

9024 LAURISTON PL

13905428

5/2/08

marliwr

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

Drlw

3012A
139-054-28

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) FRANKIE L. OLIVER CERTIFICATION # 3002

WELL CONTRACTOR COMPANY NAME CAROLINA WELL DRILLING PHONE # (704) 764-9085

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) _____

1. WELL USE (Check Applicable Box): Residential ☑ Municipal/Public ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:
Nearest Town: MINT HILL County MECKLENBURG
9024 LANCASTER PLACE
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☐Slope ☐Valley ☑Flat
(check appropriate box)
Latitude/longitude of well location
35° 11.518 N / 080° 36.920W
(degrees/minutes/seconds)
Latitude/longitude source: ☑GPS ☐Topographic map
(check box)

3. OWNER: DARLYN HOMES
Address 8037 Fairview Road Suite E
(Street or Route No.)
Charlotte, NC 28227
City or Town State Zip Code
(704)- 573-2450
Area code- Phone number

4. DATE DRILLED 4-11-05
5. TOTAL DEPTH: 500'
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 8 METHOD OF TEST AIR
10. WATER ZONES (depth): 310, 470

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	11	RED DIRT,
12	34	BROWN DIRT / GRAVEL
35	500	BLUE / GRAY GRANITE

11. DISINFECTION: Type HTH Amount 3 to 03.
12. CASING:

	Depth From	To	Ft.	Diameter	Wall Thickness or Weight/Ft.	Material
	0	53		6.25	SDR 21	PVC

13. GROUT:

	Depth From	To	Ft.	Material	Method
	0	3		PORTLAND	PUMP
	4	52		BENTONITE	PUMP

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth From	To	Ft.	Size	Material

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.

16. 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

SIGNATURE OF PERSON CONSTRUCTING THE WELL — DATE 4-18-05

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

File#: 3012A

Permit#: 20050401 JAW01

Well Activity Checklist

1. Application & Well Siting

		Date
☐	Complete application on file	
☐	Site plan and other appropriate documentation submitted	
☐	Registered well driller Certification Number: _____	COPAIA WPL
☐	Proposed well location meets required setbacks	4-5-05
☐	**ARGU** restrictions satisfied (if applicable)	
☐	Well permit issued	4-5-05
☐	Septic system permit issued (if applicable)	

2. Onsite Inspection

Observed	Driller		
☐	☐	Valid permit on site with registered well driller	4-5-05
☐	☐	Required setbacks satisfied, approved location per permit	4-6-05

Appropriate Materials Used for Construction:

Observed	Driller		
☐	☐	Drilling fluids/additives	
☐	☐	Casing materials/Joint compounds	

Source of Water:

Observed	Driller		
☐	☐	Greater than 40 ft. below land surface	
☐	☐	Water NOT from a known contamination zone	

Well Casing:

Observed	Driller		
☐	☐	Casing > than 40 ft. below land surface	
☐	☐	Non-potable zones effectively sealed	
☐	☐	Casing properly seated	
☐	☐	Casing terminated at least 12 inches above land surface	
☐	☐	All ASTM/NSF standards met	
☐	☐	Drive shoe used	

Grouting:

Observed	Driller		
☐	☐	Approved grouting materials used	
☐	☐	Grouted to a minimum of 20 ft. below land surface	
☐	☐	Grouted within 5 days of casing being set	
☐	☐	Proper depth to seal non-potable zones	

Well Head:

☐	Well casing extended at least 12 inches above land surface	
☐	Vented, sanitary well cover in place	
☐	Access port in place	

☐ Sample tap between pump and pressure tank properly constructed _____

Well Activity Checklist Continued

Date

Well Disinfection:

☐ Notification of disinfection _____

Well Contractor Identification Plate:

☐ Plate installed securely on well casing _____

☐ Information not obscured _____

☐ Information accurately completed _____

Pump Installer Identification Plate:

☐ Plate installed securely _____

☐ Information not obscured _____

☐ Information accurately completed _____

3. Well Sampling

☐ Appropriate water samples collected as required by permit _____

4. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

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 # 3022A

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 20050401JAW01 **Tax Parcel #:** 13905428

Property Owner: Darlyn Homes, Inc.

Job Location Address: 9024 Lauristan Place

City/ETJ: Charlotte **State:** NC **Zip Code:** 28227

Permit Issuance Date: 4-1-2005

Use of Well: Private Water Supply Well

Type of Facility Served by Well: Single Family House

Sewage System Type: Private On-site

Area of Regulated Groundwater Usage Restrictions Apply: No If Yes, see requirements in Specific Conditions of This Permit.

Replacement for Existing Well: No 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 Certified Well Contractor that is currently registered with the Department 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.

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

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:

Authorized Agent: Drew Walker

Signature: Drew Walker

Owner/Legal Agent: _____
Print Name

Signature: _____

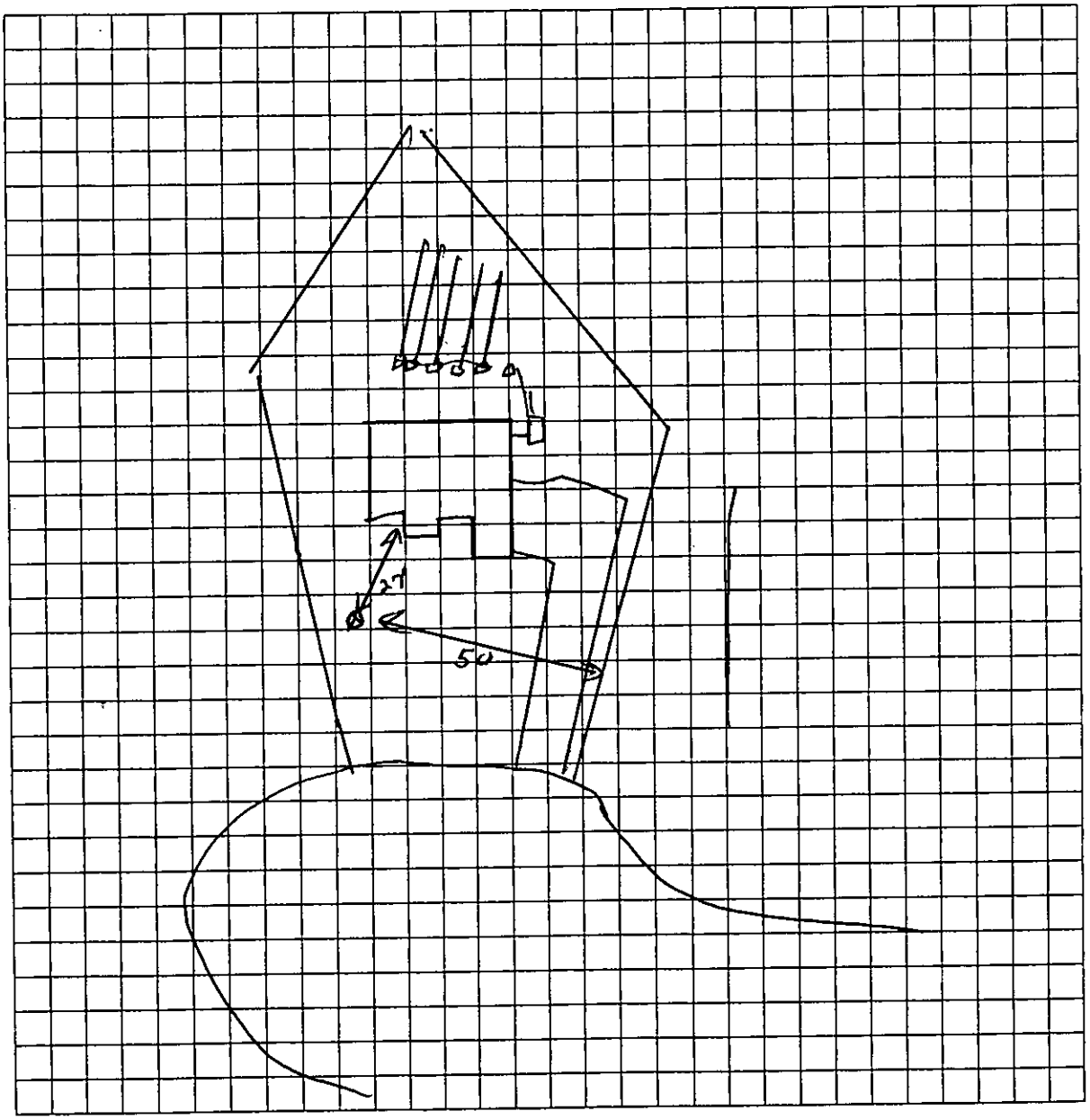
JLS 12/13/04 Final

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 # 3012-A
Date 4-12-05

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

LBC 12/15/04

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: DAVID REED — Fax #: 545-8927

DARLYN HOLMES — Phone #: 573-7101

From: D. Cook — Date: 4-21-05

Number of pages transmitted: _____ (including coversheet)

Comments:

DAVID / IF YOU COULD, SIGN THE PERMIT & PLOT PLAN & FAX IT BACK

THANKS D. Cook

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

400 on Acct X33441

GWS – RES. APP 12/04 2/5/05 gc

COPY

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

[redacted]

[redacted]

FILE # 3012A

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 13905428
STREET ADDRESS: 9024 LAURISTON PLACE
CITY: CHARLOTTE
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: Glencroft Phs I
LOT #: 28
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☑ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2377
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☐ NO

PROPERTY OWNER:

NAME: DARLYN HOMES, INC.
ADDRESS 8037-E FAIRVIEW Rd.
CITY: Charlotte
STATE: NC ZIP 28227
HOME PHONE: 704-573-2450 WORK PHONE: 704-573-7101
MOBILE PHONE: 704-361-7521 FAX: 704-545-8927

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 2/24/05 Date

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 2/24/05 Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211
CHARLOTTE, NC 28202

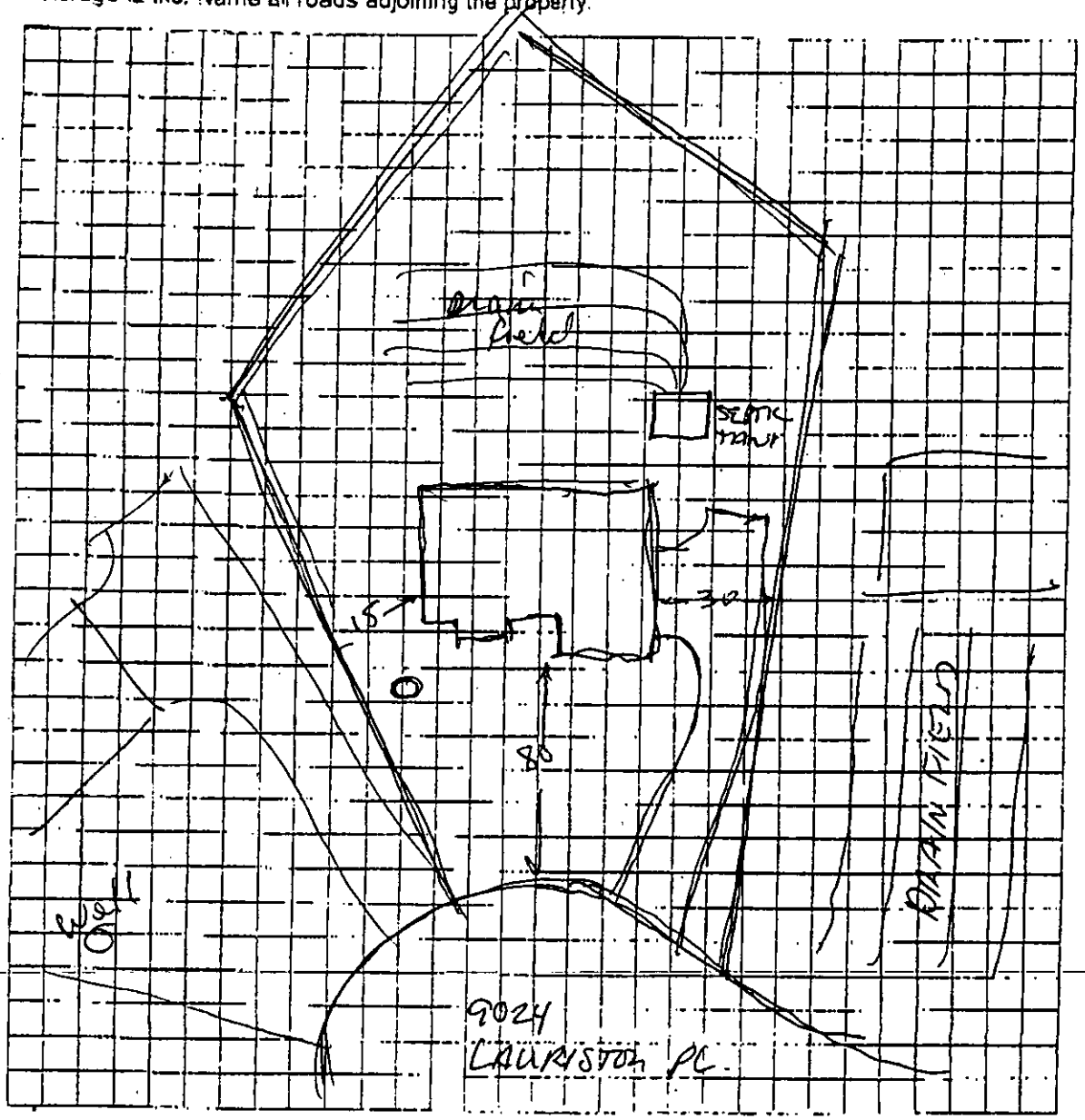
075

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 # 3012A
Date 2/25/05

PROPOSED PLOT PLAN

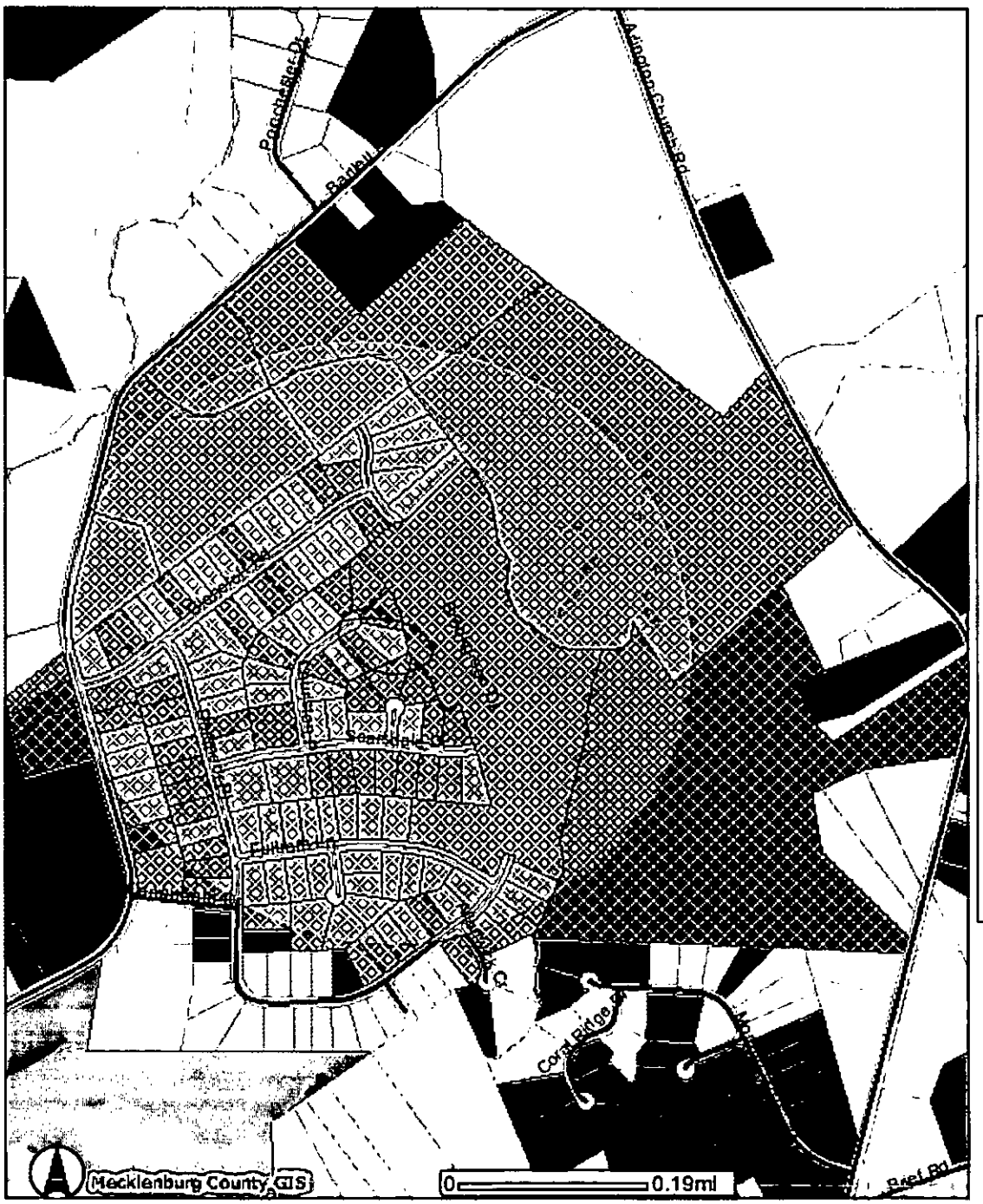
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal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



Owner/Agent Signature Laura Reed
Date 2/24/05

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

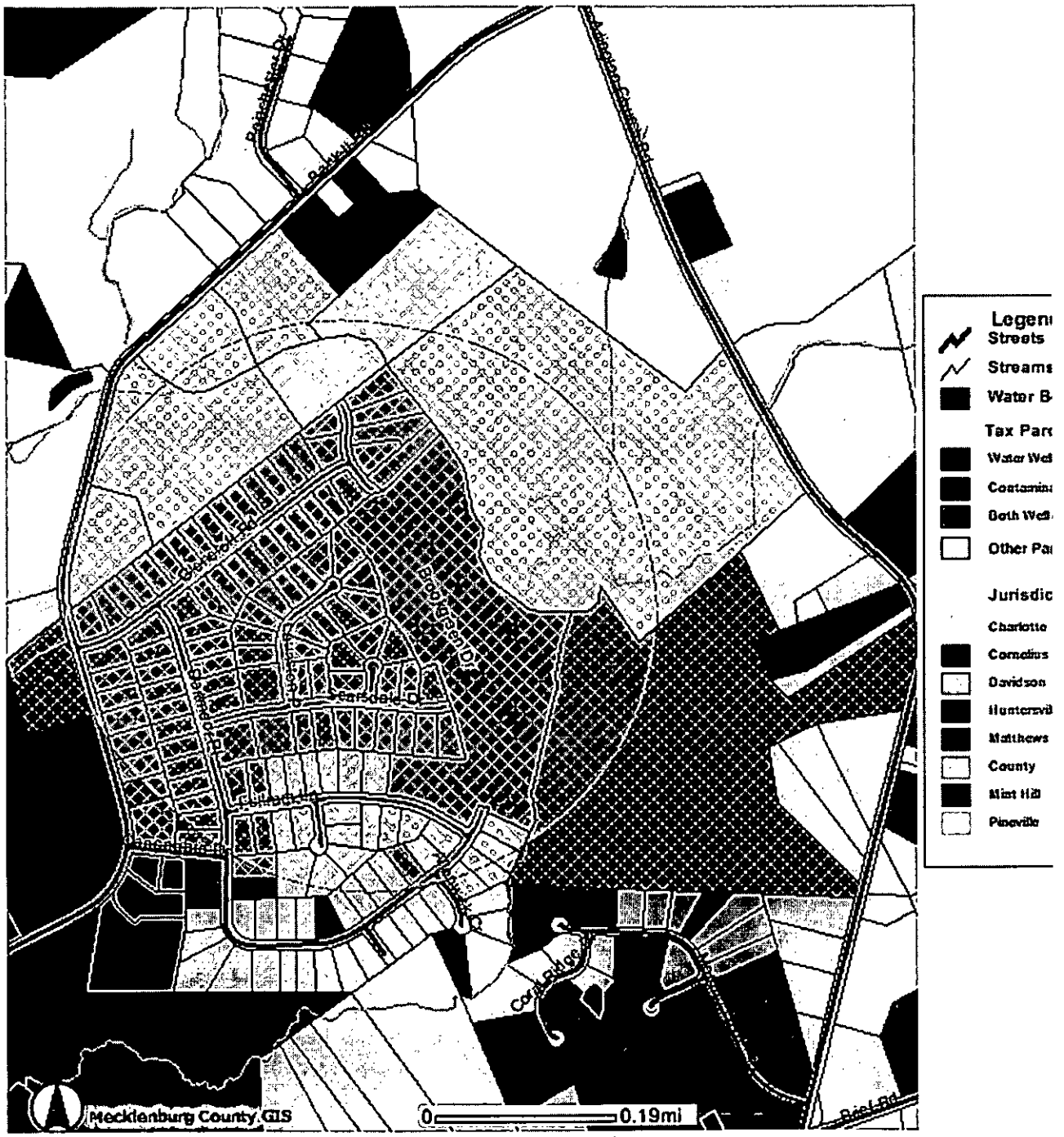
9024 Lauristan Place



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

9024 Lauristan Place



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal

400² on Acct X33441
2/25/05 gc

GWS – RES. APP 12/04

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
AND / OR INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3012A

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 13905428
STREET ADDRESS: 9024 LAURISTON PLACE
CITY: CHARLOTTE
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: Glencroft Phs I
LOT #: 28
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☑ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 2377
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☐ NO	DESIGNATED WETLANDS	☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☐ NO

PROPERTY OWNER:

NAME: DARLYN HOMES, INC.
ADDRESS 8037-E FAIRVIEW Rd.
CITY: CHARLOTTE
STATE: NC ZIP: 28227
HOME PHONE: 704-573-2450 WORK PHONE: 704-573-7101
MOBILE PHONE: 704-361-7521 FAX: 704-545-8927

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owners/Agent's Signature 2/24/05 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request

Owners/Agent's Signature 2/24/05 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211
CHARLOTTE, NC 28202

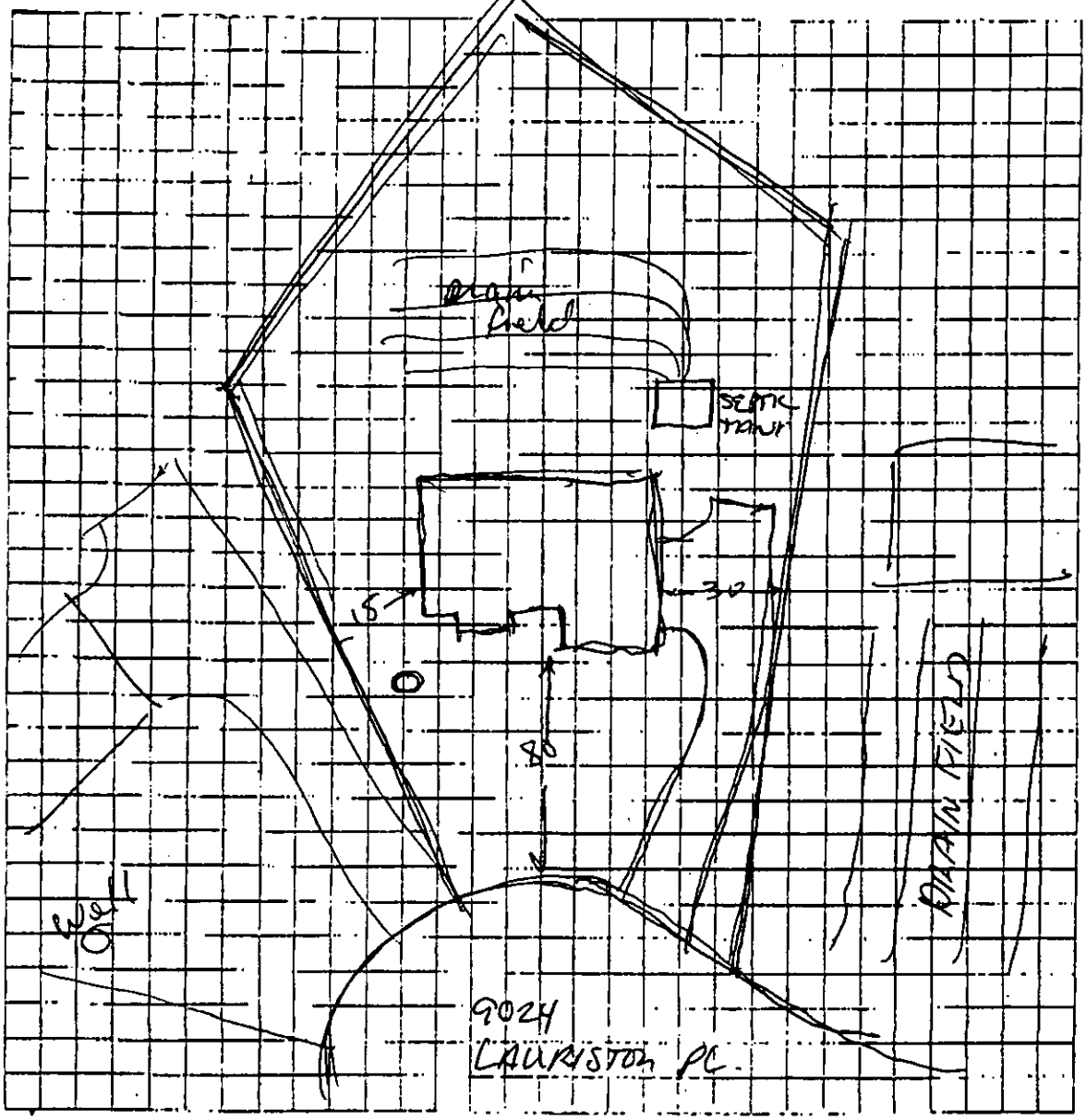
0753

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 # 3012A
Date 2/25/05

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.



Owner/Agent Signature Laura Reed

Date 2/24/05

LBC 12/15/04

3012A

Darlyn Homes, Inc.

Office: 704-573-2450
Fax: 704-573-2451

Send to: Gwen & to whom it	From: David Reed
Attention: may concern.	Date: 2/24/05
Office Location:	Office Location:
Fax Number:	Phone Number:

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please Review
- ☐ For your Information

Total pages, including cover:

Comments:

Pls. find enclosed our application for well permit @ 9024 Lannston Pl. Please charge it to our account. Darlyn Homes, Inc. acct# ~~X44432~~ X33441