

5000 TRACEWOOD CT

11132123

5/6/08

marliwr

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

Basin 11B
Parcel 111-321-23
Permit # 01-12-2005-001

File # 3331A

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Kelvin Beck & John Chambers CERTIFICATION # 2036

WELL CONTRACTOR COMPANY NAME D.L. Mullis Well Drilling PHONE # (704) 545-5181

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

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

2. WELL LOCATION:
Nearest Town: Mint Hill County Mecklenburg
5000 Tracewood Ct Northlake Sub.
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☑Ridge ☐Slope ☐Valley ☐Flat
(check appropriate box)
Latitude/longitude of well location
_____
(degrees/minutes/seconds)
Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: Donald Vaughn/Alpha Omega
Address PO Box 3196
(Street or Route No.)
Matthews NC 28106
City or Town State Zip Code
(704) 821-6510
Area code- Phone number

4. DATE DRILLED 1-14-05
5. TOTAL DEPTH: 350'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 75' FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1½' FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 15 METHOD OF TEST Air
10. WATER ZONES (depth): 340'

DEPTH From	To	DRILLING LOG Formation Description
0'	40'	red clay
40'	100'	sand-pit gravel
100'	126'	pit gravel
126'	350'	granite

11. DISINFECTION: Type HTH Amount 1 pt
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +1½'	To 126	Ft.	6 5/8	.125	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 20'	Ft.	cement	poured
From	To	Ft.		

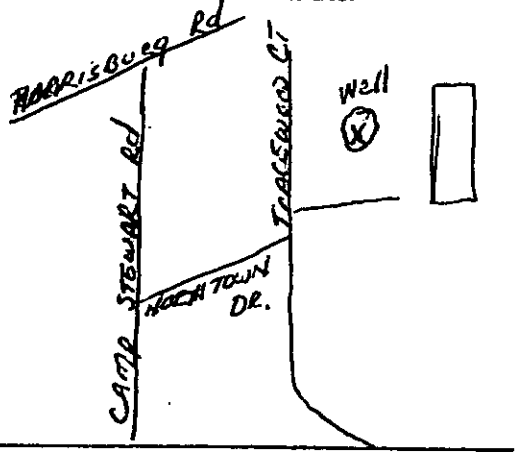
14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. 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

Kelvin Beck 1-14-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

#1980 mailed x 32076 1/11/05

GWS – RES. APP 2/04

[redacted]

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

[redacted]

FILE # 3331A

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 111 321-23

STREET ADDRESS: 6000 Tracewood Court

CITY: Charlotte

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME: Northlake

LOT #: 44

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 ( )
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY ( )
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBIN
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUM ING

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
EXISTING WASTEWATER SYSTEMS ☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☐ NO
WELLS, SPRINGS, OR WATER LINES ☐ YES ☒ NO
DESIGNATED WETLANDS ☐ YES ☒ NO
GRADING/SOIL REMOVAL PERFORMED ☒ YES ☐ NO

PROPERTY OWNER:

NAME: DONALD Vaughn
ADDRESS: 1436 Fairview Ave
CITY: Willow Grove
STATE: PA ZIP: 19090
HOME PHONE: 215 659 1433 WORK PHONE:
MOBILE PHONE: 215 760 1217 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE

NAME: Donald Vaughn
ADDRESS: 10124 Windtree Lane
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7-2005

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.

1-11-06
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 the falsified intended use change or if information submitted in this application or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job L cation" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Departm t 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: 704-336-5994

THIS IS TO CERTIFY THAT ON THE **PROPOSED PLOT PLAN** VIEWED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES OR LINES OF OCCUPANCY ARE SHOWN HEREON

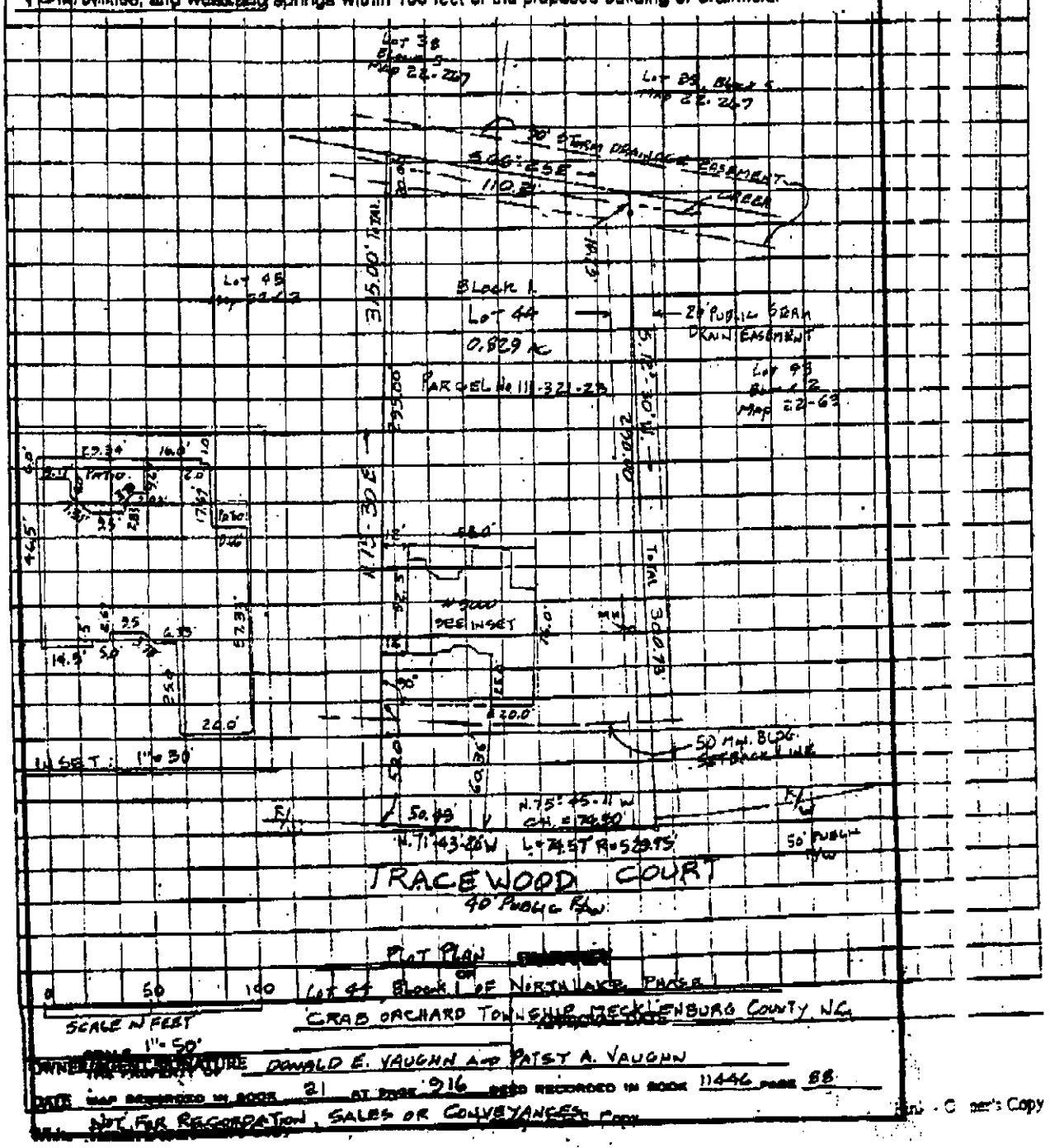
SIGNED _____
REGISTERED SURVEYOR

Pitt Engineering & Surveying
13338 Capriola Lane
Matthews, NC 28105
TC: 704-841-8610
Fax: 704-841-7660

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

Plat Book 6 Pg. 04

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



PLAT PLAN
OF
Lot 44 Block 1 OF NORTHLAKE PHASE
CRAB ORCHARD TOWNSHIP MECKLENBURG COUNTY NC.

OWNER(S) OF RECORD DONALD E. VAUGHN AND PATSY A. VAUGHN

DATE MAP RECORDED IN BOOK 21 AT PAGE 916 DEED RECORDED IN BOOK 11446 PAGE 88

NOT FOR RECORDATION, SALES OR CONVEYANCES

Owner's Copy

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3331A

TC: 111-321-23

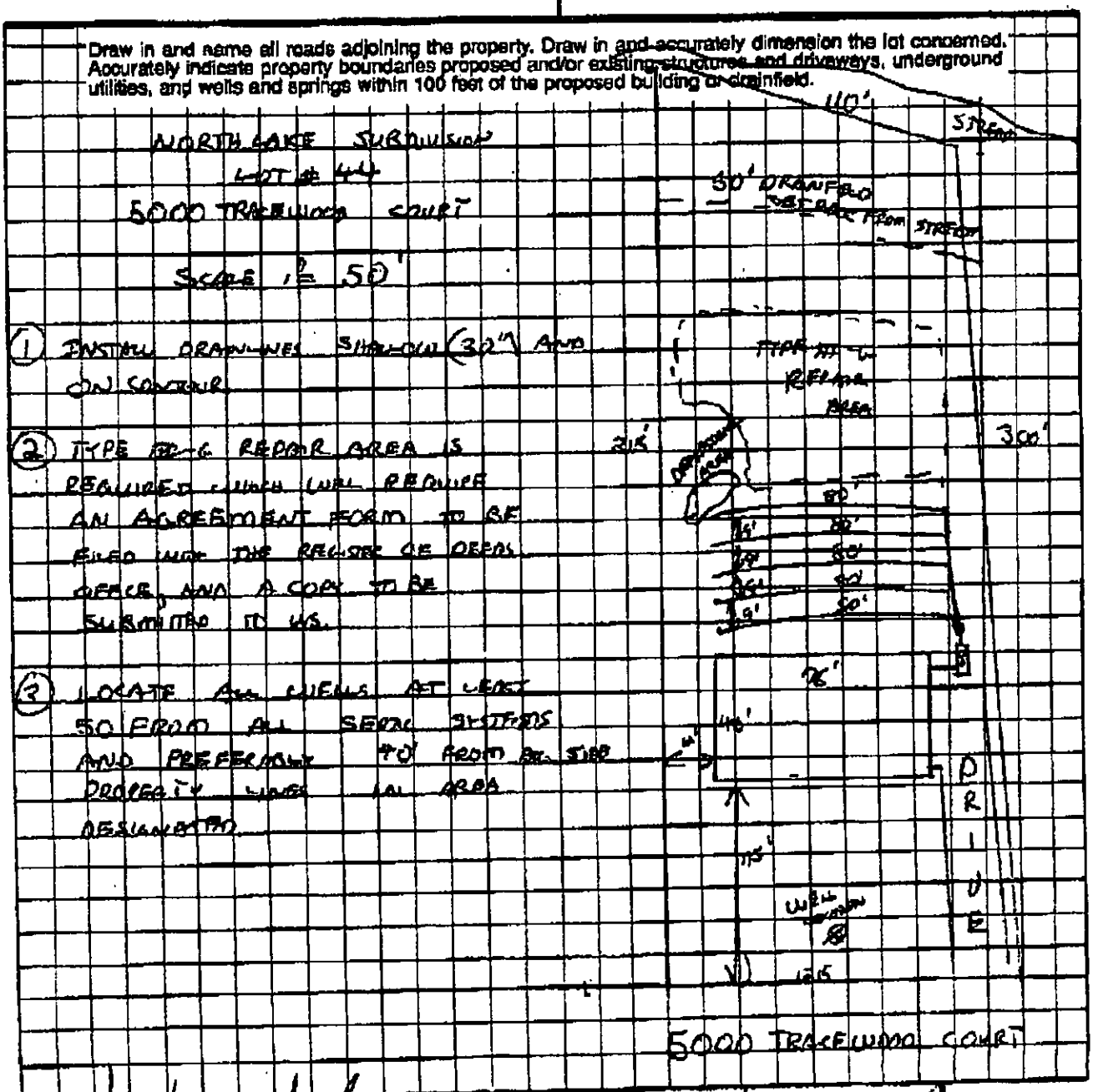
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

NORTH LAKE SUBDIVISION
LOT # 44
5000 TRACEWOOD COURT
SCALE 1" = 50'

(1) INSTALL DRAINLINES SHALLOW (12" AND ON CONTOUR

(2) TYPE IV-C REPAIR AREA IS REQUIRED WHICH WILL REQUIRE AN AGREEMENT FORM TO BE FILED WITH THE REGISTER OF DEEDS OFFICE, AND A COPY TO BE SUBMITTED TO US.

(3) LOCATE ALL CUTS AT LEAST 50 FROM ALL SEPTIC SYSTEMS AND PREFERABLY 40' FROM PROPERTY LINES IN AREA DESIGNATED.



APPROVAL DATE 7/20/00

OWNER/AGENT SIGNATURE

DATE 7/21/2000

White - Health Department's Copy

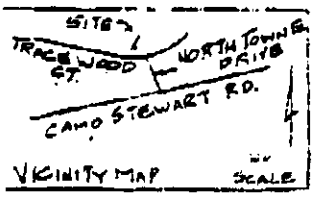
Canary - E.H.S. Copy

Pink - Owner's Copy

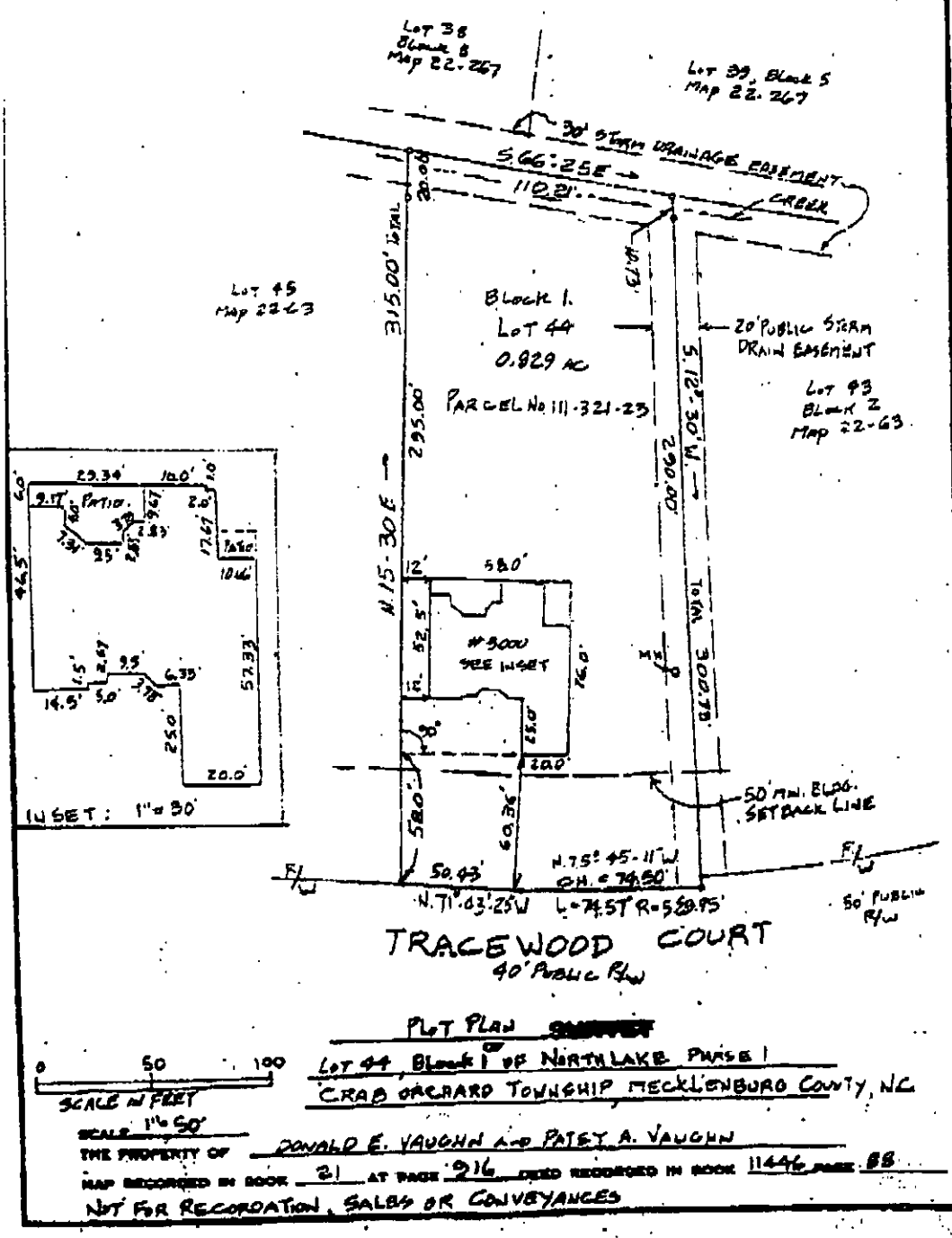
THIS IS TO CERTIFY THAT ON THE _____ DAY OF _____ 19____ I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED _____
REGISTERED SURVEYOR

Self Engineering & Surveying
13538 Caprice Lane
Matthews, NC 28105
704-847-8610
Fax: 704-841-7660



Plot Plan 6 Oct. 04
Revised 7 Oct. 04



PLOT PLAN
0 50 100
SCALE IN FEET
Lot 44, Block 1 of NorthLake Phase 1
Crab Orchard Township Mecklenburg County, NC
SCALE 1"=50'
THE PROPERTY OF Donald E. Vaughn and Patsy A. Vaughn
MAP RECORDED IN BOOK 21 AT PAGE 216 DEED RECORDED IN BOOK 11446 PAGE 88
NOT FOR RECORDATION, SALES OR CONVEYANCES

Alpha & Omega Construction Company **FAX COVER SHEET**



We Can Make It, Break it Or Remake It...
All To Your Total Satisfaction

P.O. Box 3196
Matthews, NC 28106
Ph: (704) 821-6510
Fax: (704) 821-7058

TO: Meck ENVIRONMENTAL
FROM: Gene Alpha Omega
FAX NUMBER: 704 - 336-6894
DATE: 1-11-05
COMPANY:
TOTAL NO. OF PAGES INCLUD. COVER: 5
PHONE NUMBER:
SENDER'S REFERENCE NUMBER: 5000 TRACEWOOD Court
RE:
YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Joshua Sellers 704 336-5569

Please Charge Fee To OUR ACCOUNT-
ANY Problems or Questions Please Call
704 821-6510 And Speak to "SANDY".

THANK YOU-
Gene McLendon

X 32076

File#: 3331A

Permit#: 01122005001

Well Activity Checklist

1. Application & Well Siting

		Date
☑	Complete application on file	01-11-05
☑	Site plan and other appropriate documentation submitted	01-11-05
☐	Registered well driller Certification Number: _____	_____
☐	Proposed well location meets required setbacks	_____
☑	**ARGU** restrictions satisfied (if applicable)	01-11-05
☐	Well permit issued	_____
☑	Septic system permit issued (if applicable)	07-20-00

2. Onsite Inspection

Observed	Driller		
☑	☐	Valid permit on site with registered well driller	1-17-05 DW
☑	☐	Required setbacks satisfied, approved location per permit	1-17-05 DW

Appropriate Materials Used for Construction:

Observed	Driller		
☑	☐	Drilling fluids/additives	1-17-05 DW
☑	☐	Casing materials/Joint compounds	1-17-05 DW

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	1-17-05 DW
☑	☐	Grouted to a minimum of 20 ft. below land surface	1-17-05 DW
☑	☐	Grouted within 5 days of casing being set	1-17-05 DW
☑	☐	Proper depth to seal non-potable zones	1-17-05 DW

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. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

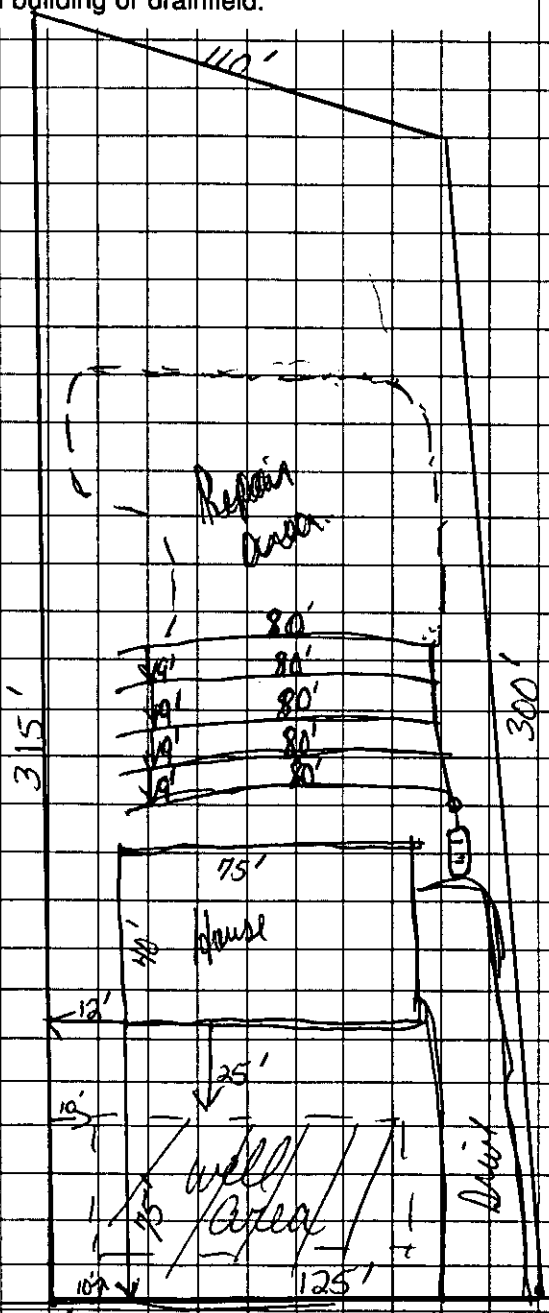
FILE: 3331A

TC: 111-321-23

Well Pmt # 01122005001

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

1. Keep well >10' off Property line
   >25' off Bldg foundation
   >50' off Septic tank or any part of the Septic System
2. Place well in Shaded Area
3. After well is functional Please Call (704) 336-5500 to Schedule well sampling.
4. For questions regarding well call 336-5569



Tractwood Court.

OWNER/AGENT SIGNATURE D. L. Mullis

DATE 01-12-05

APPROVAL DATE Joshua R. Sellers R.S. / REHS
01-12-05

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

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 # 3331A

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 01122005001 **Tax Parcel #:** 111-321-23

Property Owner: Donald Vaughn

Job Location Address: 5000 Racewood Ct.

City/ETJ: Charlotte **State:** NC **Zip Code:** 28215

Permit Issuance Date: 01/12/2005

Use of Well: Potable

Type of Facility Served by Well: Single Family Residence

Sewage System Type: Septic

Area of Regulated Groundwater Usage Restrictions Apply: N/A If Yes, see requirements in Specific Conditions of This Permit.

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 be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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:

Authorized Agent: ____

Signature: Joshua R. Sullivan R.S./REHS 01-12-2005

Owner/Legal Agent: Dave L Mullis
Print Name

Signature: Dave L Mullis 01-12-05

JLS 12/13/04 Final

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/11/05	**Amount:**	400.00
Receipt #:	30544	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X32076
Contractor: ALPHA OMEGA CONST CO INC
Attn:
Address: P O BOX 3196
Address:
City/State/Zip: MATTHEWS, NC 28106

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 5000 TRACEWOOD CT/FILE 3331A		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					