

10240 BECKLEY PL

13927160

5/29/08

thomatc

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5337 WASPS App #: 3827

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: 9/16/08- Please fax to applicant for signature

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: 9/16/08- Please release GWS well hold on bldg permit.

Application received date: _____ Well approval date: _____

Review performed by: _____ Date performed: _____

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 #: 10003827 **File #:** 5337 **Tax Parcel #:** 139-271-60
Property Owner: VLASTIMIL DIDIK
Job Location Address: 10240 BECKLEY PL
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 9/12/2008
Use of Well: Potable
Type of Facility Served by Well: House

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.
- 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:

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

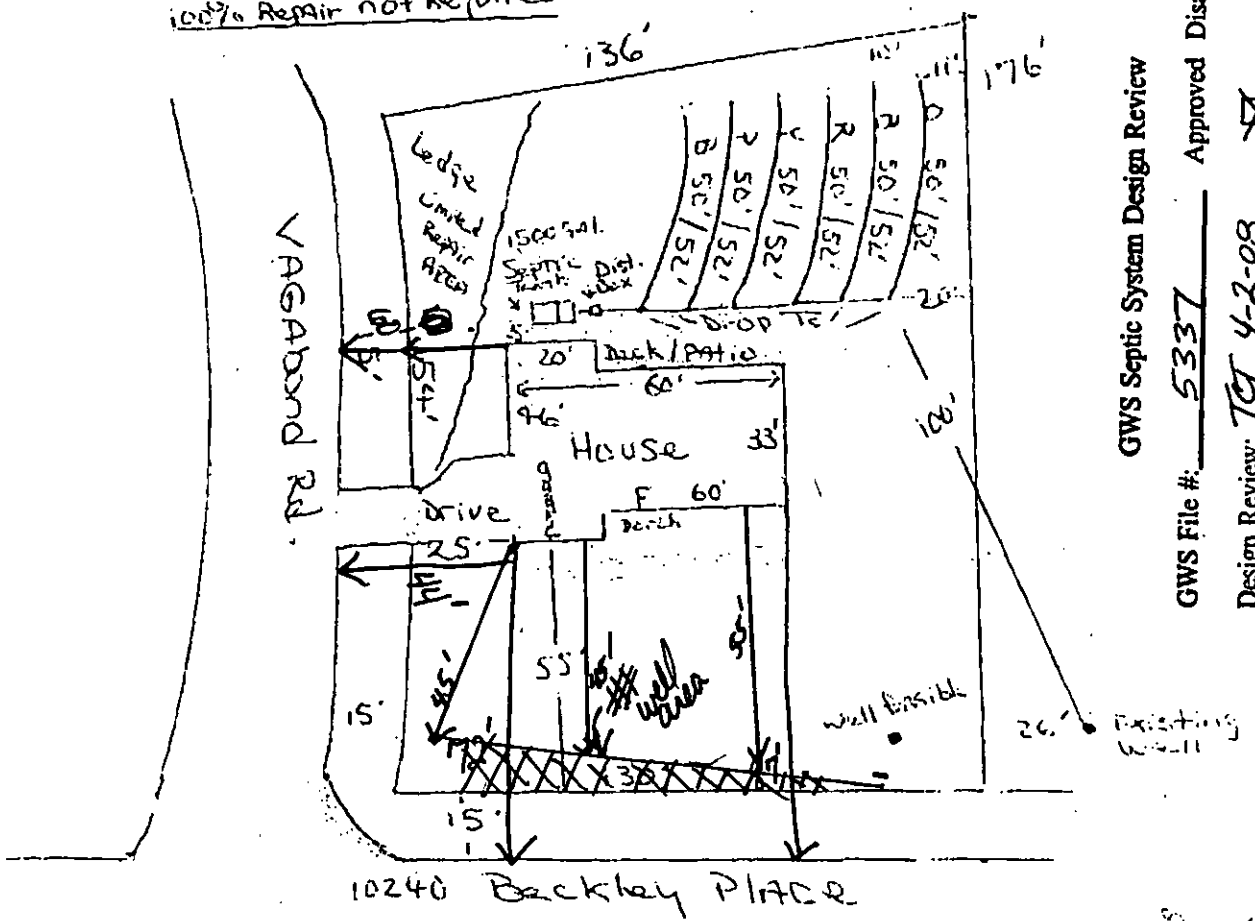
_____
Owner/Legal Agent: Print Name

_____
Signature:

40 scale

G.W.S.
F.N.: 5337
P.I.D. 139-271-60
Lot 58

(3) Bedrm. Gravity fed, 25% Reduction
Quick Four Chamber Septic System.
(6) 52' chamber Lines: 312' .3 LTAR
(13) Chambers per Line = 78 chambers
1500 gal. Septic Tank
Distribution Box
Drop Ts distribution may be required
100% Repair not Required



GWS Septic System Design Review

GWS File #: 5337 Approved ☒ Disapproved ☐

Design Review: TG 4-2-08 ☒ ☐

Field Review: DC 4-4-08 ☒ ☐

*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

11/2/08
Contractor
704 650-4544
5/4-0

Signature and date

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

Grout Inspection
☐ Observed _____ _____
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☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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Other Conditions of This Permit:

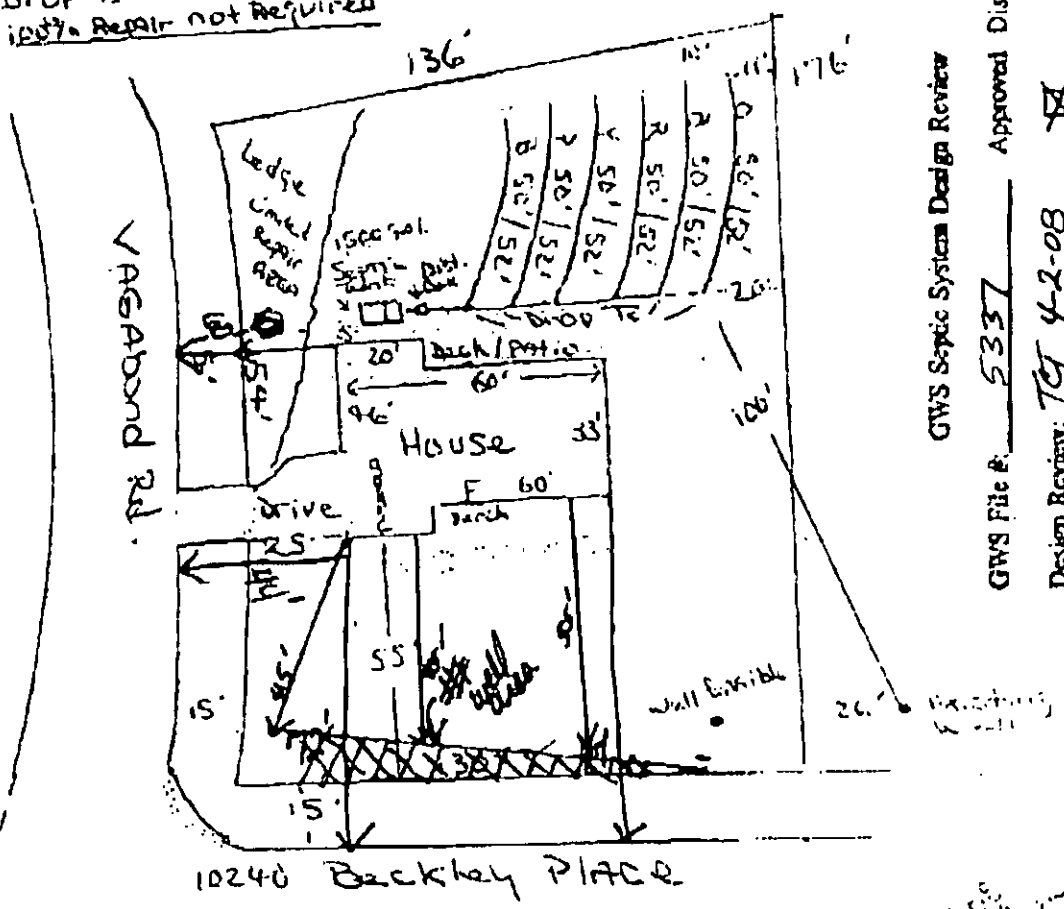
JOSHUA B SELLERS R.S. VLASTIMIL DIDIK
Authorized Agent: Print Name Owner/Legal Agent: Print Name
Joshua B. Sellers Didik
Signature: Signature:

09/17/2008 08:59 17046669540 TIM WHITAKER

40 scale

Gwis
F. No: 5337
P.I.D. 137-271-07
Lot 58

(3) Bedrm. Gravity fed, 25% Reduction
Quick Four Chamber Septic System.
(6) 52' chamber Lines: 312' .3 LTAR
(13) Chambers per Line = 78 chambers
1500 gal. Septic Tank
Distribution BOX
Drop Ts distribution may be required
100% Repair not Required



GWS Septic System Design Review

GWS File #: 5337 Approved ☒ Disapproved ☐

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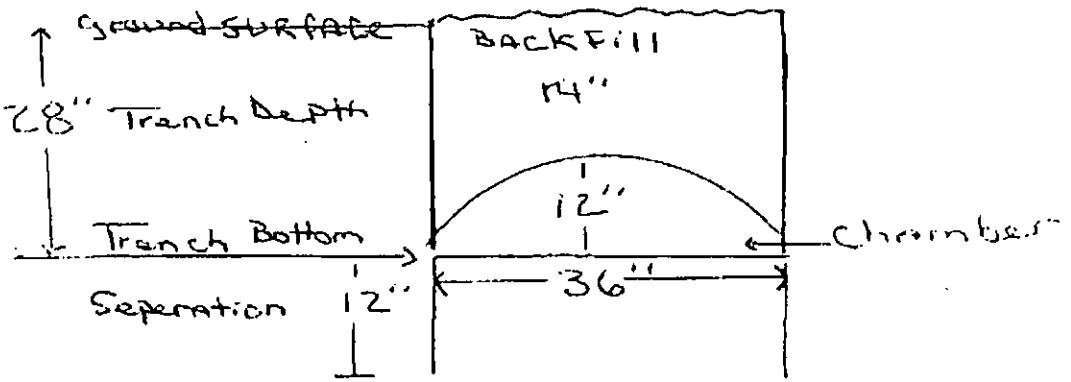
*Projects are not considered "APPROVED" until both sections above are completed and indicate an APPROVED status.

Didik 9/18/08
Signature and date

File : 5337
Lot 58

SPECS: Trench Profile

28" installment depth. 25% Reduction Quick four chamber system.
Installment Depth Established to interface Friable conditions. As shown on Soils Report.



1/24/08

J Sellers

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

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: 139-271-60
STREET ADDRESS: 10240 Beckley Place
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: HILLANDALE ACRES
LOT #: 58 LOT SIZE (acres): 0.5
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: 2100
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
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: VLASTIMIL DIDIK
ADDRESS: 3416 - Jonesberry Rd
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE: 704-405-6853
WORK PHONE: 704-840-7609
MOBILE PHONE: 704-840-7609
FAX: 704-405-6853

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

NAME: SAME
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.

VD (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.

VD (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.

Didi — 8/26/08

Property Owner's or Owner's Legal Representative Signature — Date

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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: $550.00 DATE FEE RECEIVED: 8-26-08

APPLICATION PROCESSED BY: Annette G.

GWS FILE NUMBER ASSIGNED: 5337

APPLICATION ID NUMBER ASSIGNED: 3827

COMMENTS:

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

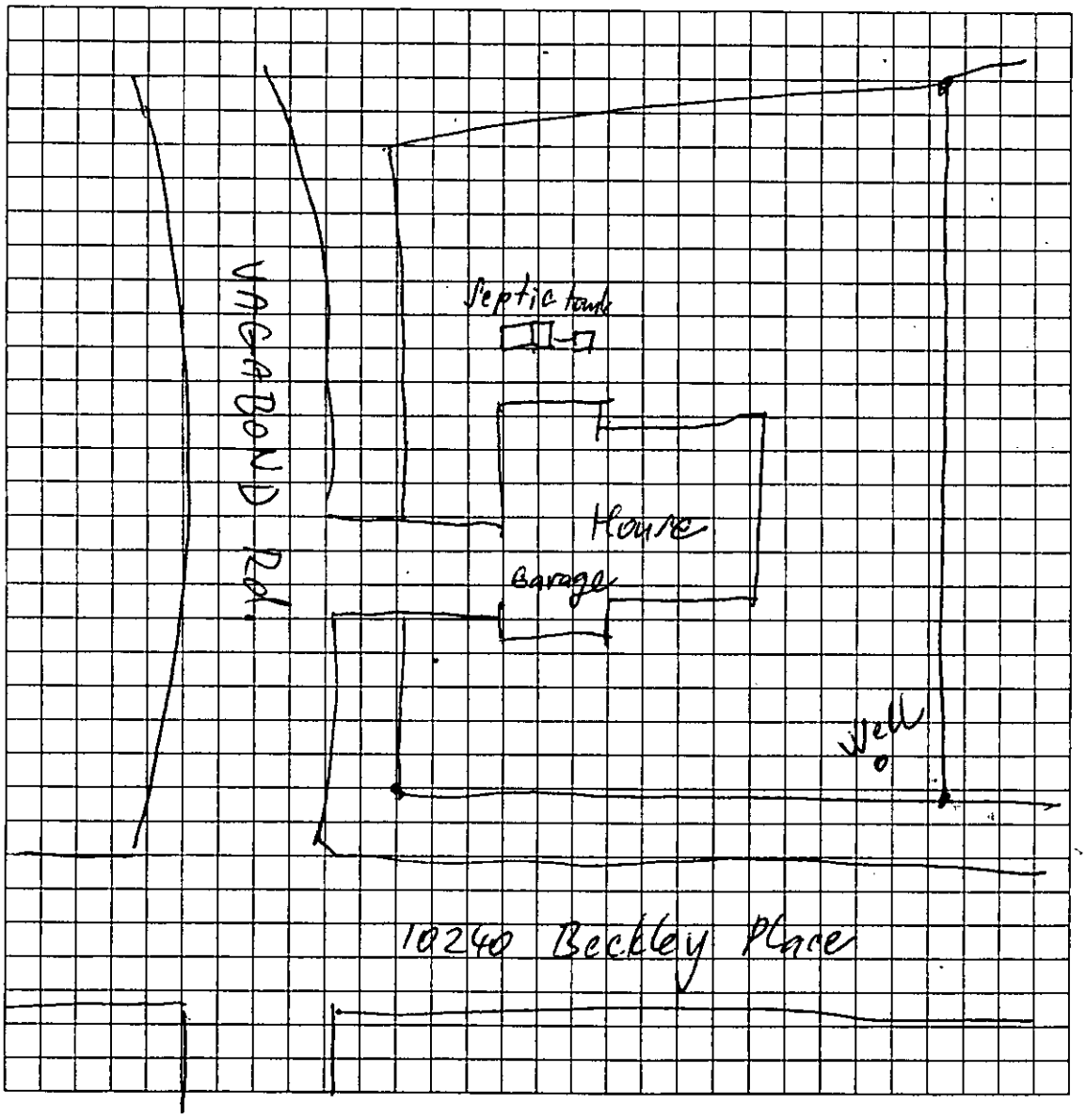
Revised on: 7/1/08

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_____

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	
Date	8/26/08

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/26/08	**Amount:**	550.00
Receipt #:	58741	**Tendered:**	0.00
Check / Auth #:	VISA 00046A	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	DIDIK VLASTIMIL
Attn:	
Address:	3416 JONESBERRY RD
Address:	
City/State/Zip:	MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 10240 BECKLEY PL		1	550.00	550.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
50.00					