

8101 DENBUR DR

11112235

10/5/09

thomatc

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5114 WASPS App #: 4010

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 ☐ Installation Complete ☑ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☑	No ☐	N/A ☐	
Signed permit	Yes ☑	No ☐		
Sample Results	TC ☑	Nitrate/Nitrite ☑	Other ☐	N/A ☐
GW-1 / GW-30	Yes ☑	No ☐		
Certificate of Completion	Yes ☐	No ☐		
Other related documentation	Yes ☐	No ☐	N/A ☐	

Comments: 12/19/08 - fax to applicant for signature — Dana SLI

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:

Application received date: _____ Well approval date: _____

Review performed by: _____ Date performed: 4/7/09

"Out of Water"

5114

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES DT then JS

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ☒ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ N/A ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 11112235
STREET ADDRESS: 8101 Denbur Drive
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: Cedarbrook Acres
LOT #: 25+26 LOT SIZE (acres):
TOWNSHIP: 8C 1958

☒ 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: 2

FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☐ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☒ N/A ☐ 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
CHEMICAL/PETROLEUM STORAGE TANKS	☒ YES	☐ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
WASTE STORAGE	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**

NAME: Phyllis S. Fields
ADDRESS: 2900-B Heathstead Place
CITY: Charlotte
STATE NC ZIP: 28210
HOME PHONE: 704-554-0505
WORK PHONE: 704-375-6788
MOBILE PHONE:
FAX: 704-335-0853

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

PDA (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Phyllis D. Fuller
Property Owner's or Owner's Legal Representative Signature

12-16-2008
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ 550 CK 1102 DATE FEE RECEIVED: 12/16/08

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 5114

APPLICATION ID NUMBER ASSIGNED: 4010

COMMENTS:

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

Revised on: 7/1/08

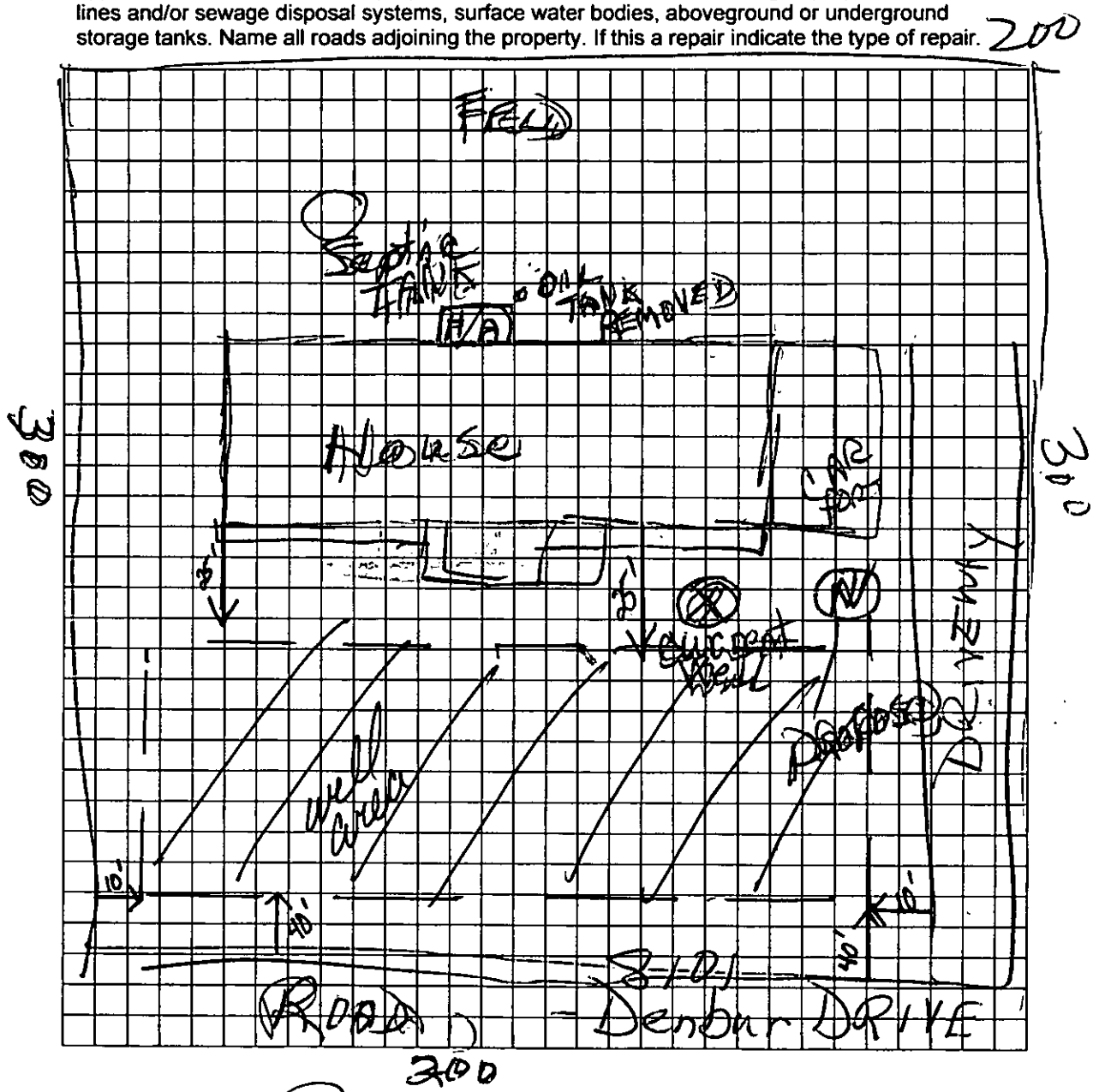
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PARCEL 111/2235

PROPOSED 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. If this a repair indicate the type of repair.



Owner/Agent Signature	Phyllis O. Fields
Date	December 16, 2008

Joshua R. Sellers R.S.

LBC 12/15/04

Date: 12/17/2008
Reviewed By: DFT

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 111-112-35 File # 5114

Street Address: 8101 Denbur Drive, Charlotte NC 28215

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 #: 111-112-04 MPL #1065 John Sisk Residence

Street Address: 10705 East Lake Drive

DENR Incident #: 23858

Current Status: NFA Why? Soil Contamination only

Soil contamination only. 13 tons contaminated soils removed 12/31/2002. NCDENR issued NFA 4/22/2004.

Responsible Party: John Sisk

Responsible Party Contact Info: 10705 East Lake Rd
Charlotte, NC

File Review

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

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. YES
Based on this information, answer the following questions:

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

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? NO

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?	NO
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.	
If Yes	Permit denied.	

Reviewer Comments: Proposed well is located approximately 1,200 feet from a closed NFA home heating oil UST site. No supplemental sampling or construction requirements prescribed.

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

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10004010 **File #:** 5114 **Tax Parcel #:** 111-122-35
Property Owner: PHYLLIS S FIELDS
Job Location Address: 8101 DENBUR DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 12/19/2008
Use of Well: Potable
Type of Facility Served by Well: House

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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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:

No supplemental construction or sampling requirements prescribed as result of ARGU review.

JOSHUA R. SELLERS R.S.
Authorized Agent: Print Name
Joshua R. Sellers R.S.
Signature:

Owner/Legal Agent: Print Name
Signature:

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

Grout Inspection
☐ Observed ____ ____
☐ Not Observed ____ ____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10004010 **File #:** 5114 **Tax Parcel #:** 111-122-39
Property Owner: PHYLLIS S FIELDS
Job Location Address: 8101 DENBUR DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 12/19/2008
Use of Well: Potable
Type of Facility Served by Well: House

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:

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☐ 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:

No supplemental construction or sampling requirements prescribed as result of ARGU review.

Joshua R. Sellers R.S. Phyllis S. Fields
Authorized Agent: Print Name: Owner/Legal Agent: Print Name:

Joshua R. Sellers R.S. Phyllis S. Fields
Signature: Signature:

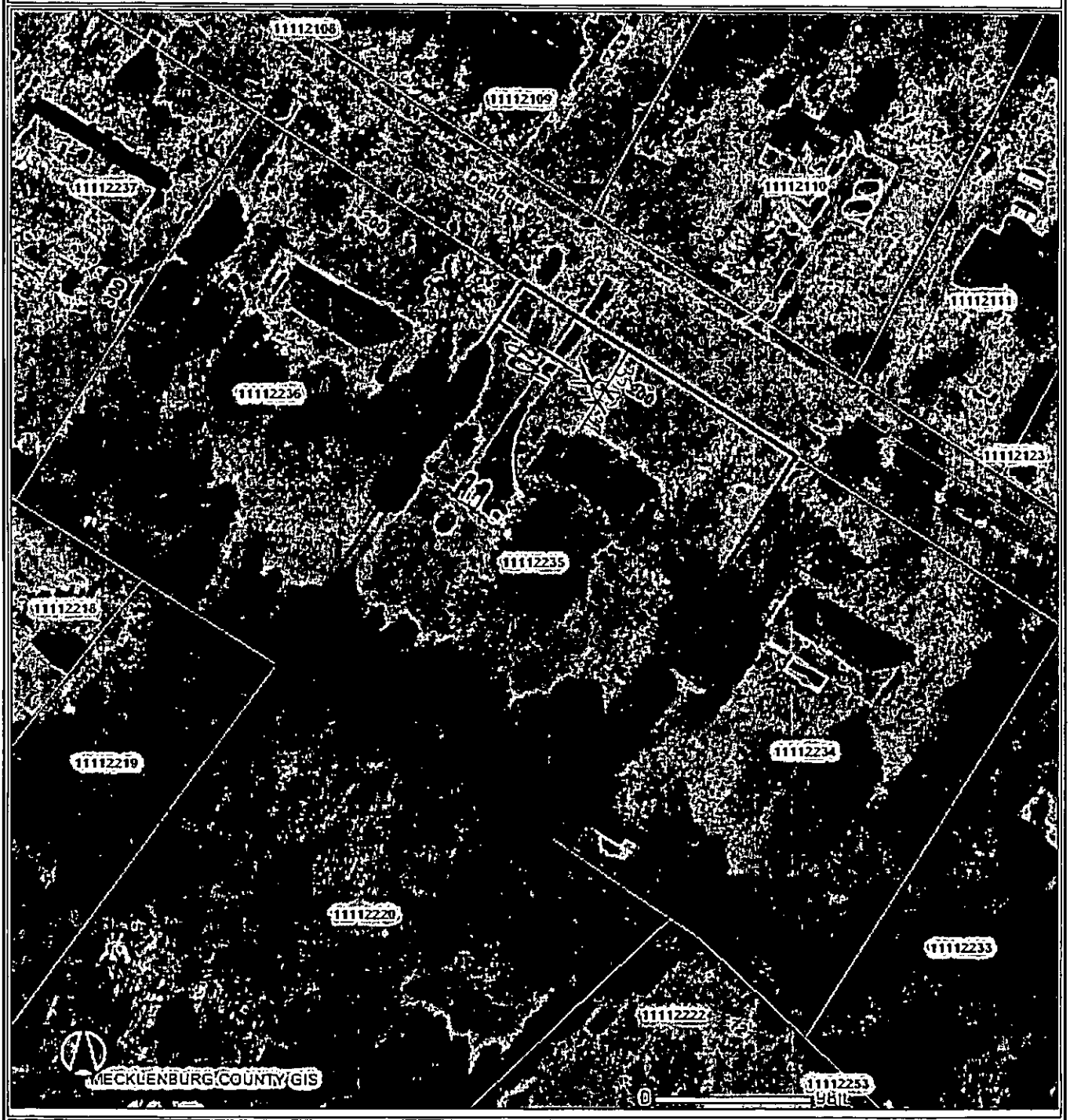
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Feb 11 10:45:36 EST 2009

8101 Denbur Dr.



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.

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038 5114

1. WELL CONTRACTOR:
John M Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704 545 5694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 1000 4010
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 12-29-08
TIME COMPLETED 12-29-08 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
8101 Denbar DR
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other
(check appropriate box)
LATITUDE 35 13.628
LONGITUDE 80 40.224
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 PHYLLIS Fields
STREET ADDRESS 2100-B Heathstead Place
Charlotte NC 28210
City or Town State Zip Code
704 375-6788
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 280'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 40 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): 30 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount 1-PT

g. WATER ZONES (depth):
From 240 To 250 From ____ To ____
From 270 To 280 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 148	Ft.	6"	.125	P.V.C
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Bentonite	Pumped
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	30'	Red Clay
30	120'	Brown Shale
120	130'	Sand Stone
130	148	Brown Shale
		& Blue White
		Granite
148	170'	Blue Granite
170	280	Same

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 12-30-08
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

K & W Laboratories

9331-B Albemarle Road
Charlotte, North Carolina 28227
Tel (704) 569-1800 Fax (704) 569-0055

Date: 01/30/09

Client: Joshua R Sellers
Mecklenburg County Health Department
700 N Tryon Street
Charlotte, NC 28202

Project: 8101 Denbur Dr.

Sample Description: Drinking Water
Sample Number: F8765
Sample Date: 01/28/09
Sample Time: 08:00

Date Analysis Begun:	01/28/09	Time Analysis Begun:	12:00
Date Analysis Completed:	01/29/09	Time Analysis Completed:	12:00

Parameter	Results	Method
Total Coliform	**Absent**	Colilert
Fecal Coliform	**Absent**	Colilert

Parameter	Results	Units	Method	Date Analyzed
Nitrate	**<1.0**	mg/l	SM4500-NO3-D	01/30/09
Nitrite	**<0.05**	mg/l	SM4500-NO2-B	01/30/09

EPA Maximum Contaminant Level
Nitrate 10 mg/l
Nitrite 1.0 mg/l

Certified By: G. Kraska
G. Kraska / Lab Director

NC Certification: 37767
SC Certification: 99051

K & W Laboratories

9331-B Albemarle Rd. Charlotte, NC 28227

Tel. (704) 569-1800
Fax (704) 569-0055

CHAIN OF CUSTODY RECORD

Client / Inspector: Joshua R. Sellers
Address: 700 N. Tryon St Suite 211
Charlotte NC 28202
Phone: 814-4650
Fax: New Fax #
Sampled By: Joshua R. Sellers R.S.

Project Name:
(Location Site)

Report To: Joshua R. Sellers
Copy To:
Fax To:

Item No.	Sample Description/ Location	Collected Date	Collected Time	Number of Containers	Preservatives: Unpreserved	Na2S2O3	H2SO4	HNO3		Analysis Requested: Total Coliform	Nitrate	Nitrite	Lead				Lab Log #
1	8101 Denbur Dr.	01-28-09	8:00A.	1		✓				✓							F8765
1	8101 Denbur Dr.	01-28-09	8:00A.	1	✓						✓	✓					
1	10240 Beckley Dr.	01-28-09	8:15 A.	1						✓							F8766

Abs. 12:00/12:00

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Joshua R. Sellers	01-28-09	9:50A	W. Montgomery	01/28/09	09:50AM
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

Temp:

On Ice: Y / N

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
J.M. Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704 545 5694
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 1000040 10
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 12-29-08
TIME COMPLETED 12-29-08 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
8101 Denbar Dr
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐Slope ☐Valley ☐Flat ☑Ridge ☐Other
(check appropriate box)
LATITUDE 35 13.628
LONGITUDE 80 40.224
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 Billy Lis Fields
STREET ADDRESS 2100-B Heathstead Place
Charlotte NC 28210
City or Town State Zip Code
704 375-6788
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 280'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 40 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): 90 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 1-Pt
g. WATER ZONES (depth):
From 240 To 250 From ____ To ____
From 270 To 280 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth To	Diameter	Thickness/ Weight	Material
From 0	148 Ft.	6"	.125	P.V.C
From ____	To ____ Ft.			
From ____	To ____ Ft.			

7. GROUT:

	Depth To	Material	Method
From 0	20 Ft.	Bentonite	pumped
From ____	To ____ Ft.		
From ____	To ____ Ft.		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

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

10. DRILLING LOG

From	To	Formation Description
0	80'	Red Clay
80	120'	Brown Shale
120	130	Sand Stone
130	148	Brown Shale
		& Blue Granite
148	170'	Granite
170	280	Blue Granite
		Mix

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 12-30-08
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

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

CERTIFICATE of COMPLETION for a WATER SUPPLY WELL

Permit #: 10004010 File #: 5114 Tax Parcel #: 11112235
Well Location Address: 8101 DENBUR DR
City: CHARLOTTE State: NC Zip Code: 28215

Well Information
Well Type: Drinking Water
Well Status: Unknown
Install Date: 12/29/2008
Well Depth: 280 feet
Casing Depth: 148 feet
Diameter: 6 inches
Yield – GPM: 30
Static Water Level: 40 feet (below land surface)
Level Date: 12/29/2008
X-Coordinate: 1501119.00(NC Grid)
Y-Coordinate: 541681.00(NC Grid)

Well Contractor Information
Well Contractor: DL Mullis Well Drilling
Certification #: 2038
Registration #:

Well Inspection Dates
Permit Issued: 12/19/2008
Grout Inspection: 12/29/2008
☐ Contractor certification for grouting not witnessed by GWS
Well Head Inspection: 1/28/2009

As-Built Sketch of Well Location

☑ See attached drawing for well location

The undersigned has inspected the well described above and certifies that construction has been completed, a well construction form (GW-1a) has been received, and inspections have been completed in accordance with 15A NCAC 02C. This document is issued subject to those restrictions and conditions shown on the original permit and the provisions of 15A NCAC 02C .0300. This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would modify the required setbacks for the well.

☐ Required water samples have been collected. The lab results are included for your review.

☑ Required water samples have been collected however GWS has not received all lab results at this time. The lab results available are included for your review.

Registered Sanitarian: JOSHUA R. SELLERS Signature: Joshua R. Sellers

Certificate of Completion Issuance Date: 2/11/2009