

8119 ROLLING FIELDS RD

19722117

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

J Sellers

PID 197.221.17

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2230th

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) 10002821
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 11-24-07
TIME COMPLETED 9:00 AM ☒ PM ☐

3. WELL LOCATION:
CITY: Charlotte COUNTY Mecklenburg
8119 Rolling Fields Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐Slope ☐Valley ☒Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE 35° 10.40
LONGITUDE 80° 36.98
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 A.W. SkillBeck
STREET ADDRESS 8119 Rolling Fields Rd
Charlotte N.C. 28227
City or Town State Zip Code
704 336-5564
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 420'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
c. WATER LEVEL Below Top of Casing: 40' 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): 30 METHOD OF TEST AIR

1. DISINFECTION: Type Tablets Amount 3.5 Cup 72.2

g. WATER ZONES (depth):
From 390' To 410' From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1	To 70'	Ft.	6"	SDR21	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Bentonite	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	45	Clay
45	60	Shell Granite
60	70	Granite Solid
70	420	Cased Granite
Water Zone		390 - 420

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.

Gary C Honeycutt 11-26-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Gary C. Honeycutt
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

70563

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 70563 WASPS App #: 2821

Primary ES assigned to project: Josh Sellers

Secondary ES assigned to project: _____

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 ☐

Comments: 11/20/07 - Please fax to applicant for signature

Items requiring correction/modification: _____

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:

Items requiring correction/modification: _____

Application received date: 10/12/07 ES assigned date: _____ Permit issued date: 11/20/07

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: _____

********** -COMM. JOURNAL- ********** DATE NOV-21-2007 ***** TIME 08:21 *********

MODE = MEMORY TRANSMISSION START=NOV-21 08:20 END=NOV-21 08:21

FILE NO.=619

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	#	97048888875	003/003	00:00:56

-MECKLENBURG CO GWS -

********** - ****** - 704 336 6894- **********

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

Fax Coversheet

NOTICE

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To: Gary Hunnicutt Fax #: 704-888-8875

Phone #:

From: Jack Stutts Date: 11/21/07

Number of pages transmitted: 3 (including coversheet)

Comments: Please sign and fax back.

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

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

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To: Gary Hunnicutt — Locust Well + Pump

Fax #: 704-888-8875

Phone #: 704-888-2413

From: Jack Stutts

Date: 11/21/07

Number of pages transmitted: 3 (including coversheet)

Comments: Please sign and fax back.

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 #: 10002821 **File #:** 7056B **Tax Parcel #:** 197-221-17
Property Owner: A W SKILLBECK
Job Location Address: 8119 ROLLING FIELDS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 11/20/2007
Use of Well: Irrigation
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:

JOSHUA B. SELLERS R.S.
Authorized Agent Print Name

Joshua R. Sellers
Signature:

Owner/Legal Agent: Print Name

Signature:

Septic Replacement Area

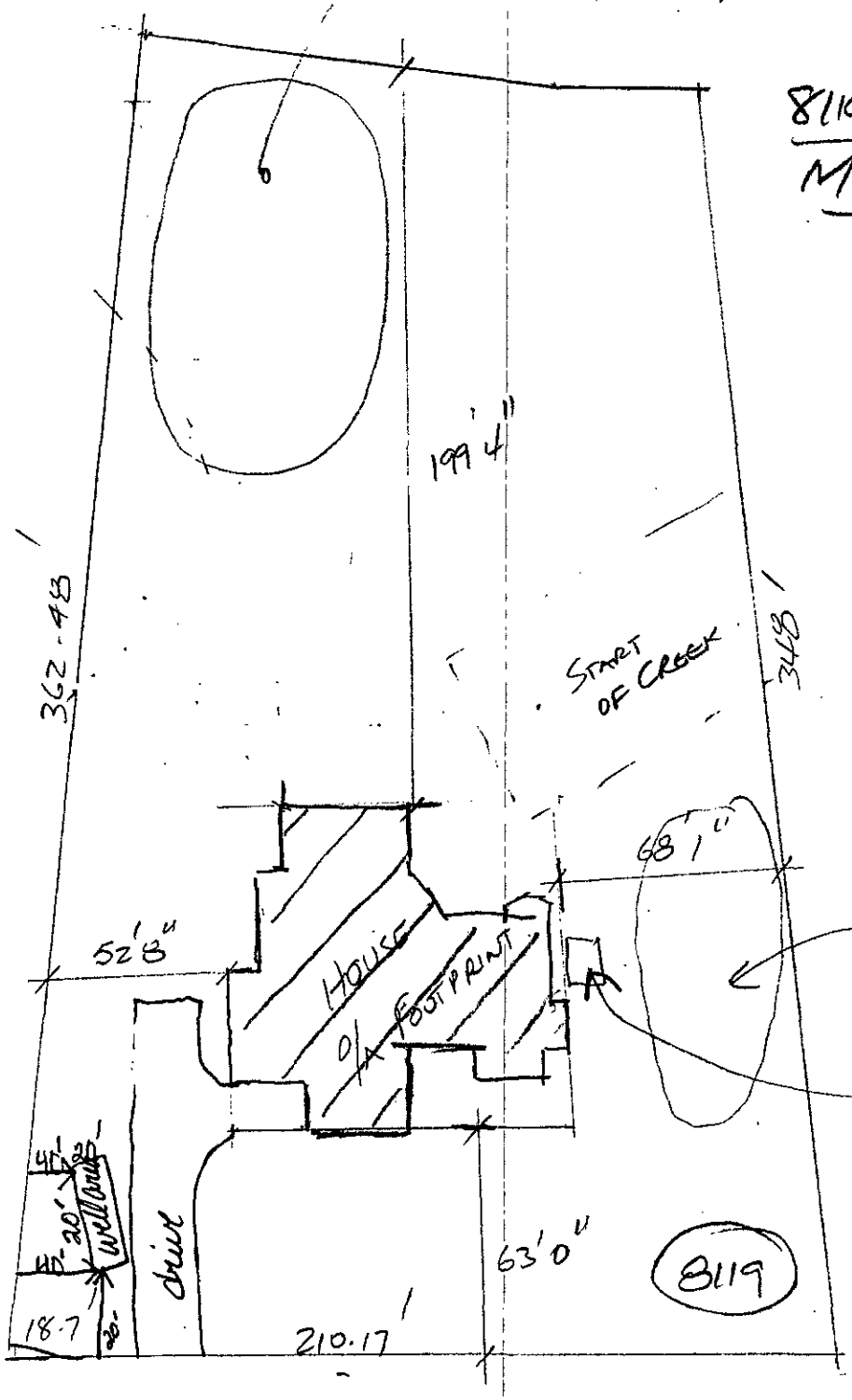
LOT 2

PLANTATION FALLS

8119 ROLLING FIELDS Rd

MINT HILL NC

28227



ROLLING FIELDS

APPROX 1" = 50'

X _____

J Sellers

FILE NUMBER: 7056B Revised On: August 31, 2007 APPLICATION NUMBER: 2821

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 400.00
DATE: 10/12/07
CK# 7004

1. **SEPTIC / TYPE APPLICATION:** ☒ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 197.221.17
STREET ADDRESS: 8119 Rolling Fields Rd
CITY: Mint Hill
STATE: NC ZIP: 28227.
SUBDIVISION NAME: Plantation Falls
LOT #: 2 LOT SIZE (acres): 1.61
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: 4300 sc
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☒ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER N.A.
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

10. **PROPERTY OWNER:**
NAME: A Skillbeck (UNDER CONTRACT)
ADDRESS: 8119 Rolling Field Rd
CITY: Mint Hill
STATE: NC ZIP: 28227
HOME PHONE: 704 2586080 WORK PHONE: 704 7175283
MOBILE PHONE: 704 2586080 FAX:

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

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ~~APR~~ Oct
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** Nov 15 2007

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

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

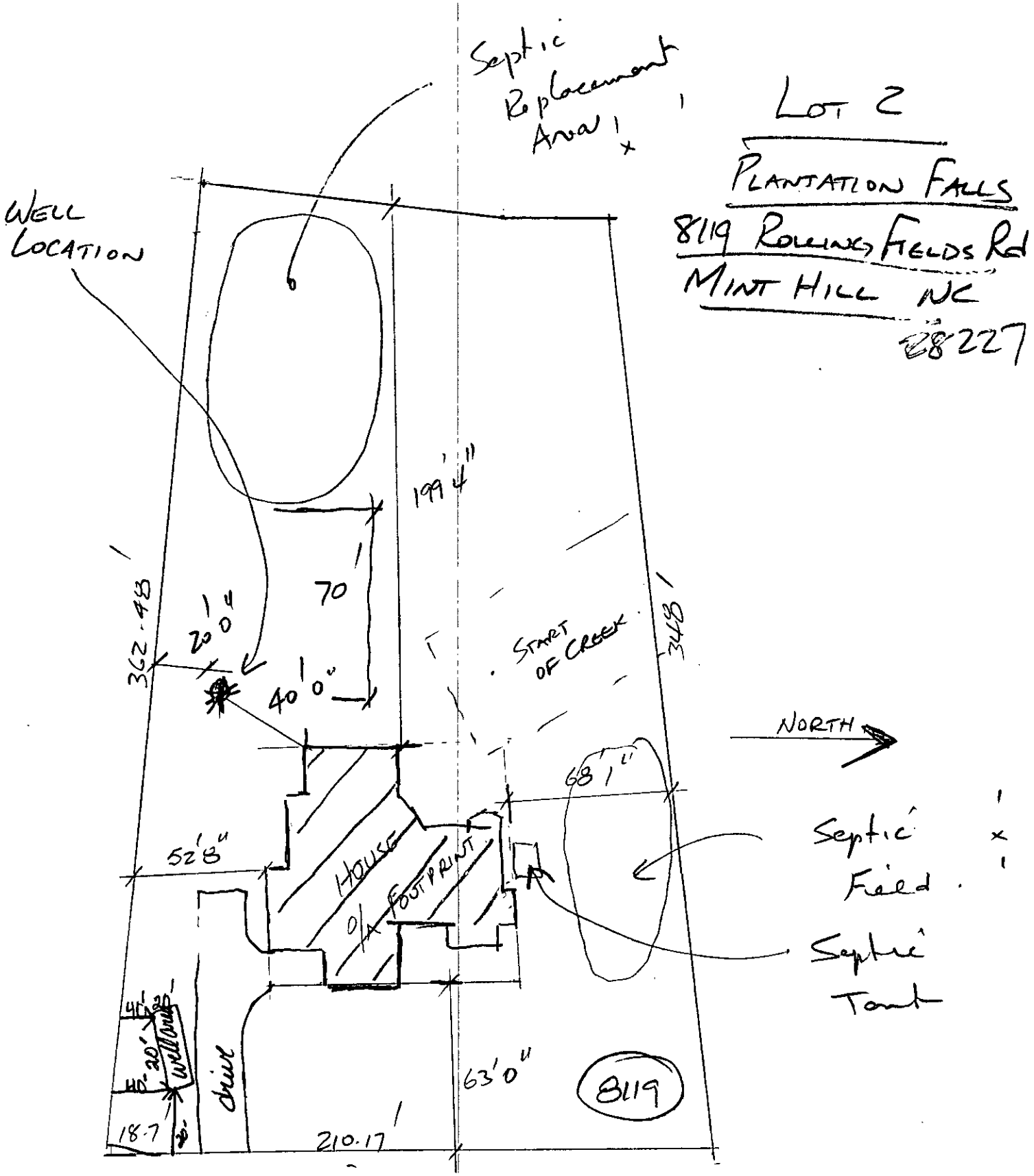
15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county 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 12 months from the date of issuance.

Oct 20

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

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

* TEMP ADDRESS: 5903 TARBY CT. CHARLOTTE NC 28269.



LOT 2

PLANTATION FALLS

8119 ROLLING FIELDS Rd

MINT HILL NC

28227

ROLLING FIELDS

APPROX

1" = 50'

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/12/07
Receipt #: 53136
Check / Auth #: CHECK 7004
Received By: GLADNAG

Amount: 400.00
Tendered: 400.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SKILLBECK A W
Attn:
Address: 9810 SCHEER CT
Address:
City/State/Zip: HARRISBURG, NC 28075

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 8119 ROLLING FIELDS RD		1	400.00	400.00

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

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