

14832 BECKENHAM DR

13912404

6/13/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 10256 WASPS App #: 3118

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: # 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: 12/20/07 ES assigned date: _____ Permit issued date: 12/20/07

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

Review performed by: _____ Date performed: _____

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

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: GWO - 75308
Address: 14832 Beckenham Dr
Mint Hill, NC **Zip:** 28227

County: MECKLENB

Report To: Mecklenburg Co. Env. Health **ATTN:**
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Collected By: J SELLERS **Date:** 1/16/2008 **Time:** 8:00:00 AM
Location of sampling point: Well head
Remarks:

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Nitrate

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	1/17/2008
Nitrate as N	<1.0	mg/l	1/17/2008

NCPHL ®
North Carolina Public Health

10236

Date Received: 1/17/2008 **Report Date:** 2/6/2008 **Reported By:** M. Kemp
Today's Date: 2/6/2008 **Ref:** 937 **Login Batch:** 08010027 **Sample Number:** AB67372

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

File # 10236
- Need to check file for well record.
- Also conduct site visit to see if grout is in place.

CHARLOTTE.

Laboratory Analysis Report
Report Date: 1/18/2008 12:16 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-75308
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/15/2008 10:30 CHAIN OF CUSTODY #: 080115144855
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC53032 E. COLI-PA	**Absent**	**P/A**		SM 9223B	1/15/2008	14:40	SLT
AC53032 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	1/15/2008	14:40	SLT

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine N.C. DENR No.148, N.C.DHHS Laboratory No. 37415; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527
Brookshire/Franklin: N.C. DENR No.162, N.C. DHHS Laboratory No. 37605

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	14832 Beckenham Drive
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

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

COC#: 080115144955

Sampled By (Print Name)
Joshua R. Sellers R.S.

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
GWO-75308	JRS	1/15/08 10:30 A.M.	N/A N/A	N	N/A					X	100 ml		1					X			X

NCS3032

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
Joshua R. Sellers	[illegible]	01-15-08	2:15P

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

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 #: 10003118 **File #:** 10236 **Tax Parcel #:** 139-124-04
Property Owner: Sara Kresge
Job Location Address: 14832 BECKENHAM DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 12/20/2007
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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):

[X] 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:

Well location may be moved outside the 1,500 foot radius and the full grout will not apply.

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

Joshua R. Sellers
Signature:

SARA KRESGE C/O PEPPER
Owner/Legal Agent: Print Name

Sara Kresge c/o pepper
Signature:

Residential File# 10236 out of water Apr 3118 12/20/07 Visa $400.00 mailed

FILE NUMBER: _____ Revised On: January 3, 2007 APPLICATION NUMBER: _____

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
DATE: _____

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: 139-12-404
STREET ADDRESS: 14832 Beckenham Dr
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
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: 1252
NUMBER OF BEDROOMS: 3
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 _____
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 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: Sara Kresge
ADDRESS: 14832 Beckenham Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 7045453714 WORK PHONE: 7044266588
MOBILE PHONE: 704996-1370 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: DL Mullis Well Drilling
ADDRESS: 9200 Surface Hill Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 7045455614
MOBILE PHONE: FAX: 7045459449

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

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.

X Sara Kresge Ceffappa
Property Owner's or Owner's Legal Representative Signature Date

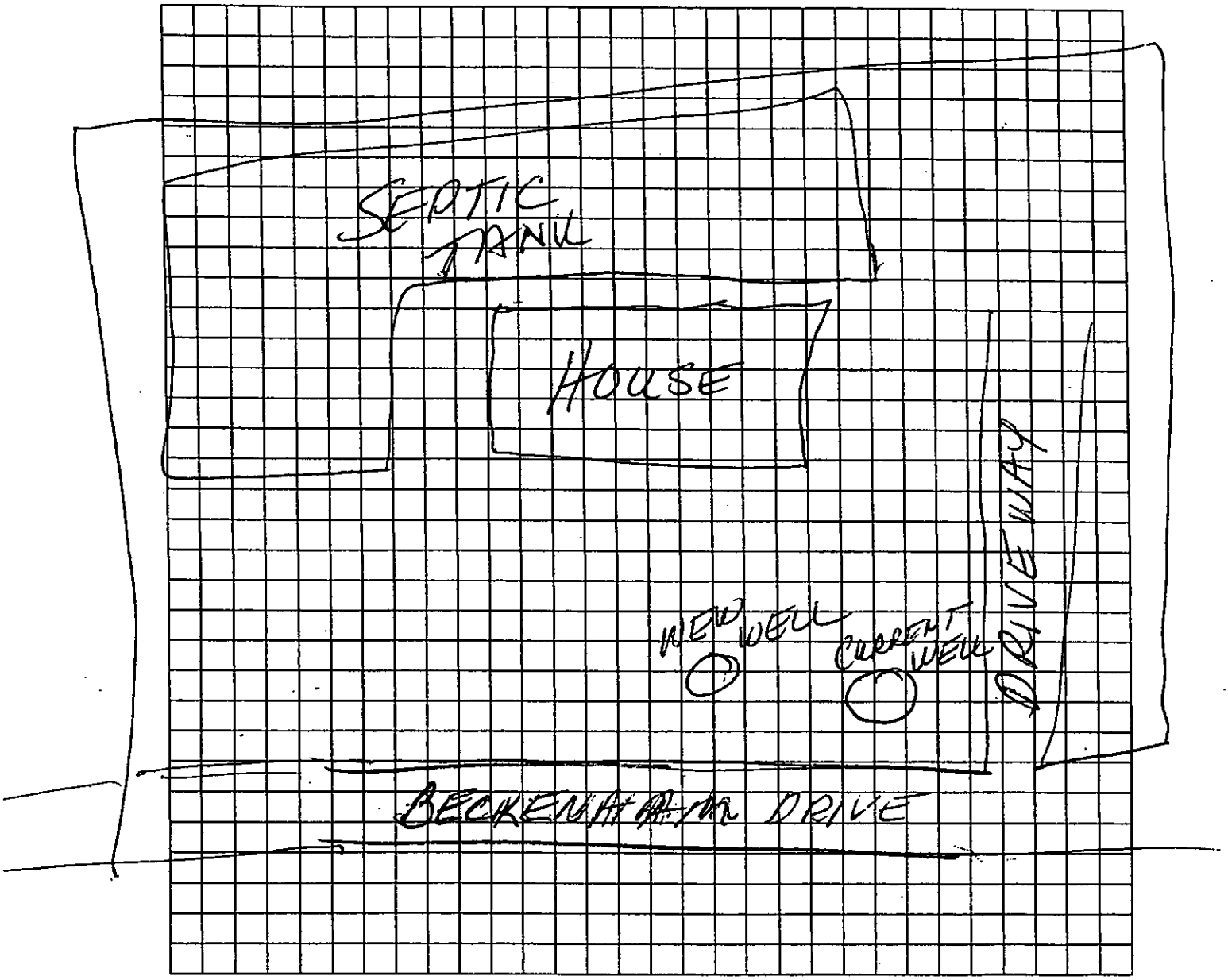
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County
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 #_____
Approval Date_____

APPROVED 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.



Owner/Agent Signature	Staff Signature
Date 12/20/06	Date

LBC 12/15/04

ENVIRONMENTAL HEALTH
600 N TRYON ST STE 208
CHARLOTTE, NC 28202

BATCH: 100
S-A-L-E-S D-R-A-F-T
76843486
000999405040

REF: 0001
CD TYPE: VISA
TR TYPE: PURCHASE
INV: 4
DATE: DEC 20, 07 13:35:10

TOTAL $400.00

ACCT: 4264296355727949 EXP: 04/09
AP: 03555A
NAME: SALLY K CULPEPPER

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

X Sally K. Culpepper

MERCHANT COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/20/07	**Amount:**	400.00
Receipt #:	54249	**Tendered:**	0.00
Check / Auth #:	VISA 03555A	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #:	200000
Contractor:	CULPEPPER SALLY
Attn:	
Address:	14832 BECKHAM DRIVE
Address:	
City/State/Zip:	CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New TAX PARCEL 139-12-404		1	400.00	400.00

Outstanding Balances

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