

7419 SAMPLE RD

02304206

5/29/07

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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 # 4983A

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050311SM01 **Tax Parcel #:** 02304206

Property Owner: Larry W. Kerr

Job Location Address: 7419 Sample Road

City/ETJ: Huntersville **State:** NC **Zip Code:** 28078

Permit Issuance Date: 03/11/2005

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Agriculture

Sewage System Type: Private On-site

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

Replacement for Existing Well: No 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: Jeremy Michelone, R.S. Owner/Legal Agent: Larry Kerr
Print Name

Signature: Jeremy Michelone, R.S. Signature: Larry Kerr

JLS 12/13/04 Final

File#: 4983A

Permit#: 20050311SPM01

Well Activity Checklist

1. Application & Well Siting

		Date
☒	Complete application on file	2/18/05
☒	Site plan and other appropriate documentation submitted	2/18/05
☐	Registered well driller Certification Number: _____	
☒	Proposed well location meets required setbacks	3/11/05
☒	**ARGU** restrictions satisfied (if applicable)	3/9/05
☒	Well permit issued	3/11/05
☒	Septic system permit issued (if applicable)	Existing

2. Onsite Inspection

Observed	Driller		
☐	☒	Valid permit on site with registered well driller	8/30/05
☐	☒	Required setbacks satisfied, approved location per permit	8/30/05

Appropriate Materials Used for Construction:

Observed	Driller		
☐	☒	Drilling fluids/additives	8/30/05
☐	☒	Casing materials/Joint compounds	8/30/05

Source of Water:

Observed	Driller		
☐	☒	Greater than 40 ft. below land surface	8/30/05
☐	☒	Water NOT from a known contamination zone	8/30/05

Well Casing:

Observed	Driller		
☐	☒	Casing > than 40 ft. below land surface	8/30/05
☐	☒	Non-potable zones effectively sealed	8/30/05
☐	☒	Casing properly seated	8/30/05
☐	☒	Casing terminated at least 12 inches above land surface	8/30/05
☐	☒	All ASTM/NSF standards met	8/30/05
☐	☒	Drive shoe used	8/30/05

Grouting:

Observed	Driller		
☒	☐	Approved grouting materials used	9/1/05
☒	☐	Grouted to a minimum of 20 ft. below land surface	9/1/05
☒	☐	Grouted within 5 days of casing being set	9/1/05
☒	☐	Proper depth to seal non-potable zones	9/1/05

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

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) D.L. Mullis/John M. Mullis CERTIFICATION # 2038

WELL CONTRACTOR COMPANY NAME DL Mullis Well Drilling PHONE # 704 545-5694

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: Huntersville County Mecklenburg
   7419 Sample Rd.
   (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: LARRY W. KERR
   Address 7419 Sample Road
   (Street or Route No.)
   Huntersville NC 28078
   City or Town State Zip Code
   (704)-622-4318
   Area code- Phone number

4. DATE DRILLED 8-30-05
5. TOTAL DEPTH: 350'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 30 FT. (Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1 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): 75-95-130 -160-
11. DISINFECTION: Type HTH Amount 10T
12. CASING:

	Depth From	To	Diameter	Wall Thickness or Weight/Ft.	Material
	0'	48' Ft.	6"	SCH40	P.V.C
		Ft.			
		Ft.			

13. GROUT:

	Depth From	To	Material	Method
	0	20 Ft.	Cemment	pumped
		Ft.		

14. SCREEN:

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

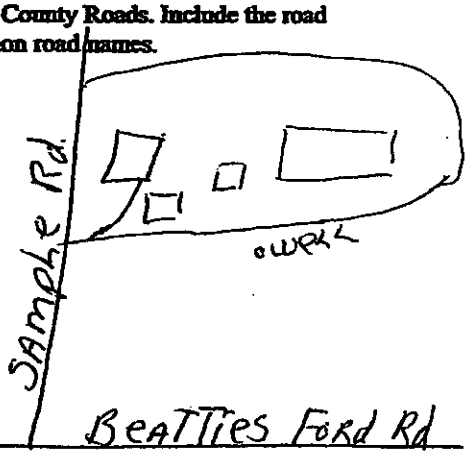
15. SAND/GRAVEL PACK:

	Depth From	To	Size	Material
		Ft.		
		Ft.		

DEPTH From	To	DRILLING LOG Formation Description
0 -	30	Red Clay
30 -	48'	Drap Sand Stone
48 -	106'	Blue Granit
106 -	146'	Brown Shale
140 -	350'	Blue Granite

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

John M. Mullis 8-30-05

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

PROPOSED PLOT PLAN

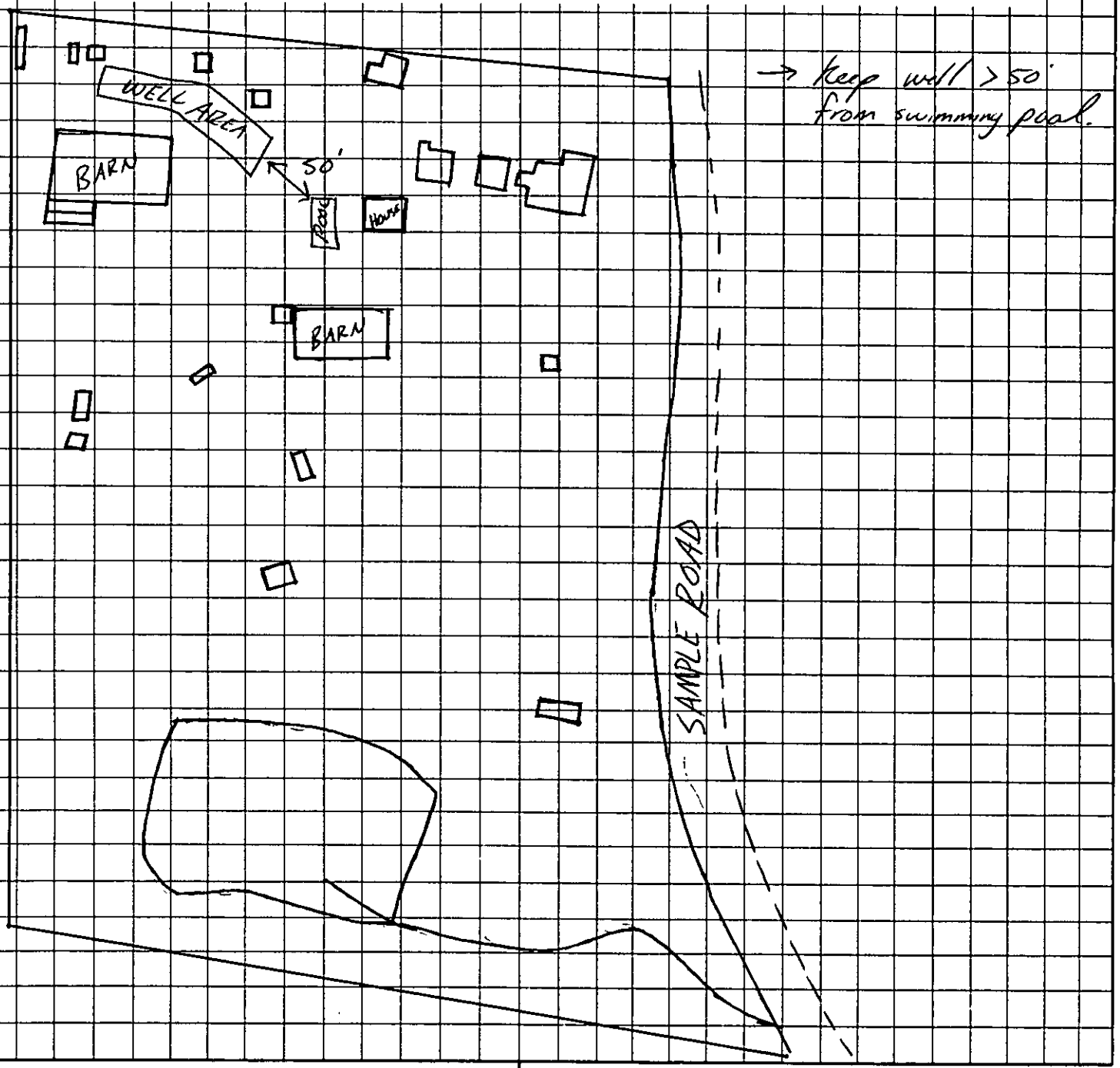
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

PERMIT # 20050311SPM01

FILE: 4983A

TC: 023-042-06

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.



Larry Kerr
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Jimmy Mickle, R.S. 3/11/2005

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

PROPOSED PLOT PLAN

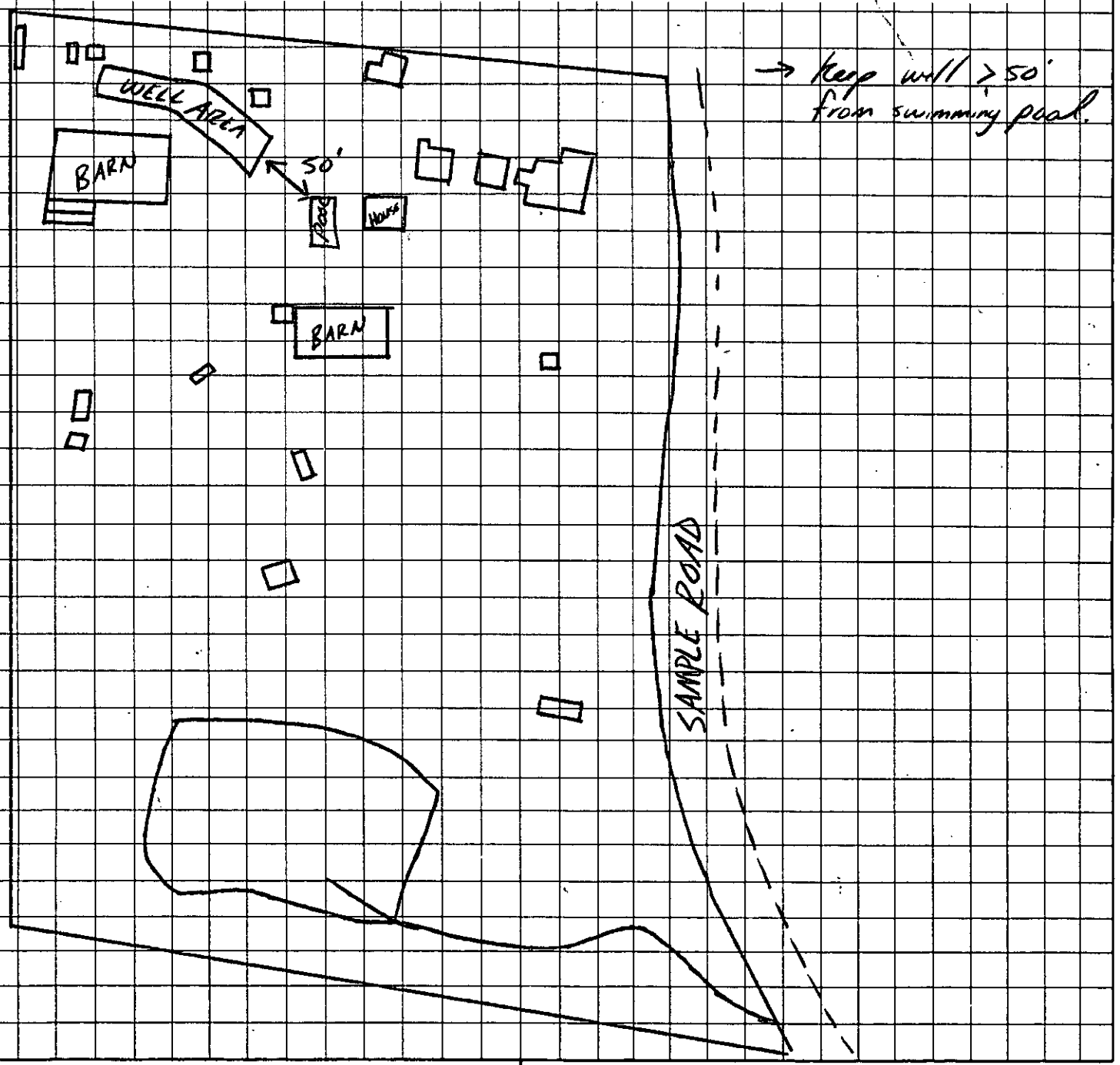
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Larry Kerr
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Jimmy Nichols, R.S. 3/11/2005

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 # 4985A

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050311JPM01 **Tax Parcel #:** 02304206

Property Owner: Larry W. Kerr

Job Location Address: 7419 Sample Road

City/ETJ: Huntersville **State:** NC **Zip Code:** 28078

Permit Issuance Date: 03/11/2005

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Agriculture

Sewage System Type: Private On-site

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

Replacement for Existing Well: No 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.
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☐ 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: Jeremy Mickelson, P.S. Owner/Legal Agent: _____
Print Name

Signature: Jeremy Mickelson, P.S. Signature: _____

Date: 03/08/05
Reviewed By: JCS

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

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 023-042-06 File # 4983A

Street Address: 7419 Sample Road

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 015-451-04 MPL # 1095

Street Address: 10500 Beatties Ford Road

DENR Incident #: None

Current Status: _____ Why? _____

No record of a release could be located in department files or state UST databases. Church members were interviewed and they had no recollection of a UST release at the church. Based on the lack of documentation, the site should not be considered an MPL and no ARGU review is required.

Responsible Party: _____

Responsible Party Contact Info: _____

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

ARGU Review Worksheet
Job Location: 023-042-06/4483A
Page 2

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern?

If Yes	ARGU is a 1500-foot buffer around the maximum extent of contamination

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU?
If No	**Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.**
If Yes	Permit denied.

Reviewer Comments: No ARGU restrictions apply.

1915
1931

GWS – RES. APP 12/04

SEPTIC FEE:
DATE:
CRT[ ]

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

WELL FEE: 400
DATE: 2/18/05 JKA
CRT[ ] CHECK 4054 9

FILE # 4983A

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 #: 02304206
STREET ADDRESS: 7419 Sample Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
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 (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☑ OTHER

HEATED SQUARE FOOTAGE: Barn - Several bldgs
NUMBER OF BEDROOMS: N/A
NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: BARN NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE: Farm

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 FARM USE

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: LARRY W KERR
ADDRESS: 7419 SAMPLE RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: 704-875-9324 WORK PHONE: 704-392-8188
MOBILE PHONE: 704-~~234~~ 622-4318 FAX: 704-392-0603

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? 4-30-81
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.

Larry W Kerr 2/16/05
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 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.

Larry Kerr 2-18-05
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: 704-336-6894

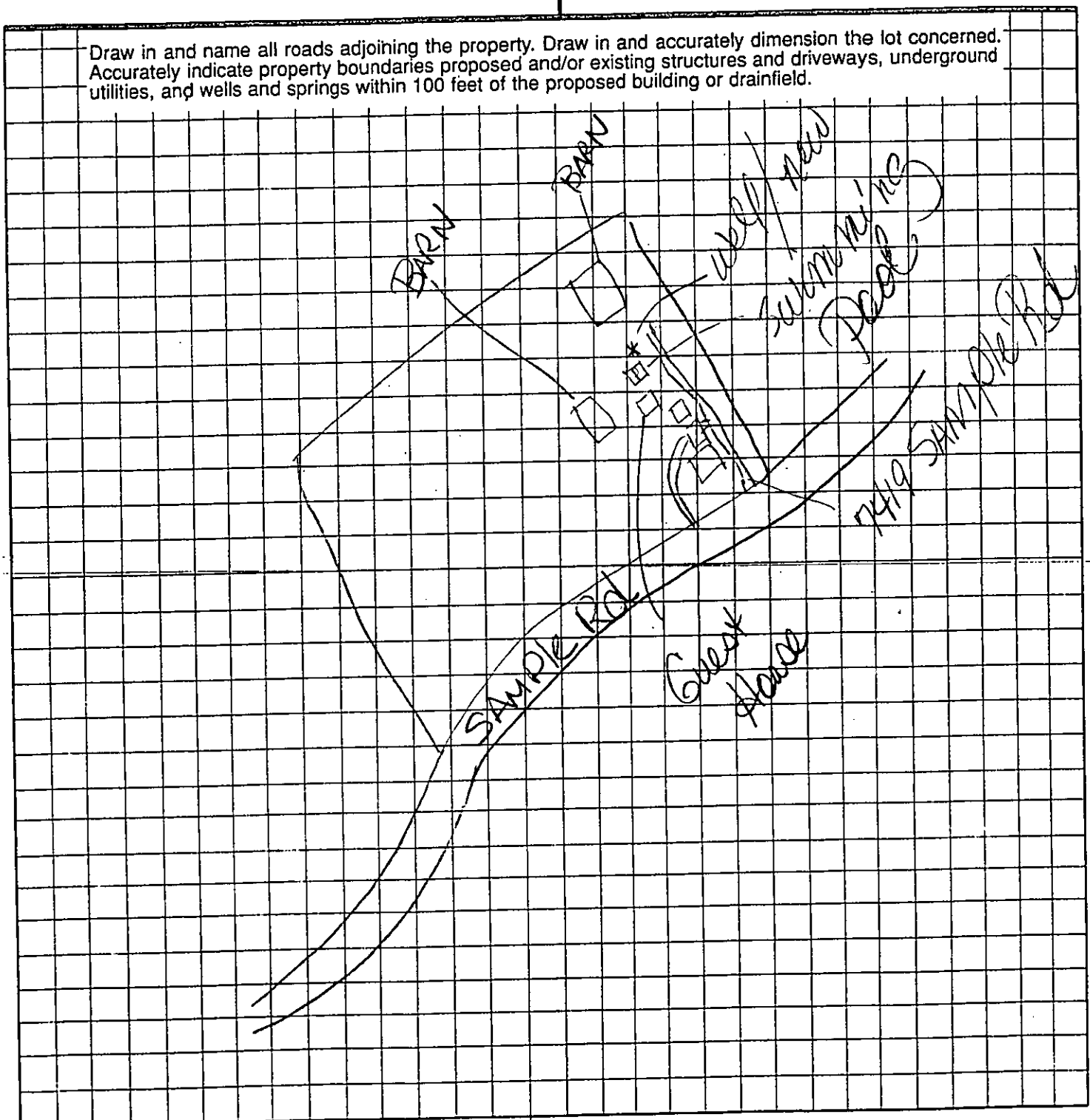
PROPOSED PLOT PLAN

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

FILE: 4983A

TC: 023-042-06

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.



Larry W Kerr
OWNER/AGENT SIGNATURE

DATE 2/16/05

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy