

2025 SWAIM DR

21511121

5/29/08

marliwr

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

HAVE NO WATER Joshua S

FILE NUMBER: 6853 APPLICATION NUMBER: [redacted]3062

SEPTIC FEE: _____ DATE: _____

Revised On: January 3, 2007

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: 12/6/07 Check #

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: 215-111-21
STREET ADDRESS: 2025 Swaim Dr.
CITY: Matthews
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 4 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: 1800
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☒ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☒ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:
☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:
NAME: Joanne C. Harkey
ADDRESS: 2725 Rolling Hills Dr.
CITY: Monroe
STATE: NC ZIP: 28110
HOME PHONE: 704-289-2617 WORK PHONE:
MOBILE PHONE: 704-254-5109 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: DL Mullis Well Drilling
ADDRESS: 9300 Surface Hill Rd
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 7045455694
MOBILE PHONE: FAX: 7045459449

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1961±
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

Joanne C Harkey 12-6-07
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.

Joanne C Harkey 12-6-07
Property Owner's or Owner's Legal Representative Signature Date

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

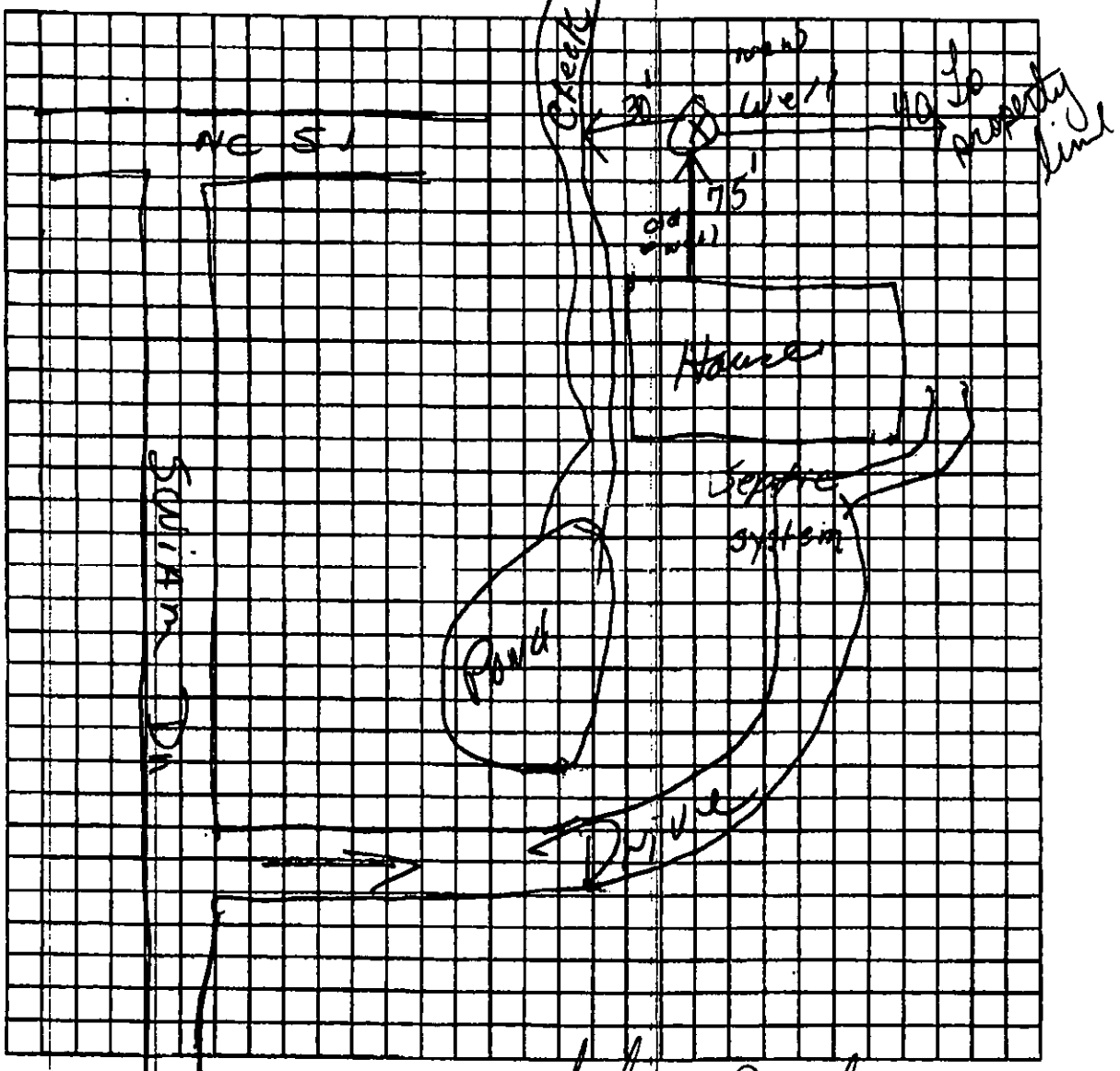
Doma Holmes
704-779-3982

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

File #_____
Approval Date_____

APPROVED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property.



Owner/Agent Signature	Site Supervisor
Date 12-6-07	Date 12-7-07

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/06/07	**Amount:**	400.00
Receipt #:	54002	**Tendered:**	400.00
Check / Auth #:	CHECK 3863	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	HOLMES DONNA & CARL
Attn:	
Address:	2025 SWAIM DR
Address:	
City/State/Zip:	MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 2025 SWAIM DR		1	400.00	400.00

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

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

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 #: 10003062 **File #:** 6853 **Tax Parcel #:** 215-111-21
Property Owner: JOANNE C. HARKEY
Job Location Address: 2025 SWAIM DR
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 12/7/2007
Use of Well: Irrigation
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:

Joshua R. Sellers R.S.
Authorized Agent: Print Name

Joshua R. Sellers R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6853 WASPS App #: 3062

Primary ES assigned to project: Josh Sellers

Secondary ES assigned to project: _____

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

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

Comments: 12/7/07 - Please Fax to diller For signature ASAP. Out of Water Faxed to Molly JLS

Items requiring correction/modification: _____

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☐	No ☐	
Appropriate comments included	Yes ☐	No ☐	
Site information record completed	Yes ☐	No ☐	
Well detail record completed	Yes ☐	No ☐	

Comments:

Items requiring correction/modification: _____

Application received date: 12/6/07 ES assigned date: _____ Permit issued date: 12/7/07

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

Review performed by: _____ Date performed: _____

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6853 WASPS App #: 3062

Primary ES assigned to project: Josh Sellers

Secondary ES assigned to project: _____

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

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

Comments: # Items requiring correction/modification: _____

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Comments: # Items requiring correction/modification: _____

Application received date: 12/6/07 ES assigned date: 12/6/07 Permit issued date: 12/7/07

Well approval date: 1/3/08 Number of days to complete project: _____

Review performed by: [signature] Date performed: 1/11/08

CHARLOTTE.

Laboratory Analysis Report
Report Date: 1/7/2008 10:13 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-75222
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/3/2008 10:30 CHAIN OF CUSTODY #: 080103124743
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC51234 NITRATE	**1.2**	**mg/L**	0.05	EPA 353.2	1/4/2008	10:27	MKV
AC51234 NITRATE/NITRITE	**1.2**	**mg/L**	0.05	EPA 353.2	1/4/2008	11:02	MKV
AC51234 NITRITE	**<0.05**	**mg/L**	0.05	EPA 353.2	1/4/2008	10:27	MKV

Comment:

Laboratory Supervisor: Rhonda Shuford

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

14832 Beckenham

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	2025 Swaim Drive
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER [redacted]

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

COC#: 0601031247843 [redacted]
Sampled By (Print Name): Joshua R. Sellers R.S.

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
GWO-75222 AcS1234	JRS	1/3/08 10:30 A.M.	N/A N/A	N	12.5	2°C				X	500 ml	1				X				✓	X	
AcS1234	JRS	1/3/08 10:30 A.M.	N/A N/A	N	12.5	2°C				X	125 ml	1		X								X
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include:

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 [redacted]

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Joshua R. Sellers	[signature]	01-03-08	12:00P
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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

CHARLOTTE.

Laboratory Analysis Report
Report Date: 1/7/2008 10:15 AM

LABORATORY SERVICES DIVISION

LOCATION: GWO-75222
LOC ID: G-NEW
SAMPLE DATE-TIME: 1/3/2008 10:30 CHAIN OF CUSTODY #: 080103124855
SAMPLE DESCRIPTION: Grab

Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AC51235 E. COLI-PA	**Absent**	**P/A**		SM 9223B	1/3/2008	12:12	SLT
AC51235 Total Coliform- P/A	**Absent**	**P/A**		SM 9223B	1/3/2008	12:12	SLT

Comment:

Laboratory Supervisor:

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	2025 Swaim 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#: 080103124855
Sampled By (Print Name): Joshua R. Sellers R.S.

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform
GWO-75222 AC51235	JRS	1/3/08 10:30 A.M.	N/A N/A	N	N/A	5.2				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 L. Sellers	Felicia Trogdon	01-03-08	12:00
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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

J Seller

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038 PID # 215.111.21

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 5455694
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 1000330402
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 12-12-07
TIME COMPLETED 12-12-07 AM ☐ PM ☐

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
2025 Swamp Dr
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35°7.477
LONGITUDE 80°41.55
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 Joanne Harkey
STREET ADDRESS 2025 Swamp Dr
Matthews NC 28105
City or Town State Zip Code
704-7793902
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 200'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 25 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½ 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): 35 METHOD OF TEST AIR
f. DISINFECTION: Type HTH Amount 1-QTS
g. WATER ZONES (depth):
From 75 To 85 From ____ To ____
From 95 To 100 From ____ To ____
From 160 To 175 From ____ To ____

6. CASING:

	Depth To	Ft.	Diameter	Thickness/ Weight	Material
From 0	70	Ft.	6/8		
From ____	____	Ft.			
From ____	____	Ft.			

7. GROUT:

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

8. SCREEN:

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

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	50	Sand Stone
50	70	Blue Granite
70	100	Blue Granite
100	200	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 12-12-07
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.,

Form GW-1a

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 #: 10003062 **File #:** 6853 **Tax Parcel #:** 215-111-21
Property Owner: JOANNE C. HARKEY
Job Location Address: 2025 SWAIM DR
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 12/7/2007
Use of Well: Irrigation
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.
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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:

Joshua R. Sellers R.S. Allison Price-DL Mullis's
Authorized Agent: Print Name Owner/Legal Agent: Print Name
Joshua R. Sellers R.S. Allison Price-DL Mullis's
Signature: Signature: