

2609 FOX HOLLOW RD

19702102

4/30/08

marliwr

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

J Sellers

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2230

PID 197.021.02

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) 10002693
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 11-27-07
TIME COMPLETED 5:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Mecklenburg
2609 Fox Hollow Rd. 28227
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35 09.41
LONGITUDE 80 38.96
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 Russell J. Davis
STREET ADDRESS 2609 Fox Hollow Rd
Charlotte N.C. 28227
City or Town State Zip Code
(704) 904-2555
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 320'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 42' FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1' FT. Above Land Surface*
*Top of casing terminated a/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 25 METHOD OF TEST AIR

f. DISINFECTION: Type 2.7% Cl2 Amount 1 Tablets 72 hr
g. WATER ZONES (depth):
From 300' To 310' From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____
h. CASING:

From	To	Depth	Diameter	Thickness/ Weight	Material
+1	105'	Ft.	6"	SDR 21	PVC
____	____	Ft.	____	____	____
____	____	Ft.	____	____	____

i. GROUT:

From	To	Depth	Material	Method
0	35'	Ft.	Bentonite	Pumped
____	____	Ft.	____	____
____	____	Ft.	____	____

j. SCREEN:

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

k. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
____	____	Ft.	____	____
____	____	Ft.	____	____
____	____	Ft.	____	____

l. DRILLING LOG

From	To	Formation Description
0	85'	Silt, Clay, Dirt
85'	90'	Decomposed Rock Granite
90'	105'	Granite Rock
105'	____	Gravel
105'	320'	Granite Rock

m. REMARKS:

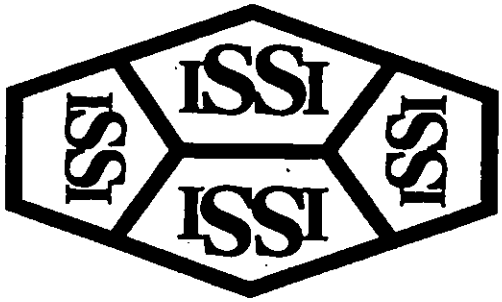
I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

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

2383 A.



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ISSI Operations Center Staff

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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 #: 10002693 **File #:** 2383A **Tax Parcel #:** 197-021-02
Property Owner: RUSSELL J DAVIS
Job Location Address: 2609 FOX HOLLOW RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 9/13/2007
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.

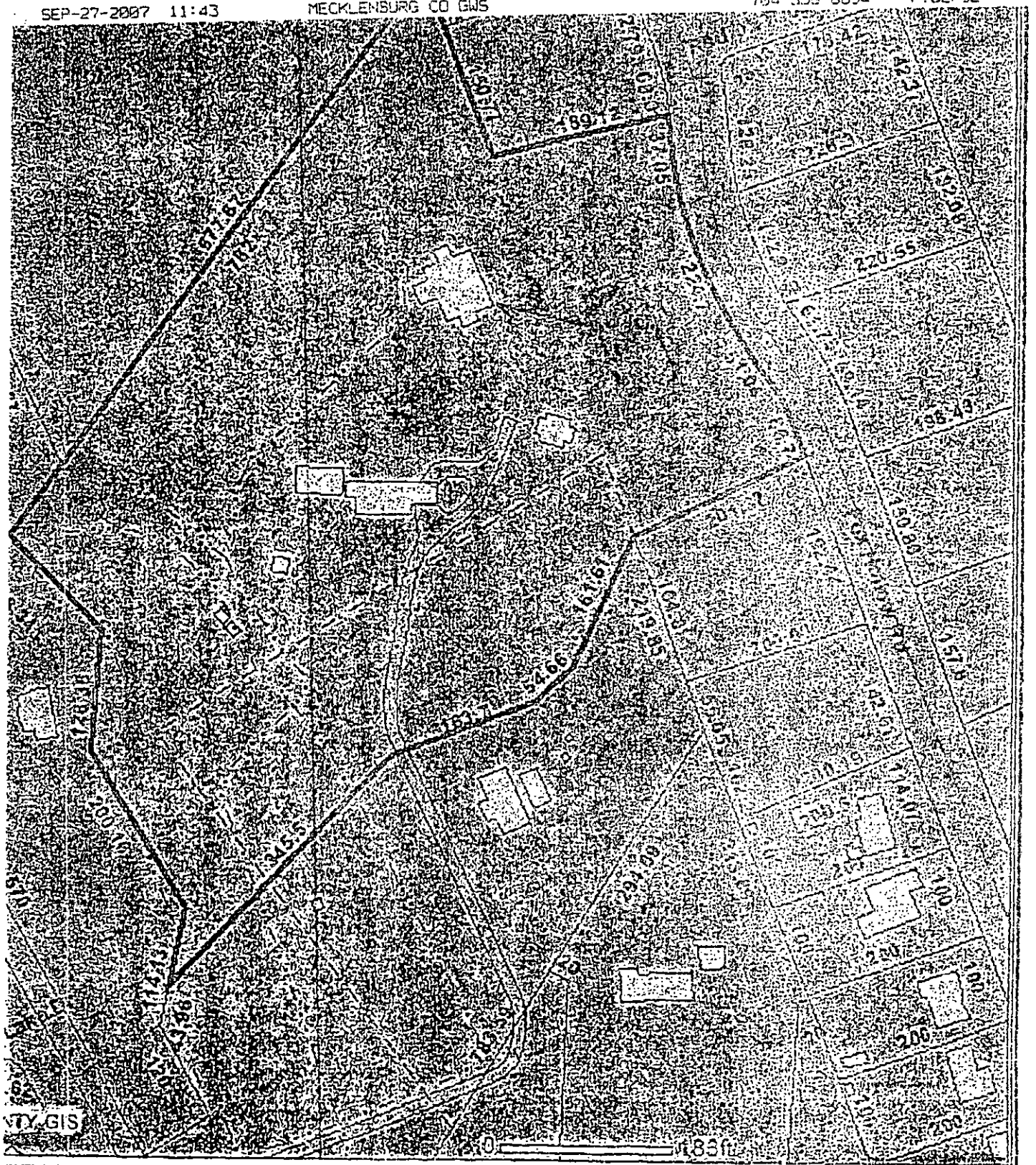
Other Conditions of This Permit:

Jeremy Michael
Authorized Agent: Print Name

Jeremy Michael
Signature:

Russell J. Davis
Owner/Legal Agent: Print Name

Russell J Davis
Signature:



ory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, records and data. Users of this map are hereby notified that the aforementioned public primary information rification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information

X Pamela Phillips 09-27-07

Please sign and date

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 23831 WASPS App #: 2693

Primary ES assigned to project: Jeremy Michael

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: 9/13/07 - Please fax to applicant for signature

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: 9/13/07 - Reassigned to Josh Sellers

Application received date: 9/11/07 ES assigned date: _____ Permit issued date: 9/13/07

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

Review performed by: _____ Date performed: _____

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: Russell Davis

Fax #: 704-545-~~8667~~ 0980

Phone #: 704-904-2555

From: Gwen Craig
GWS

Date: 9/~~17~~07 9/20/07

Number of pages transmitted: 3 (including coversheet)

Comments: Please sign permit and Proposed Plot Plan which shows new well area, fax back to this office

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

********** -COMM. JOURNAL- ********** DATE SEP-14-2007 ***** TIME 11:33 *********

MODE = MEMORY TRANSMISSION START=SEP-14 11:29 END=SEP-14 11:33

FILE NO.=979

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	5	97045458667	003/003	00:02:31

-MECKLENBURG CO GWS -

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

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

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: Russell Davis 0980 Fax #: 704-545-~~8667~~

Phone #: 704-904-2555

From: Gwen Craig GWS Date: 9/14/07

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☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

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Office #: (704) 336-5103 • Fax #: (704) 336-6894

Mecklenburg County Health Department
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Property Owner: RUSSELL J DAVIS
Job Location Address: 2609 FOX HOLLOW RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 9/13/2007
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:

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- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

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☐ 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.

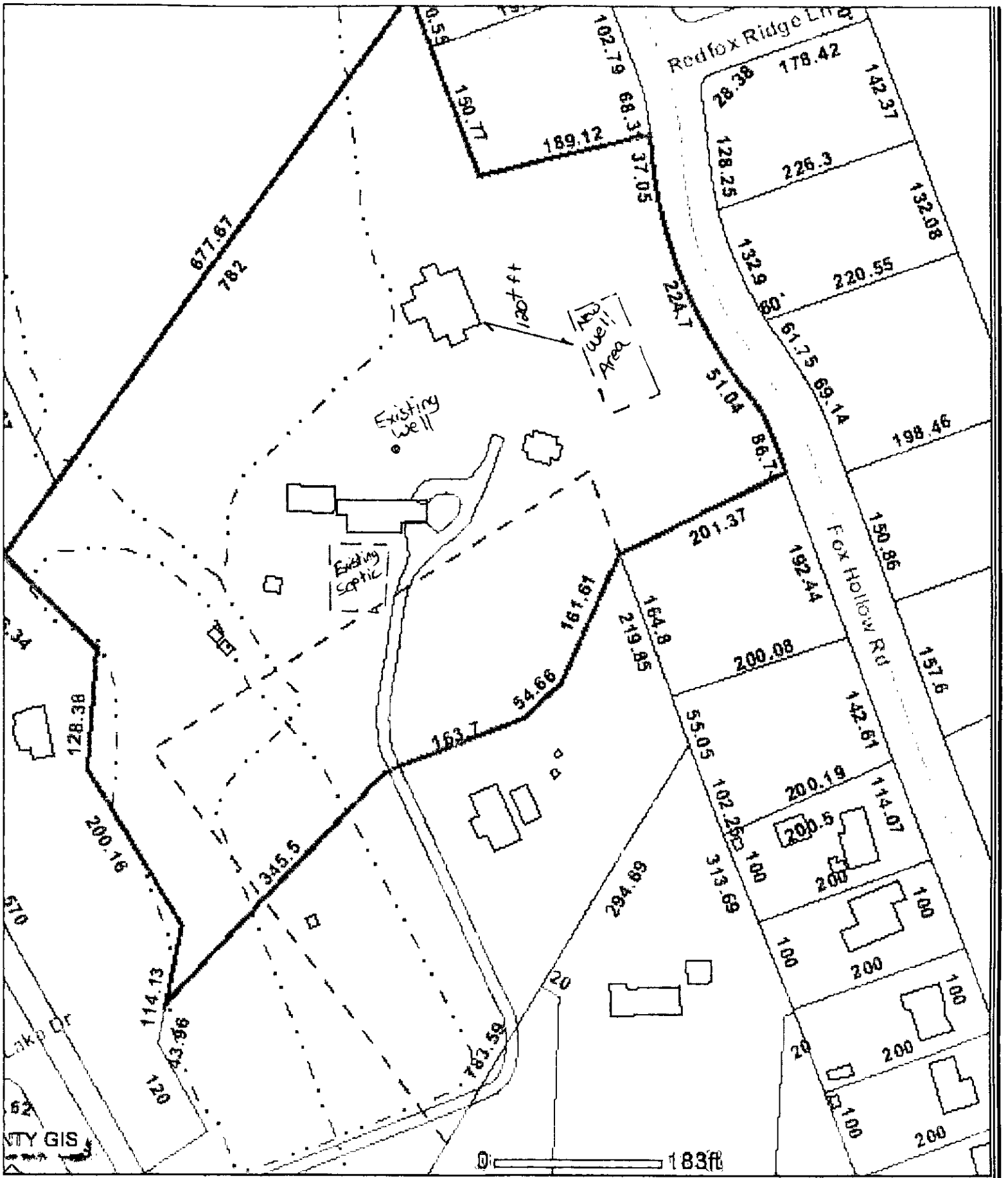
Other Conditions of This Permit:

Jeremy Michael
Authorized Agent: Print Name

Jeremy Michael
Signature:

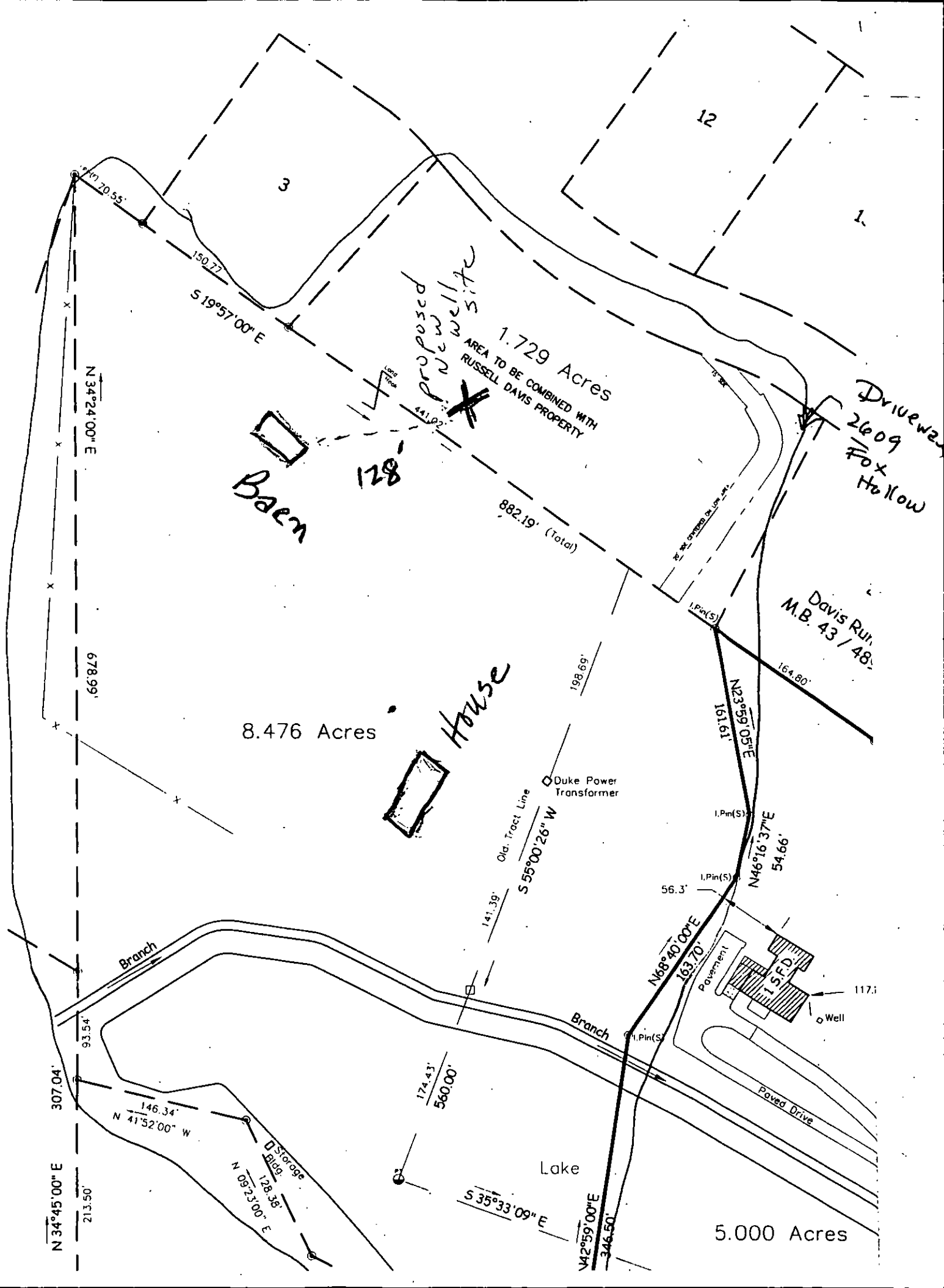
Owner/Legal Agent: Print Name

Signature:



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Please sign and date


12
3
1
150.72'
S 19°57'00" E
Proposed Drive
1.729 Acres
AREA TO BE COMBINED WITH RUSSELL DAVIS PROPERTY
Long Hedge
441.92'
Barn
128'
882.19' (Total)
Driveway
2609
Fox
Hollow
N 34°24'00" E
678.99'
8.476 Acres
House
198.69'
I.Pin(S)
Davis Run
M.B. 43 / 48
164.80'
N23°59'05"E
161.61'
Duke Power
Transformer
Old Tract Line
S 55°00'26" W
141.39'
I.Pin(S)
N46°16'37"E
54.66'
56.3'
I.Pin(S)
N68°40'00"E
163.70'
Pavement
1 S.F.D.
117.3
Well
Branch
Branch
I.Pin(S)
93.54'
307.04'
146.34'
N 41°52'00" W
Storage Bldg.
128.38'
N 09°23'00" E
174.43'
560.00'
Lake
Paved Drive
N 34°45'00" E
213.50'
S 35°33'09" E
S42°59'00"E
346.50'
5.000 Acres

Please call prior to visit, locked gate at property

12383A = 12655 Lawyers Rd
former address

FILE NUMBER: 2383A

SEPTIC FEE: _____
DATE: _____

Revised On: August 31, 2007

APPLICATION NUMBER: 2693

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

JAM

WELL FEE: 400.00
DATE: 9/11/07

JJC
CLK
2004

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: 197-021-02
STREET ADDRESS: 2609 Fox Hollow Road
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME: DAVIS RUN
LOT #: LOT SIZE (acres): 10.2
TOWNSHIP: Built 1987

☐ 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:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

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 _____

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: Russell J. Davis
ADDRESS: 2609 Fox Hollow Road
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-9042555 FAX: 704-5458661

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? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

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.

Russell J. Davis
Property Owner's or Owner's Legal Representative Signature Date

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

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

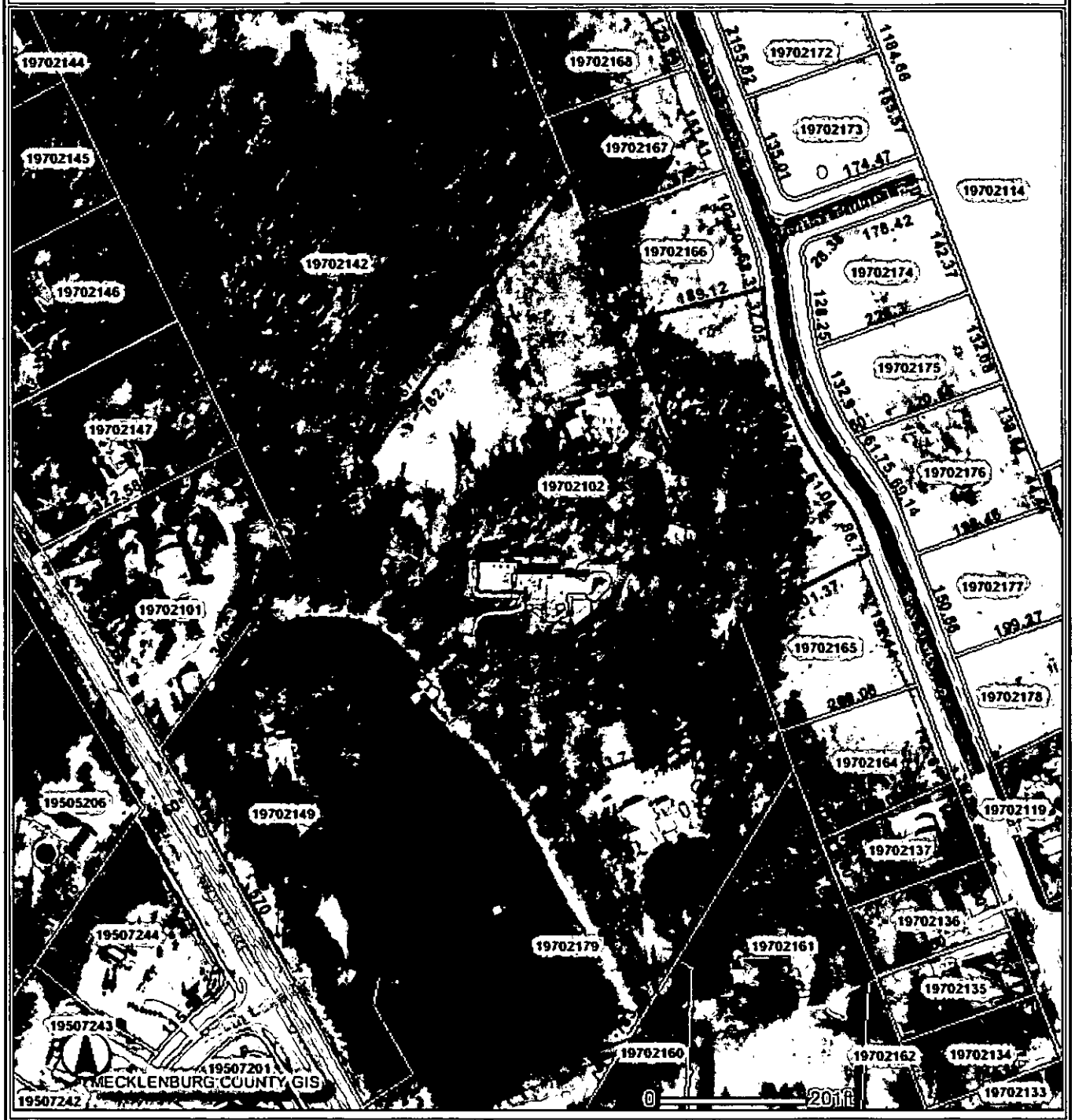
0753

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Sep 13 08:10:07 EDT 2007



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/11/07	**Amount:**	400.00
Receipt #:	52606	**Tendered:**	400.00
Check / Auth #:	CHECK 2004	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: DAVIS RUSSELL J
Attn:
Address: P O BOX 23600
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 2609 FOX HOLLOW ROAD		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
25.00					