. DOES WELL REPLACE EXISTING WELL? YES NO X
8. STATIC WATER LEVEL Below top of Casing: 20 FT.
9. Top of Casing is 1 Ft. Above Land Surface*
(Use "+" If Above Top of Casing)
"Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C_0118
10. YIELD (gpm): 3 -METHOD OF TEST air
11. WATER ZONES (depth): 120, 285
12. CHLORINATION: Type hydroclorite Amount 3 oz.
13. CASING:

If additional space is needed use back of form

	Depth	Diameter	or Weight/Ft.	Material
From	0 To 40 Ft.	6.25	Sch 80	pvc
From	To Ft.			galv.
From	To Ft.			

14. GROUT:

	Depth	Material	Method
From	0 To 40 Ft.	bentonite	pump
From	0 To 6 Ft.	cement	mix

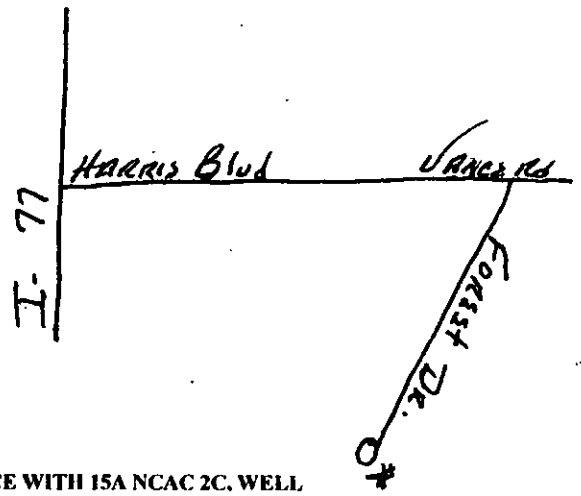
15. SCREEN:

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

16. SAND/GRAVEL PACK:

	Depth	Size	Material
From	To Ft.		
From	To Ft.		

17. Remarks: _____



I DO HERBY CERTIFY TH T THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STAND S, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Rowan Barr 4-13-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

FOR OFFICE USE ONLY
Quad No: _____
Serial No: _____
12/99

Submit original to Division of Water Quality, Groundwater Section within 30 days GW-1 rev.

RECEIVED
APR 19 2005
LUESA