

8426 CLEVE BROWN RD

04309217

1/3/2008

duponbj

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

3552B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Stowers (last) Lonny (first) A (mi)

ADDRESS: 8426 Cleve Brown Road PHONE: (__) _____

CITY: Charlotte N.C. STATE: ZIPCODE: 28269

Date:

PROPERTY OWNER:

NAME: Stowers (last) Lonny (first) A (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 043-092-038

STREET ADDRESS: 8426 Cleve Brown Rd

ADDRESS: 4621 David Cox Rd PHONE: (704) 597-0092

CITY: Charlotte STATE: N.C. ZIPCODE: 28269

ZONING:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Stoop in front / Deck on rear

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Larry A Stowers Date: 6-6-96

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... use existing system for deck/porch addition.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Larry B. Thompson, R.S. 6-10-96
Environmentalist Date

Barbara S. Grant Program Chief 6-11-96
Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

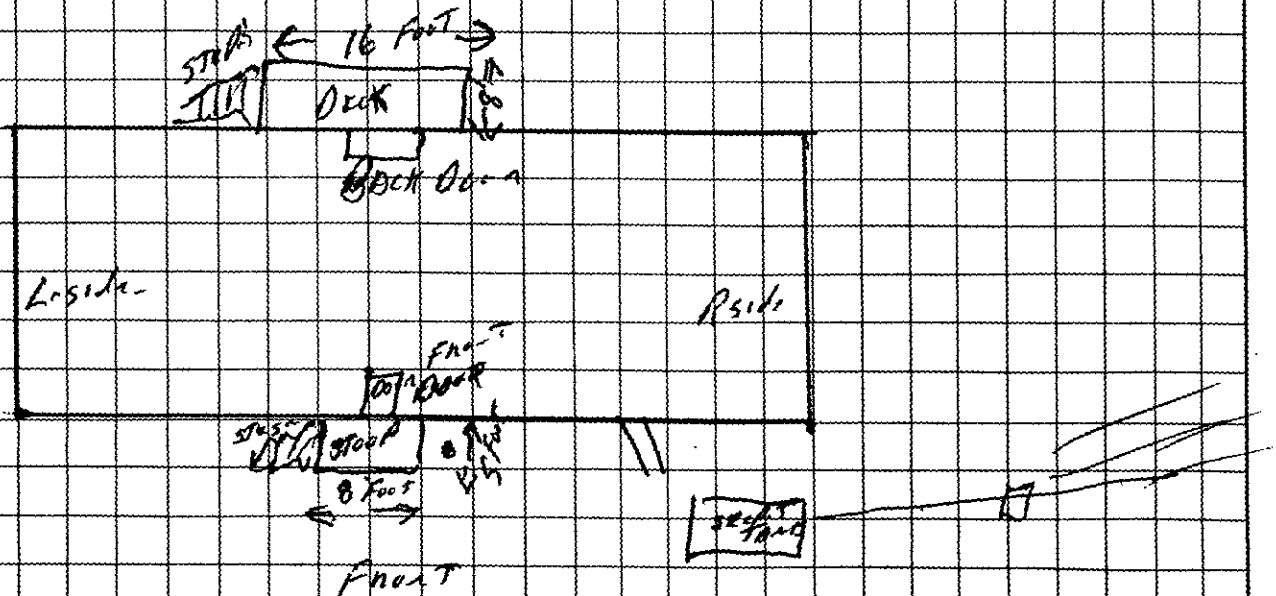
COPY

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

FILE: 3552B

TC: 043-092-03 P

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.



OWNER/AGENT SIGNATURE Gary D Stevens

DATE 6-6-96

APPROVAL DATE 6-10-96 LT

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3552B DATE: 12/15/95

TC: 043 092 0370 L CRT

SERIAL Nº 16481

Name of Owner Larry Starnes Juris.:

Address of Property 8426 Cleve Brown Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 3 @ 133'

Cover Depth 12" - 15"

Water Supply Source ~~CMUD~~ well

Distance to Water Source >100' (50' min)

Excavation Inspected 12/15/95

Tank(s) Inspected 12/15/95

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1995, 1500ST, CON, 400SFT, 12" stone Cecil CTR# 74 B. Mayhew

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- X installed or constructed — altered or repaired
- X in accordance with the permit issued — as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

- X Certificate of Completion — Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." 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 increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: septic system designed for 3 bedroom house

Tufo II

Philo S. Walker R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

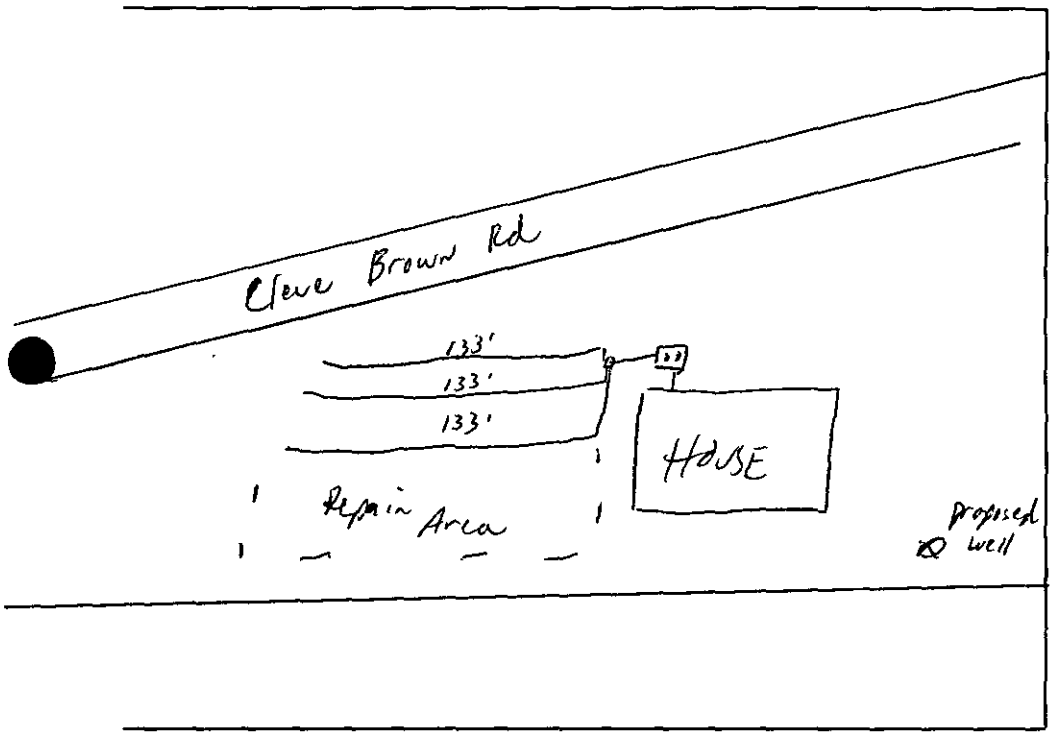
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3552B DATE: 12/15/95

TC: 043 092 0390 L

SERIAL Nº 16508

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5/23/95. All work shall be completed on or before 1/15/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400' feet

Number of Lines 3 (133')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50ft feet
100' min

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Larry Starnes

LOCATION OF PROPERTY 8426 Cleve Brown Rd

Comments: 1500 ST, 3 lines x 133' long x 3' wd x 12" stone | Keep lines on contour of land | Keep septic system >100' (50') away from well | Well installed (CMUD) not available yet

Phila S. Walker R.S.
Environmental Health Specialist

3552B

Pd. $150.00 cash 7/10/95 Add'l. Fee Pd. $150.00 cash 4/25/95

$300

X CBT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: STARNES (last) LARRY (first) D (mi)

ADDRESS: 4621 Davidson Rd PHONE: (704) 597-0092

CITY: Charlotte STATE: N.C ZIPCODE: 28269

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 043-092-03

STREET ADDRESS: 8426 Clove Brown Rd.

ZONING:

PROPERTY OWNER:

NAME: (last) (first) (mi)

ADDRESS: PHONE: (___) ___

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

- [X] 0 Mecklenburg County
- [ ] 1 Charlotte
- [ ] 2 Davidson
- [ ] 3 Cornelius
- [ ] 4 Pineville
- [ ] 5 Matthews
- [ ] 6 Huntersville
- [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Move House ON LOT -
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
- [ ] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business _____ # Employees ___ Per Shift ___ ___ ___

Industrial Wastes (Y/N) ___

Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

- [ ] Community (C)
- [X] Municipal (M)
- [ ] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

- [ ] Swimming Pool
- [ ] Jacuzzi
- [ ] Stable/Barn
- [ ] Workshop
- [ ] None
- [ ] Garage
- [ ] Storage Building
- [ ] Deck/Patio
- [ ] Bedrooms
- [ ] Other

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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Larry D Starnes Date: 4/25/95

NOTICE:

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...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... Approval granted for 3 bedroom residence.

- [X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo L. Walker 5/23/95

Environmentalist Date

Director or Authorized Section Head Date

WATER : '22 '91

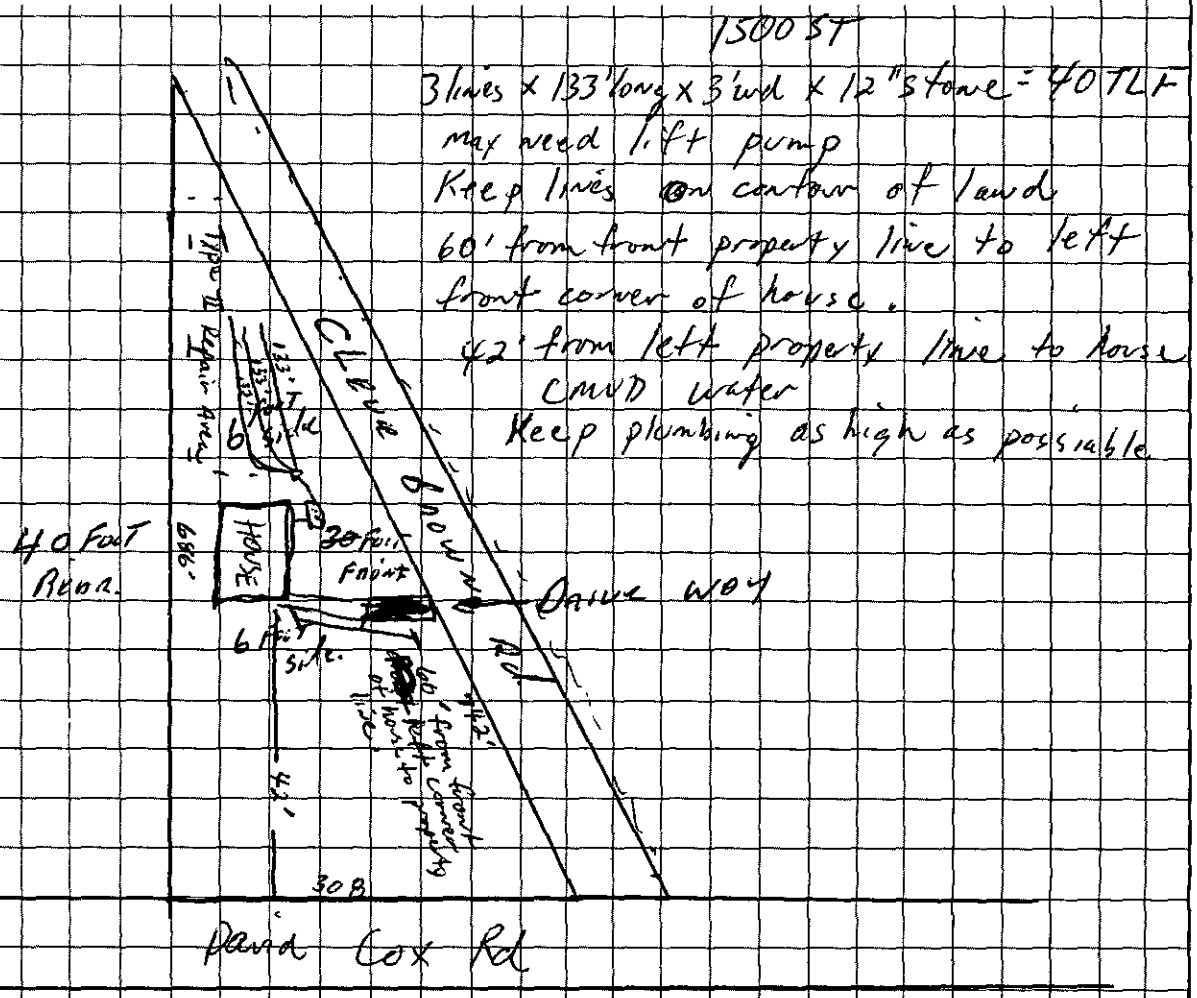
PROPOSED PLOT PLAN

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

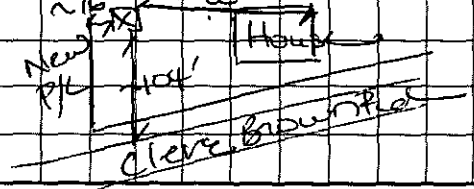
FILE: 3552B

TC: 043-092-03

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.



9/15/95 OSV @ property owner's request (Larry Starnes); unable to get municipal water at this time - Mr Starnes has decided to install well. Proposed well site meets required set-backs. No change in house site.



APPROVAL DATE RSW 5/23/95

OWNER/AGENT SIGNATURE

DATE

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

PROPOSED PLOT PLAN

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

FILE: 3552B

TC: _____

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.

1500 ST
3 lines x 133' long
x 3' wd x 12" stone
400 TLF
Keep lines on contour
of land
60' from front property
line to front left
corner of house
42' from left 40 Foot
property line to Rear
house
CMUD water
M.
Keep plumbing
as high as possible

May need lift pump

Clear brush

Drive way

30 Foot Front

40' HS

60'

6 Foot Side

60' from front of house to Road

Repair Area

Rear

Side

25'

24"

5/23/95

Larry D Sloan

Jennifer Pearce

APPROVAL DATE JW 5/23/95

OWNER/AGENT SIGNATURE

DATE

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

2400

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028565

File: 35528 Action 1

Parcel: P0043-092-03 ☐ PC

Location: Cleve Brown Road

Subdivision:

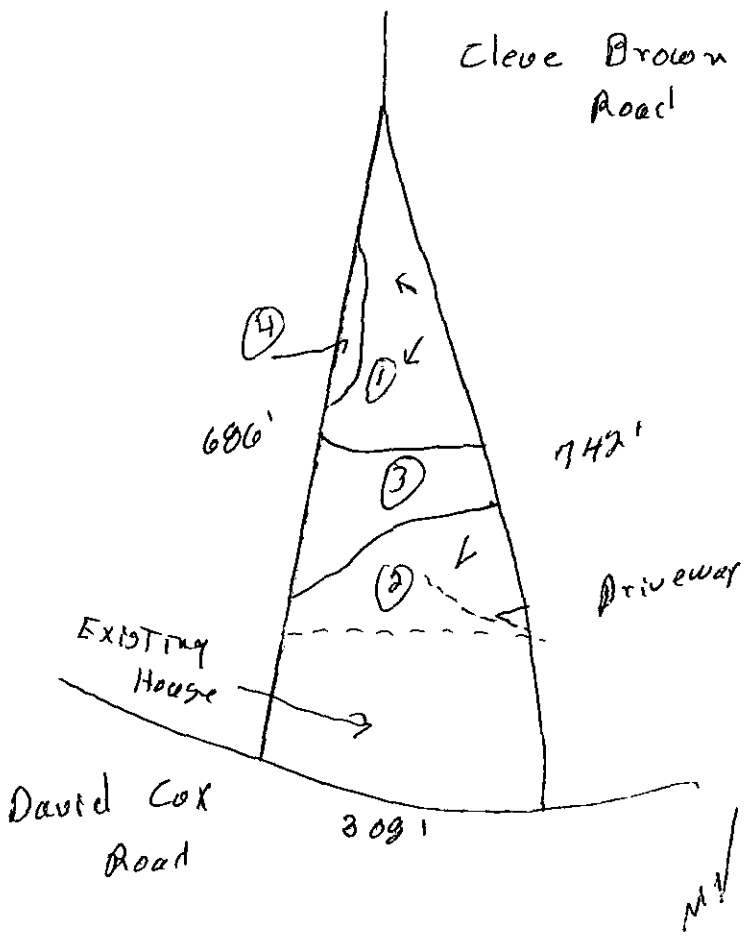
Lot: Block: Acres: Approx 1.5

Owner: Jerry D. Skarven
Address: 4621 David Cox Road
Charlotte, N.C. 28269

Comments: .3 gal/ft2/day ET Aa
Area 1 soaked probably need pump
100% Repair probable

Described by: William R. Marks

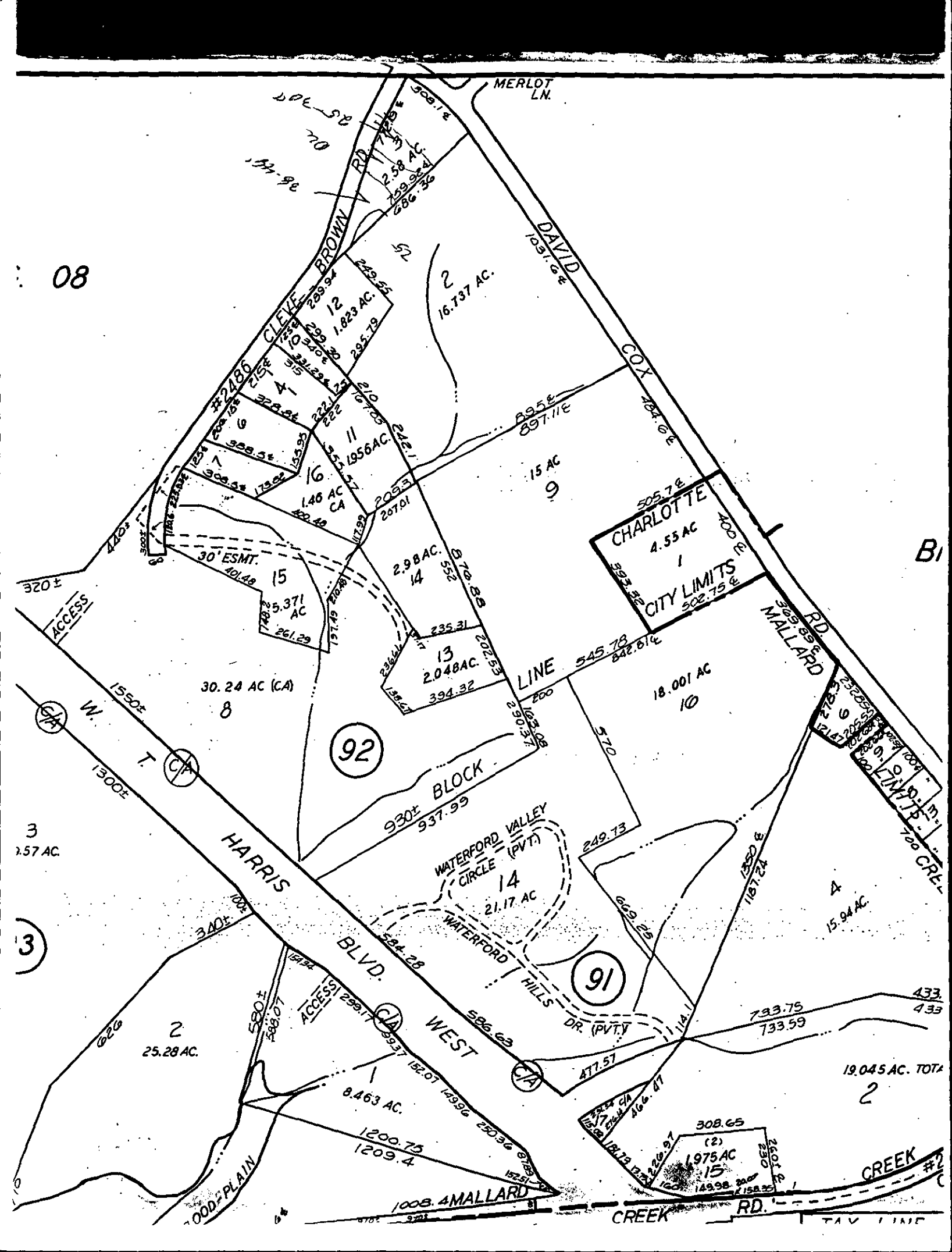
Date: 5-10-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-12%	(S) PS U 2-10%	S PS (U) Depression	S PS (U) complex slopes	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S (PS) U slightly clay Expansive	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >46" To soil wetness	S (PS) U >36" To soil wetness	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 38-46"	S PS (U) 25-30"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >46"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U somewhat limited	S (PS) U limited	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-like	IV Percolet Like	Depression	complex slopes		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U


MERLOT LN.
DAVID COX RD.
BROWN CLEVE RD.
#2486
08
92
2
16.737 AC.
12
1.823 AC.
10
4
6
11
1.956 AC.
16
1.46 AC CA
15 AC
9
CHARLOTTE
4.55 AC
1
CITY LIMITS
MALLARD RD
30' ESMT.
15
5.371 AC
14
2.98 AC.
13
2.048 AC.
LINE
30.24 AC (CA)
8
18.001 AC
10
ACCESS
W. T. HARRIS BLVD.
1550±
1300±
930± BLOCK
937.99
WATERFORD VALLEY CIRCLE (PVT.)
14
21.17 AC
WATERFORD HILLS DR. (PVT.)
91
3
2
25.28 AC.
1
8.463 AC.
4
15.94 AC.
2
19.045 AC. TOTAL
15
1.975 AC
(2)
CREEK RD.
1008.4 MALLARD
FLOOD PLAIN
CREEK

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 #: 10003120 **File #:** 3560B **Tax Parcel #:** 223-121-09
Property Owner: BALLANTYNE COUNTY CLUB GOLF
Job Location Address: 11150 PROVIDENCE RD W
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 1/3/2008
Use of Well: Irrigation
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):

☐ 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):

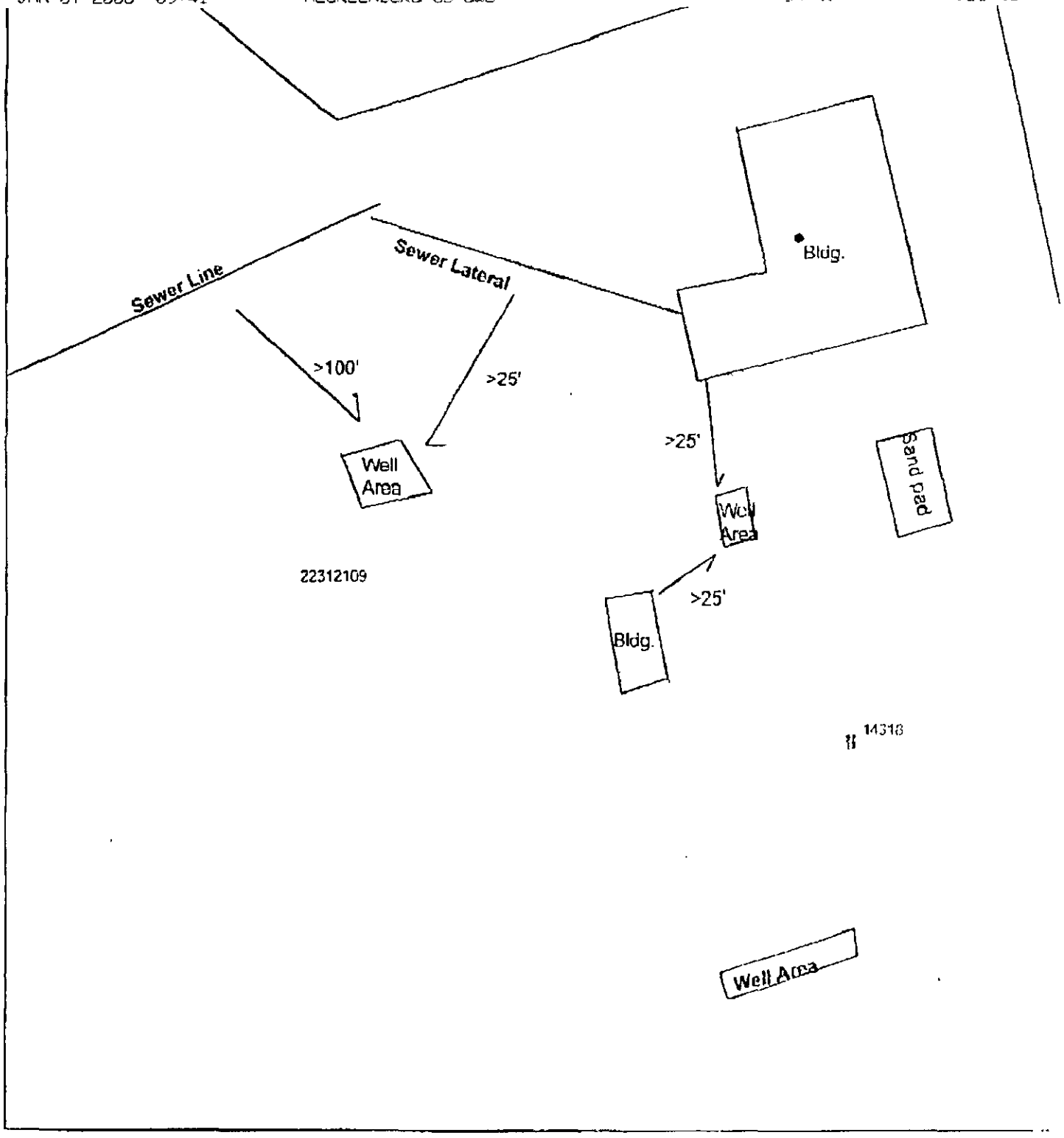
☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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:

Debra Howell, R.S.
Authorized Agent: Print Name
Debra Howell
Signature:

McCall Brothers, Inc.
Owner/Legal Agent: Print Name
Joe McClaine
Signature:



WELL PERMIT PLOT PLAN
PERMIT # 10003120
GWS FILE # 3560B

11150 Providence Rd. W.
PID # 223-121-09

WELL SETBACKS:
>10 FEET FROM PROPERTY LINES
>25 FEET FROM BUILDING FOUNDATIONS
>100 FEET FROM SANITARY SEWER LINES
>50 FEET FROM SURFACE WATER
WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN

McCall Brothers, Inc.
OWNER/LEGAL AGENT(PRINT NAML)

Joe McAlpine
SIGNATURE

1-7-08
DATE

Debra Howell, R.S.
AUTHORIZED AGENT (PRINT NAME)

Debra Howell
SIGNATURE

1-3-08
DATE

0 25 50 100 Feet

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
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: Joe McAlpine
McCall Brothers

Fax #: 704-398-2605
Phone #: 704-399-1506

From: Gwen Craig
GWS

Date: 1/7/08

Number of pages transmitted: 3 (including coversheet)

Comments:
Following is the well permit & proposed plot plan for the property at 11150 Providence Road West. Please sign both the permit & the plot plan, once you have signed both documents please fax them back to this office.

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 3560 WASPS App #: 3120

Primary ES assigned to project: Debra Howell

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: 1/3/08 - Please fax to applicant for signature # Items requiring correction/modification: _____

Application received date: 12/21/07 ES assigned date: _____ Permit issued date: 1/3/08

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

Review performed by: _____ Date performed: _____

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

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To:	Joe McAlpine McCall Brothers	Fax #: Phone #:	704-398-2605 704-399-1506
From:	Gwen Craig GWS	Date:	1/7/08

Number of pages transmitted: 3 (including coversheet)

Comments:
Following is the well permit & proposed plot plan for the property at 11150 Providence Road West. Please sign both the permit & the plot plan, once you have signed both documents please fax them back to this office.

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

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 #: 10003120 **File #:** 3560B **Tax Parcel #:** 223-121-09
Property Owner: BALLANTYNE COUNTY CLUB GOLF
Job Location Address: 11150 PROVIDENCE RD W
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 1/3/2008
Use of Well: Irrigation
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):

☐ 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.

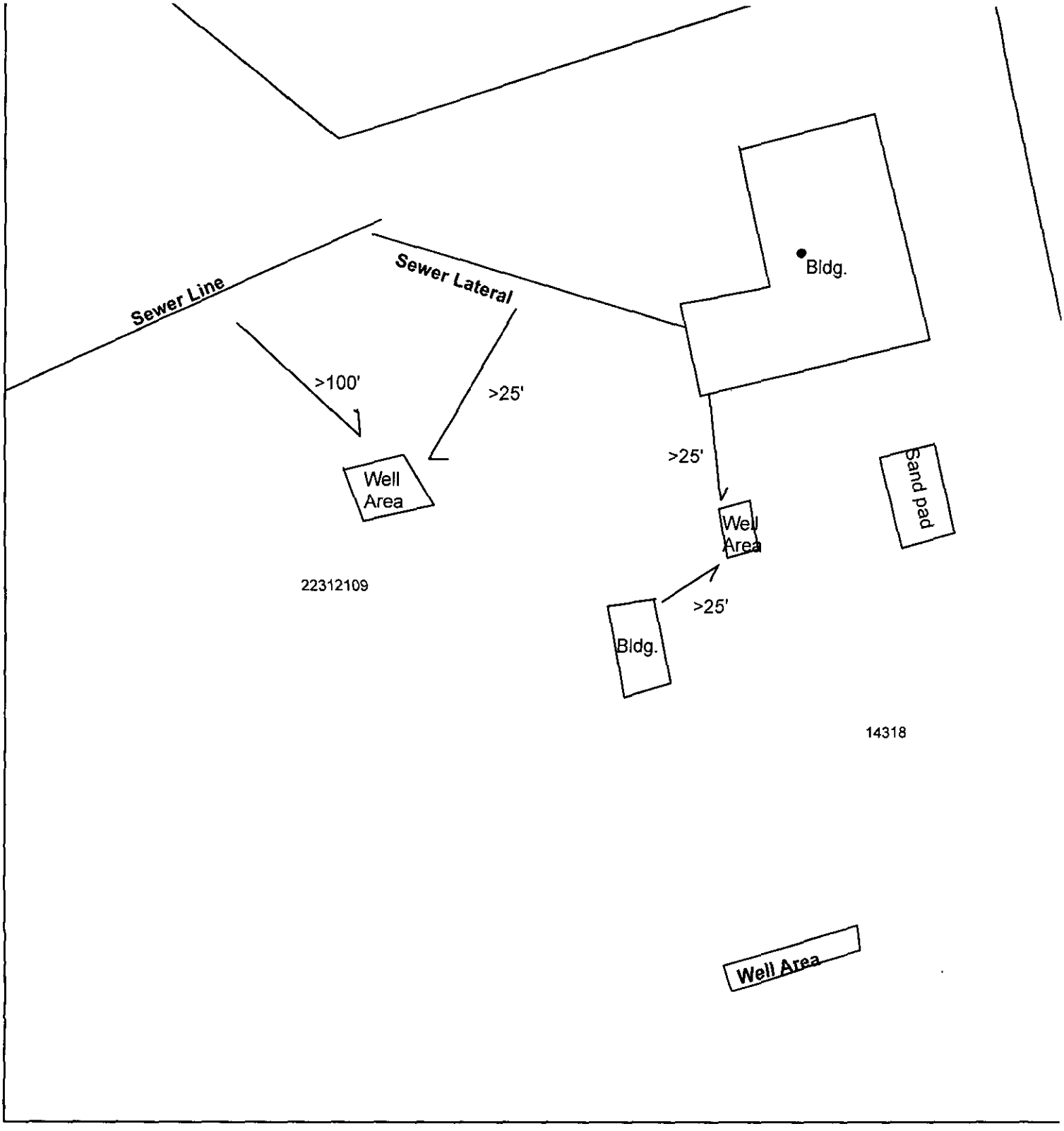
Other Conditions of This Permit:

Debra Howell, R. S.
Authorized Agent: Print Name

Debra Howell
Signature:

Owner/Legal Agent: Print Name

Signature:



WELL PERMIT PLOT PLAN
PERMIT # 10003120
GWS FILE # 3560B

11150 Providence Rd. W.
PID # 223-121-09

WELL SETBACKS:
>10 FEET FROM PROPERTY LINES
>25 FEET FROM BUILDING FOUNDATIONS
>100 FEET FROM SANITARY SEWER LINES
>50 FEET FROM SURFACE WATER
WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN

OWNER/LEGAL AGENT(PRINT NAME)

SIGNATURE

DATE

Debra Howell, R.S.
AUTHORIZED AGENT (PRINT NAME)

Debra Howell
SIGNATURE

1-3-08
DATE

0 25 50 100 Feet

N
W
S



WELL PERMIT PLOT PLAN
PERMIT # 10003120
GWS FILE # 3560B

11150 Providence Rd. W.
PID # 223-121-09

WELL SETBACKS:
>10 FEET FROM PROPERTY LINES
>25 FEET FROM BUILDING FOUNDATIONS
>100 FEET FROM SANITARY SEWER LINES
>50 FEET FROM SURFACE WATER
WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN

OWNER/LEGAL AGENT(PRINT NAME)

SIGNATURE DATE

AUTHORIZED AGENT (PRINT NAME)

SIGNATURE DATE

0 25 50 100 Feet

N W S

S Caldwell

FILE NUMBER: 3560B

Revised On: January 3, 2007

APPLICATION NUMBER: 3120

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: 400.00
DATE: 12-21-07
Charge - X27070

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: 223-121-09
STREET ADDRESS: ~~14820 Johnston Rd~~ 11150 Providence Rd West
CITY: Charlotte
STATE: NC ZIP: 28226
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:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
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):*

8A. **RANK:** ☐ ANY TYPE ____ ☐ CONVENTIONAL ____ ☐ ACCEPTED ____ ☐ INNOVATIVE ____ ☐ ALTERNATIVE ____ ☐ OTHER ____

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: Ballantyne Country Club Golf
ADDRESS: 11120 Ballantyne Crossing Ave.
CITY: Charlotte
STATE: NC ZIP: 28277
HOME PHONE: WORK PHONE: 544-8105
MOBILE PHONE: FAX:

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

NAME: McCall Brothers, Inc.
ADDRESS: Po Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 399-1500
MOBILE PHONE: 309-0071 FAX: 398-2605

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.

Joe McAlpine @ 10-29-07
Property Owner's or Owner's Legal Representative Signature Date

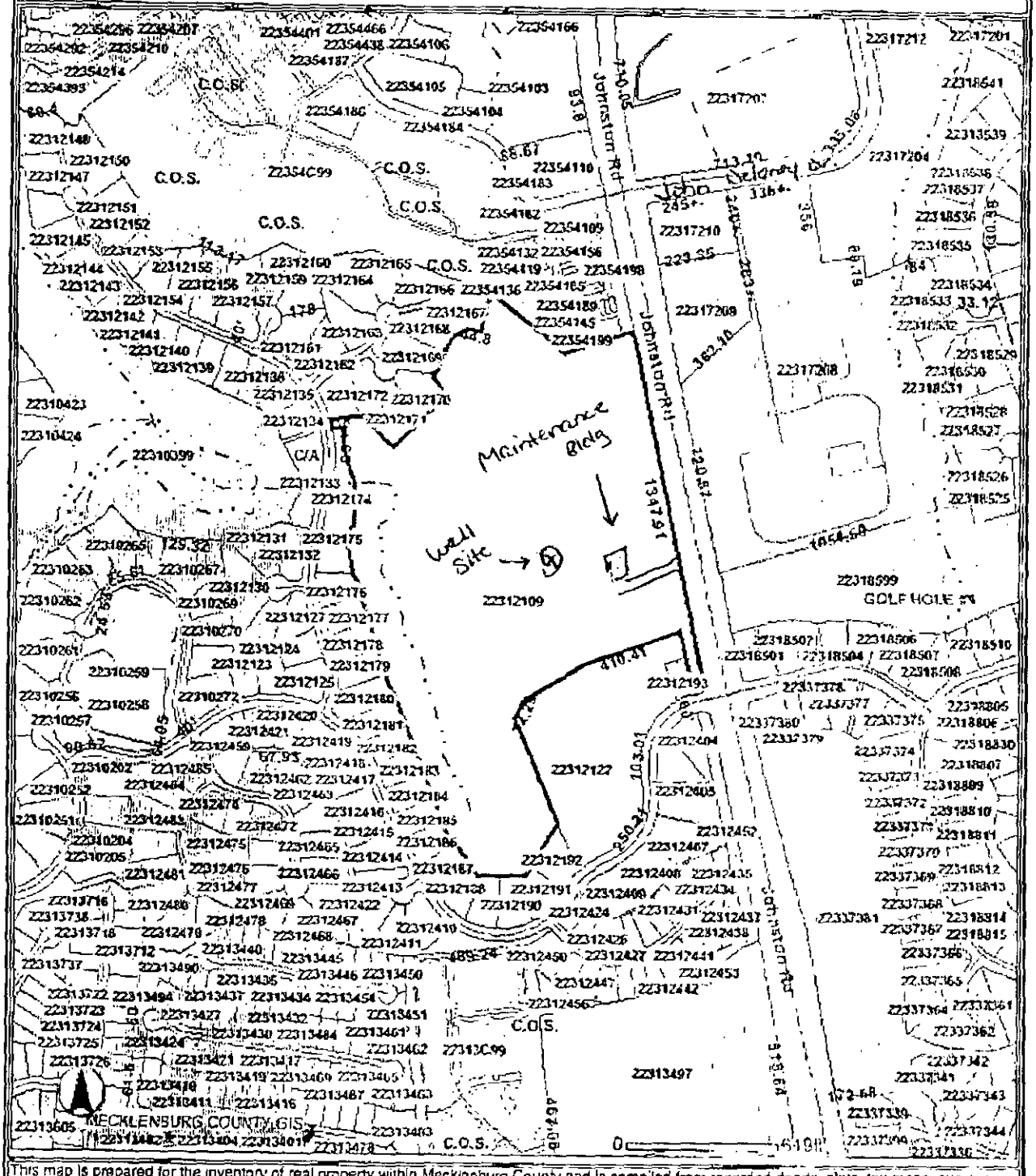
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Dec 20 17:01:01 EST 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 hereln.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/21/07
Receipt #: 54264
Check / Auth #: CHARGE
Received By: GLADNAG

Amount: 400.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X27070
Contractor: MCCALL BROS INC
Attn:
Address: P O BOX 668710
Address:
City/State/Zip: CHARLOTTE, NC 28266-8710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 11150 JOHNSTON RD		1	400.00	400.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,156.50					

Exist. Wooded Area

636

30' SETBACK

640

644

Proposed well area

Will be glad to meet w/ someone at the golfcourse. Please call (704) 309-0071

Joe McAlpine

OFFICE/SHOP

BLDG.

FFE +640.0

WASH DOWN

AREA

50' BUFFER

648

RELOCATED HWY. 521

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

WORK ORDER

Work Order Information

Work Order Number: **75228**
Work Order Type: **ARGU Well Review**
Submitted To: STUTTS, JACK
Date Initiated: 1/3/08 1:46:30 PM
Date Completed: 12/21/07
Date Closed:
Unattached WO: N
Associated SR Number:

Priority: **3**
Status: IP
Initiated By: CALDWELL, SHAWNA
Completed By: CALDWELL, SHAWNA
Closed By:

Location

Address: **11150 PROVIDENCE ROAD WEST**
Location:

Instructions

1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comments

Create one work order per ARGU Review
By CALDWELL, SHAWNA: 1/3/08 1:48:13 PM
Based on this review this permit application for a new well installation at 11150 Providence Rd. W, PID #223-121-09 is approved requiring installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter II Section VIII Abandonment of Water Supply Wells with no special conditions.