

8930 GOSNELL DR

13922227

6/18/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 11227 WASPS App #: 2329

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: ~~Kim Garrett~~

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: Lab results per Josh by verbal KCL lab

Items requiring correction/modification: _____

1/14/08 Release GWS well hold on CO

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: 5/25/07 Please fax permit + plot plan to applicant JLS

8/24/07 - Reassigned to ~~Kim Garrett~~ Josh Kelley for

Items requiring correction/modification: _____

employee follow up.

Application received date: 5/22/07 ES assigned date: 5/22/07 Permit issued date: 5/23/07

Well approval date: 1/14/08 Number of days to complete project: _____

Review performed by: _____ Date performed: 1/14/08

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 12/12/2007 11:11 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-75055
LOC ID: G-NEW
SAMPLE DATE-TIME: 12/4/2007 9:00 CHAIN OF CUSTODY #: 071204131403
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC47682 E. COLI-PA	**Absent**	**P/A**		SM 9223B	12/4/2007	13:25	SLT
AC47682 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	12/4/2007	13:25	SLT

Comment:

Laboratory Supervisor: Rhonda Thurston

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

01-14-08 JRS
Verbal
Nox
from K & W
labs
Nitrates & nitrites
below detection
levels

EDMS

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	8930 Gosnell 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#: 071204 131403
Sampled By (Print Name): Joshua R. Sellers R.S.

AC47682

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
AC47682																					
GWO-75055	JRS	12/4/07 9:00 A.M.	N/A N/A	N	N/A	3				X	100 ml		1						X		X

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	Eric Nigel	12/4/07	1:00P.

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

FILE NUMBER: 11227 HC1362 $300 5/22/07 ck# 1403 chk

Revised On: January 3, 2007

APPLICATION NUMBER: 2329

SEPTIC FEE: 200.00 DATE: 11/27/06 SC

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: 5/22/07 SC

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: 13922227

STREET ADDRESS: 8930 Gosnell DR

CITY: Mint Hill

STATE: NC ZIP: 28227

SUBDIVISION NAME: Mint Hill Estates

LOT #: 45B-A LOT SIZE (acres): .765

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:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

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: 1

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: Bryan Mullis

ADDRESS: 7201 Alexander Farm RD

CITY: Monroe

STATE: NC ZIP: 28110

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: ~~Terry Davis~~ Valeriy Solodyankin

ADDRESS: 5618 Beaver Dam Ln.

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: 704-222-5226 WORK PHONE:

MOBILE PHONE: ~~704-704-2256~~ FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11/28/2006

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2/10/07

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.

V. S

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.

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

0734
0703
0753

file # 11227
DC

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038

1. WELL CONTRACTOR:
John M Mullis
Well Contractor (Individual) Name
DZ Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704, 5455694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10002329
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 8-13-07
TIME COMPLETED 8-13-07 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
8930 Gaswell Dr.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35' 11.830'
LONGITUDE 80' 34.455'
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 Nadia Construction
STREET ADDRESS 5148 Beaver Dam Lane
Charlotte NC 28227
City or Town State Zip Code
704, 222-8204
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 230'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 45' 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): 10 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1½ lbs
g. WATER ZONES (depth):
From 160 To 165 From ____ To ____
From 180 To 190 From ____ To ____
From 198 To 216 From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 131	Ft.	6"	SCH-40	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20'	Ft.	Holeplug	poured
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From N/A	To ____	Ft. N/A	in. ____	in. ____	
From ____	To ____	Ft. ____	in. ____	in. ____	
From ____	To ____	Ft. ____	in. ____	in. ____	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From N/A	To ____	Ft. N/A		
From ____	To ____	Ft. ____		
From ____	To ____	Ft. ____		

10. DRILLING LOG

From	To	Formation Description
0 -	80'	Red Clay
80 -	126'	Brown Shale
126 -	131'	Green & Blue Slate
131 -	185	Green & Blue & Brown Slate
185 -	230	Blue Slate

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.

John M. Mullis 8-13-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John M. Mullis
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

file # 11227

DC

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DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704, 5455694
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(If applicable)
STATE WELL PERMIT#(If applicable)
DWQ or OTHER PERMIT #(If applicable) 10002329
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 8-13-07
TIME COMPLETED 8-13-07 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
8930 Gaswell Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35' 11.830'
LONGITUDE 80' 34.455'
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)

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e. YIELD (gpm): 10 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1½ QTS

g. WATER ZONES (depth):

From 160	To 165	From	To
From 180	To 190	From	To
From 198	To 210	From	To

6. CASING:

	Depth	Diameter	Thickness/ Weight	Material
From 0	To 131 Ft.	6"8	SCO-40	P.V.C
From	To Ft.			
From	To Ft.			

7. GROUT:

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

8. SCREEN:

	Depth	Diameter	Slot Size	Material
From N/A	To Ft.	N/A in.	in.	
From	To Ft.	in.	in.	
From	To Ft.	in.	in.	

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	Depth	Size	Material
From N/A	To Ft.	N/A	
From	To Ft.		
From	To Ft.		

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Form GW-1a
Rev. 7/05

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 #: 10002329 **File #:** 11227 **Tax Parcel #:** 139-222-27
Property Owner: BRYAN MULLIS
Job Location Address: 8930 GOSNELL DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 5/23/2007
Use of Well: Potable
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:

David Cornelius, RS
Authorized Agent: Print Name

L. Stubbs for David Cornelius
Signature:

Valerie
Owner/Legal Agent: Print Name

Signature: V. C

PROPOSED PLOT PLAN

1"=40'

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

8930 GOSNELL DRIVE

FILE: 11227

TC: 139-222-27

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.

- SEPTIL SYSTEM DESIGN FOR A 3 BEDROOM HOUSE
- LTAR = 0.3 GAL/DAY/FT²
- 360 GAL/DAY

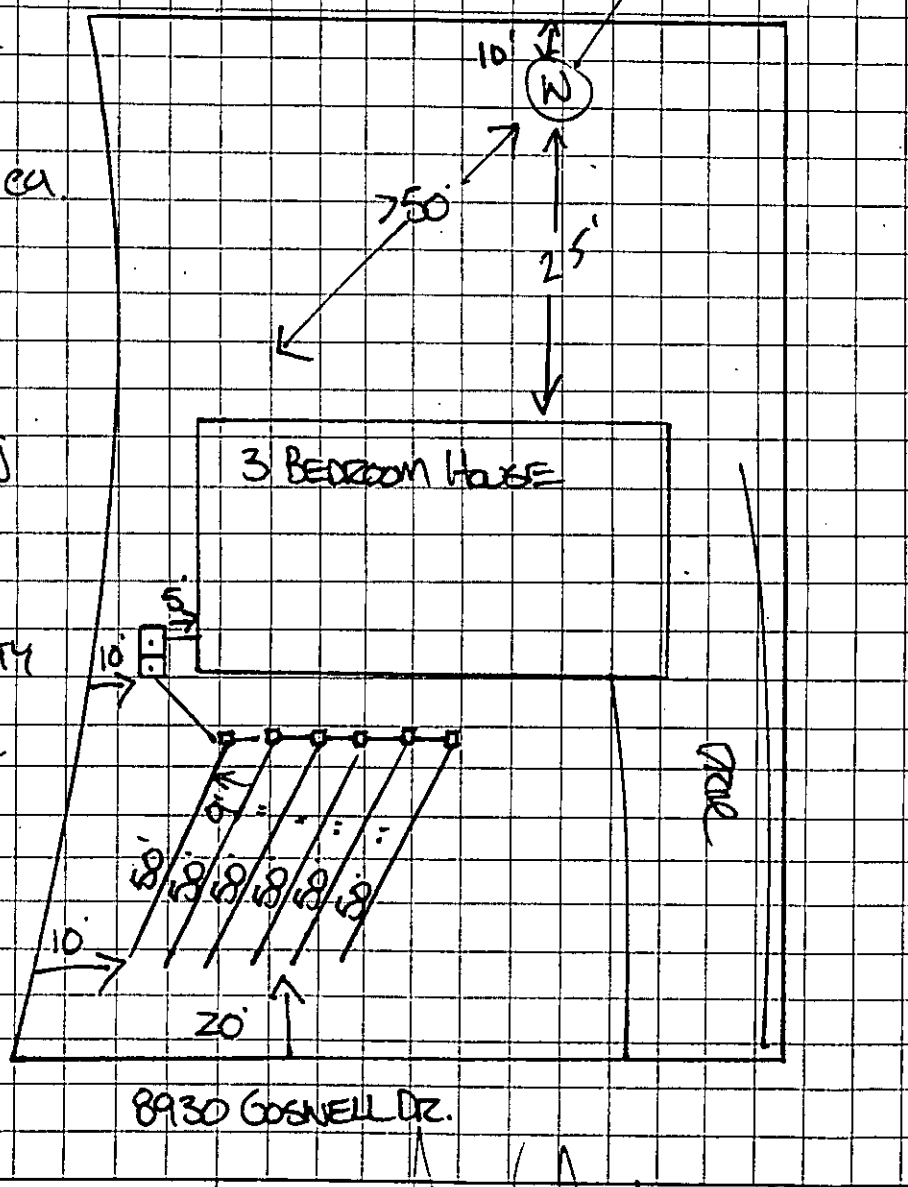
INNOVATIVE, TYPE III g
25% REDUCTION

INSTALL 6 LINES @ 50' EA.
- PLACE LINES LEVEL & ON CONTOUR
- 9' ON CENTER

- 1500 GAL SEPTIC TANK
- DROP BOX DISTRIBUTION

SETBACKS:
- >50' FROM WELL
- >10' FROM PROPERTY LINES
- >5' FROM HOUSE FOUNDATION.

* 100% REPAIR NOT REQUIRED.



OWNER/AGENT SIGNATURE

DATE 05.22.2007

APPROVAL DATE

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

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

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Permit #: 10002329 **File #:** 11227 **Tax Parcel #:** 139-222-27
Property Owner: BRYAN MULLIS
Job Location Address: 8930 GOSNELL DR
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Sewage System Type: None

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☐ 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:

David Cornelius, RS
Authorized Agent: Print Name
Signature: for David Cornelius

Valeriy Solodyankin
Owner/Legal Agent: Print Name
Signature: VS

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/22/07	**Amount:**	400.00
Receipt #:	50842	**Tendered:**	400.00
Check / Auth #:	CHECK 1403	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: SOLODYANKIN VALERIY
Attn:
Address: 5618 BEAVER DAM LN
Address:
City/State/Zip: MINT HILL, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 8930 GOSNELL DR/FILE 11227		1	400.00	400.00

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

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