

8640 IRA FLOWE RD

13922108

8/25/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 19922 WASPS App #: 3624

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: 7/23/08 - Faxed to applicant for signature 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: _____ ES assigned date: _____ Permit issued date: _____

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

Review performed by: _____ Date performed: _____

********** -COMM. JOURNAL- ********** DATE JUL-23-2008 ***** TIME 08:05 ********

MODE = MEMORY TRANSMISSION START=JUL-23 08:03 END=JUL-23 08:05

FILE NO.=759

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	a	97048888426	003/003	00:02:02

-MECKLENBURG CO GWS -

********** - - ***** - 704 336 6894- **********

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
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: Barbara Van Slooten
Fax #: 704-888-8426
Phone #: 704-567-8900

From: Jack Stutts
Mecklenburg County
Groundwater & Wastewater Services
Date: 07/23/08

Number of pages transmitted: 3 (including coversheet)

Comments:

Well permit for 8630 Ira Flowe Road. Please sign both pages and fax back to 704-336-6894.

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

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
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: Barbara Van Slooten
Fax #: 704-888-8426
Phone #: 704-567-8900

From: Jack Stutts
Mecklenburg County
Groundwater & Wastewater Services
Date: 07/23/08

Number of pages transmitted: 3 (including coversheet)

Comments:

Well permit for 8630 Ira Flowe Road. Please sign both pages and fax back to 704-336-6894.

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

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

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

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

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10003624 **File #:** 19922 **Tax Parcel #:** 139-221-03
Property Owner: JAMES M. & BARBARA F. VANSLOOTEN
Job Location Address: 8630 IRA FLOWE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 7/16/2008
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 R. Sellers R.S.
Authorized Agent: Print Name
Joshua R. Sellers R.S.
Signature:

_____
Owner/Legal Agent: Print Name
_____
Signature:

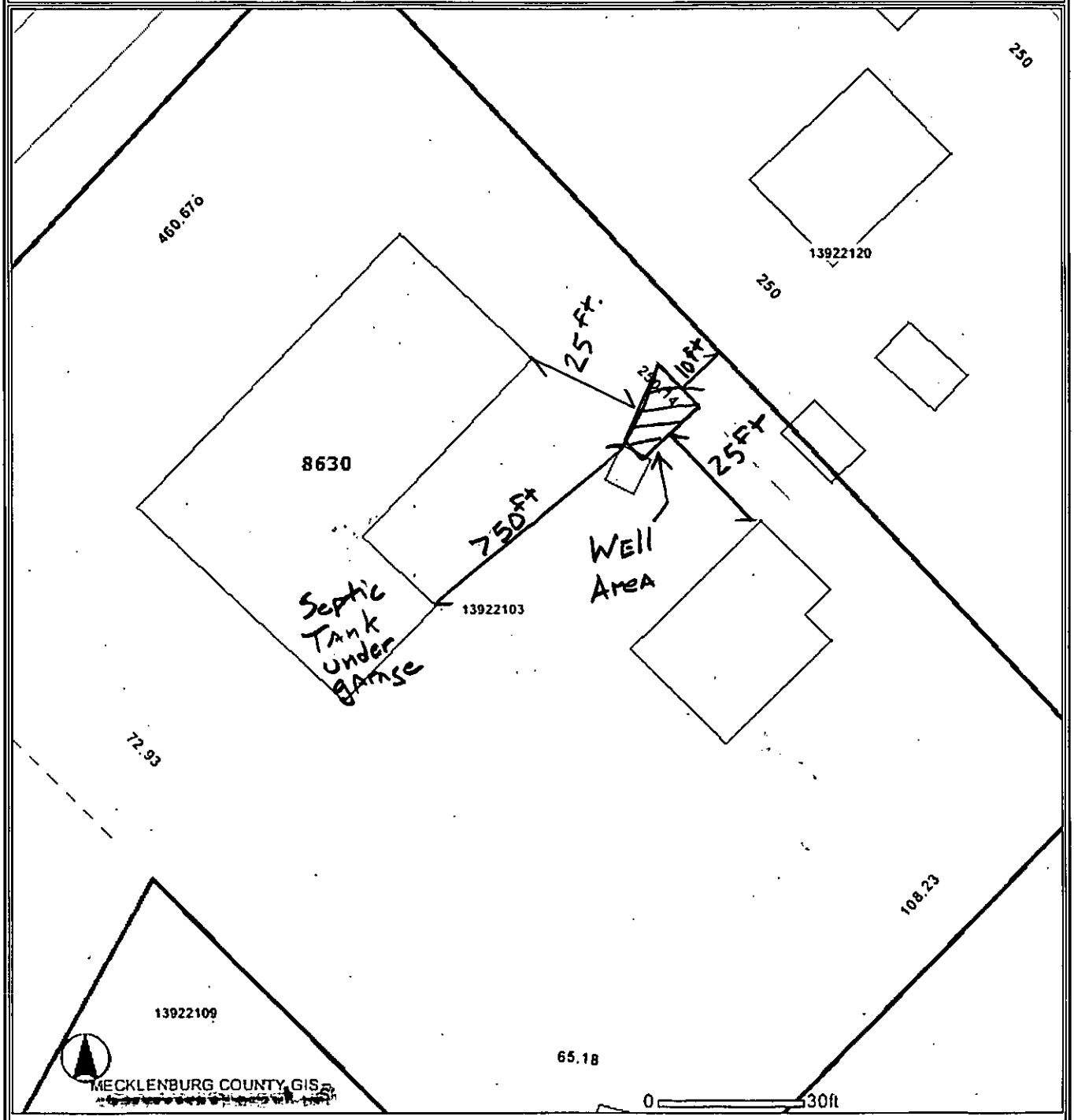
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Jul 22 15:43:10 EDT 2008

8630 Ira Flowe Road



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.

Owner/Agent Signature

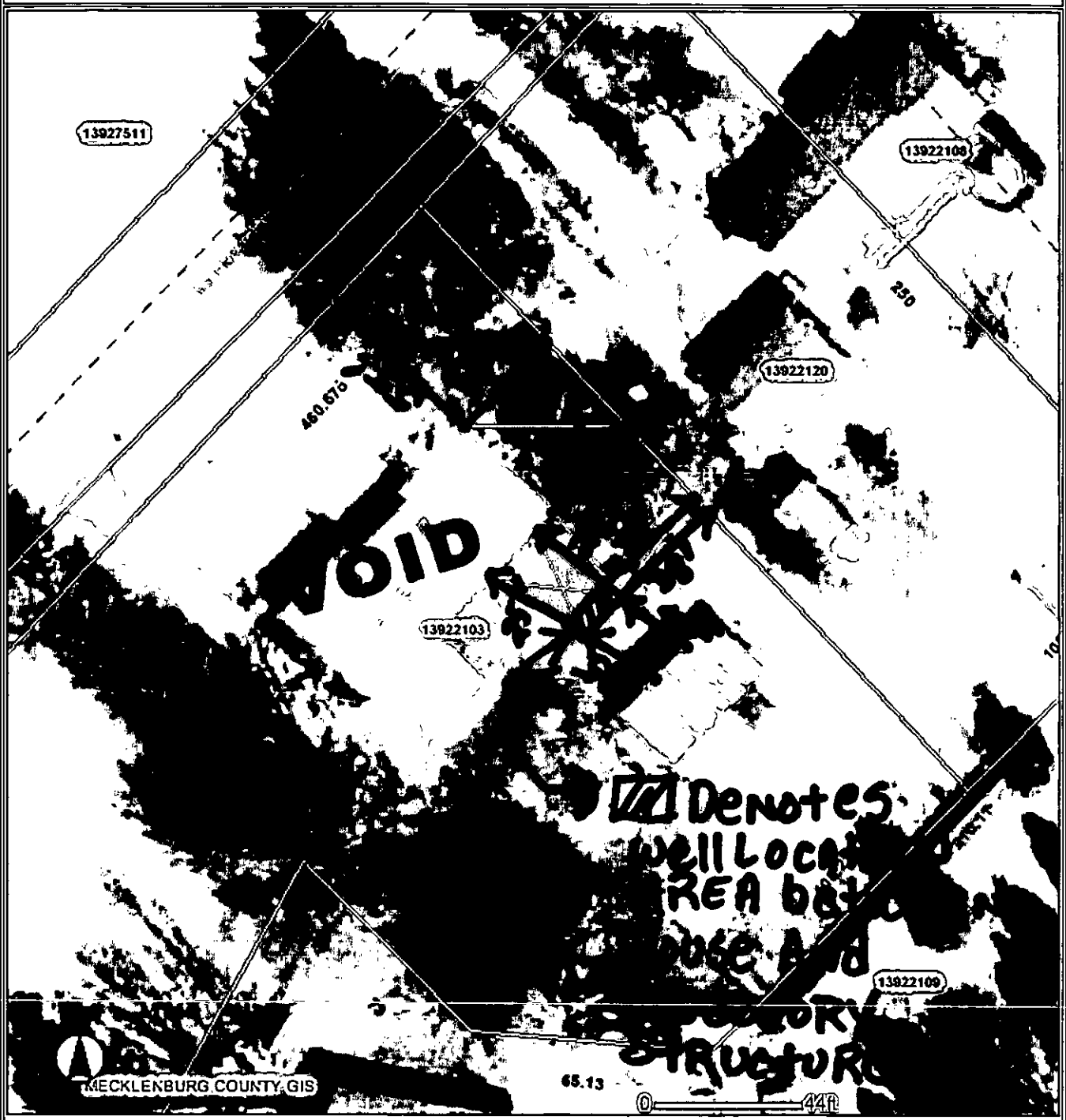
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Jul 16 13:41:09 EDT 2008

8630 Ira Flowe Road



Total Measure Line Length: 662.86 Feet **Total Measure Acreage:** 0.01 Acres

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.

FILE NUMBER: 19922 J Sellers APPLICATION NUMBER 3624

Revised On: August 31, 2007

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.
DATE: 6-23-08
CK# 1294

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: 13922103
STREET ADDRESS: 8630 IRA FLOWE RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28227
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: 2100
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 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 (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

10. PROPERTY OWNER:
NAME: JAMES M. & BARBARA F. VANSLOOTEN
ADDRESS: P.O. Box 495
CITY: MIDLAND
STATE: NC ZIP: 28107
HOME PHONE: WORK PHONE: 704 567-8900
MOBILE PHONE: 7046098133 FAX: 704-888-8426

11. OWNER'S LEGAL REPRESENTATIVE: IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

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.

Barbara F. Van Slooten 6-20-08
Property Owner's or Owner's Legal Representative Signature Date

16. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

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

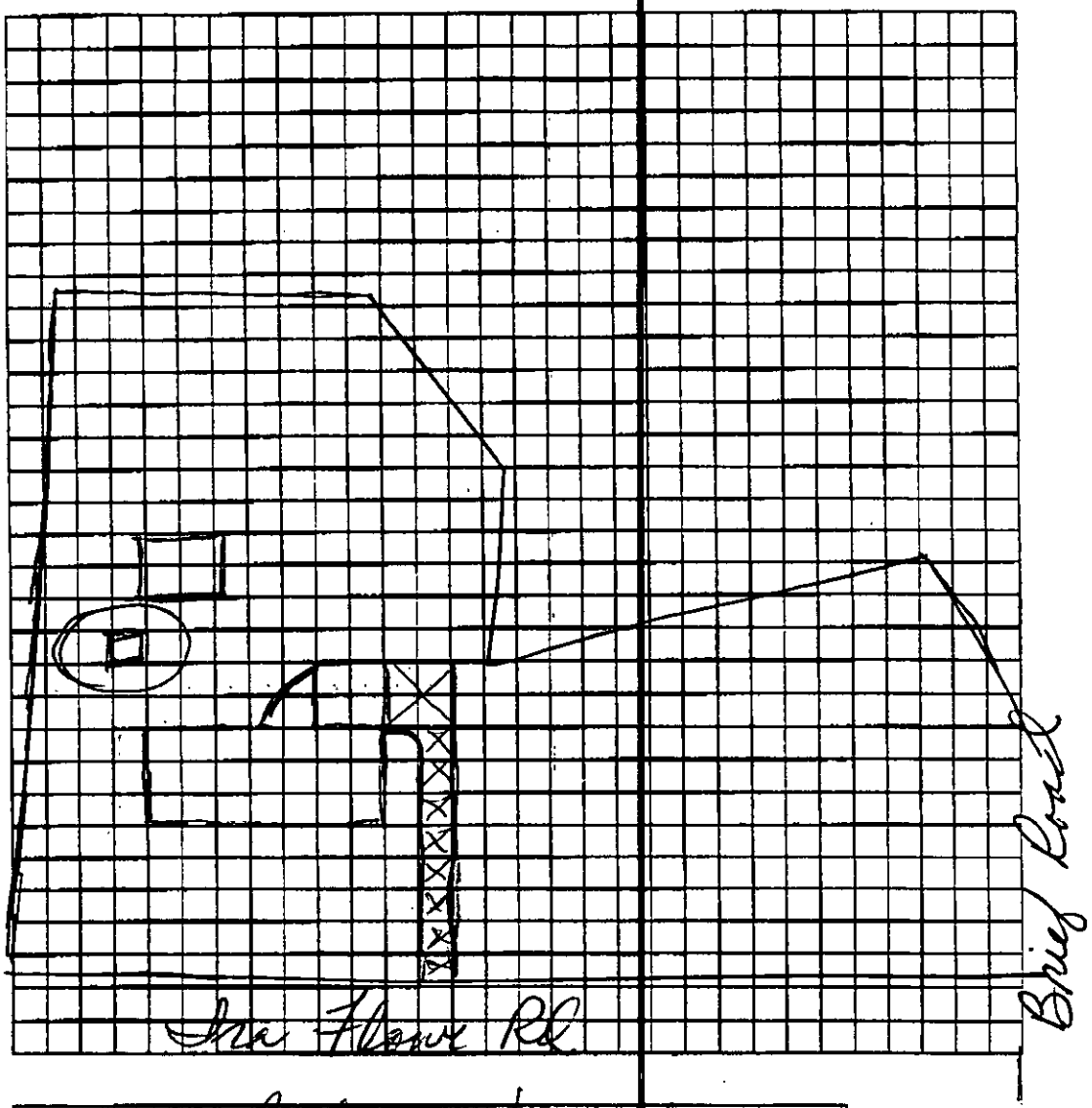
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County
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	Barbara F. VanSlooten
Date	6-20-08

LBC 12/15/04

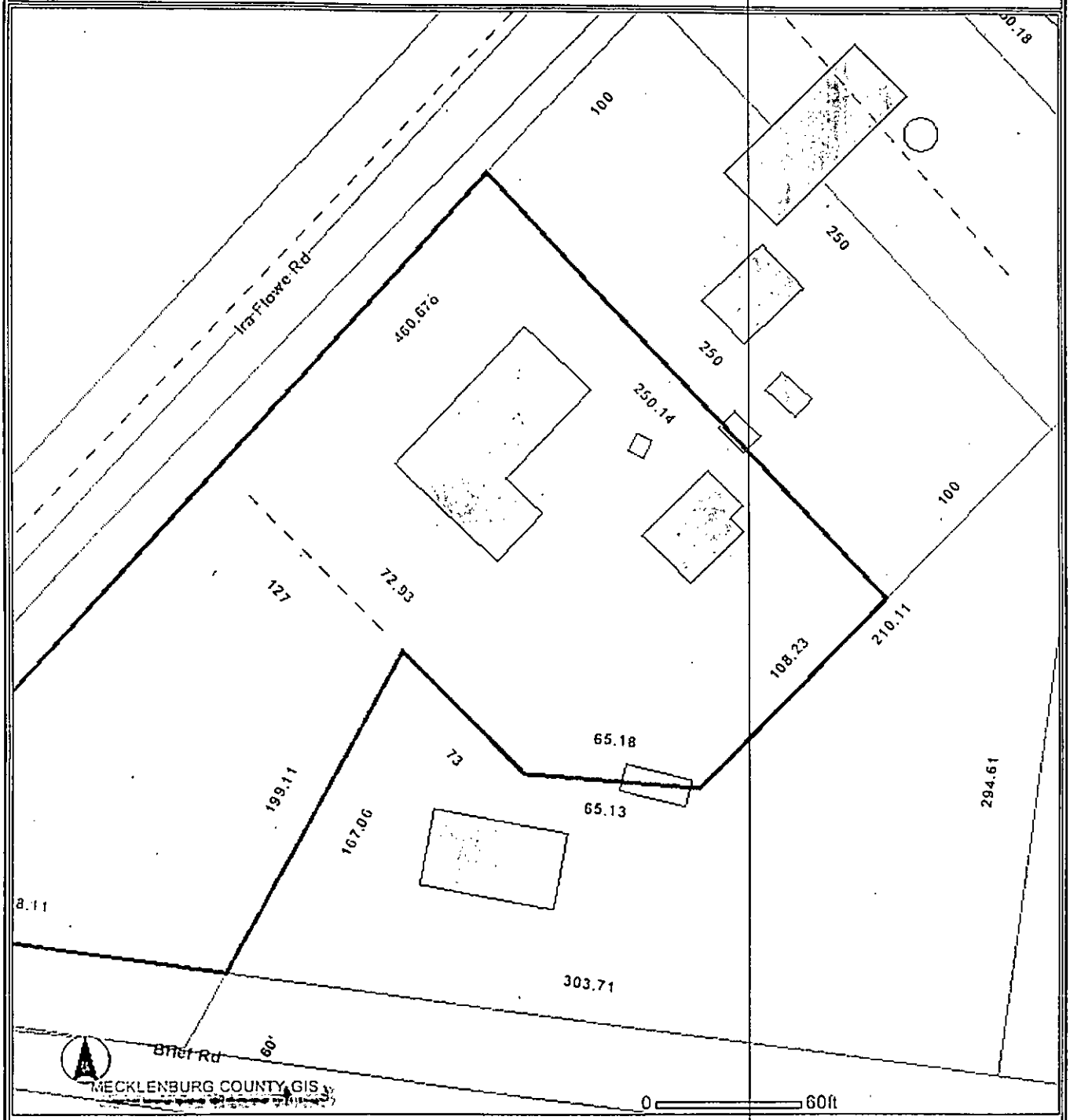
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Jul 22 14:21:05 EDT 2008

8630 Ira Flowe Road



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.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/23/08	**Amount:**	400.00
Receipt #:	57901	**Tendered:**	400.00
Check / Auth #:	CHECK 1294	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: 200000
Contractor: SLOOTEN BARBARA & JAMES
Attn:
Address: P.O. BOX 495
Address:
City/State/Zip: MIDLAND, NC 28107

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 8630 IRA FLOWE RD		1	400.00	400.00

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

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