

15014 HOOKS RD

19511204

7/7/08

marliwr

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

Pass

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 13059 WASPS App #: 4064

Primary ES assigned to project: Jeremy Michael

Secondary ES assigned to project: Josh Fuller

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 ☑ JRS
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: 2/24/09 - Please fax for signature

Verbal lab results ok per JRS

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: 2/24/09 - Project reassigned to Josh Fuller

8/23/09 - Please release CO hold

Application received date: _____ Well approval date: _____

Review performed by: _____ Date performed: _____

13059 JAM 4064

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: 195-112-04
STREET ADDRESS: 15014 Hooks Rd.
CITY: Matthews
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): .882
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: 2329
NUMBER OF BEDROOMS: 3 4
NUMBER OF OCCUPANTS: 4
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: 1 ___ ___ ___ ___

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: Carmen Tarlton Best + Husband William Quentin
ADDRESS: 2330 McManus Rd.
CITY: Midland
STATE: NC ZIP: 28107
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 704-201-0587
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: A.W. Griffin Builders, Inc
ADDRESS: P.O. Box 3229
CITY: Matthews
STATE: NC ZIP: 28106
HOME PHONE:
WORK PHONE: 704-821-8088
MOBILE PHONE: 704-201-0587
FAX: 704-821-4662

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. AWA (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. AWA (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.

A.W. Griffin Builders Inc — 2-7-09

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

by A. Wayne Griffin

OFFICE USE ONLY

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

All Fees PAID

SEPTIC APPLICATION FEES RECEIVED: $ 650.00 chk — DATE FEE RECEIVED: 2/9/09

WELL APPLICATION FEES RECEIVED: $ 350.00 chk — DATE FEE RECEIVED: 2/9/09

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 13059

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

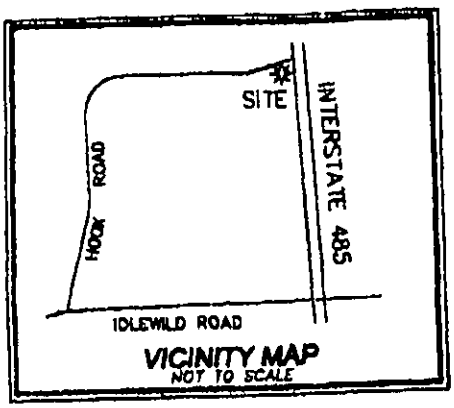
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 7/1/08

PRELIMINARY
NOT TO BE USED FOR SALES, CONVEYANCE OR RECORDATION

DATE: NOVEMBER 21, 2002

195-112-04
Parcel
Carmen [illegible]
William [illegible]



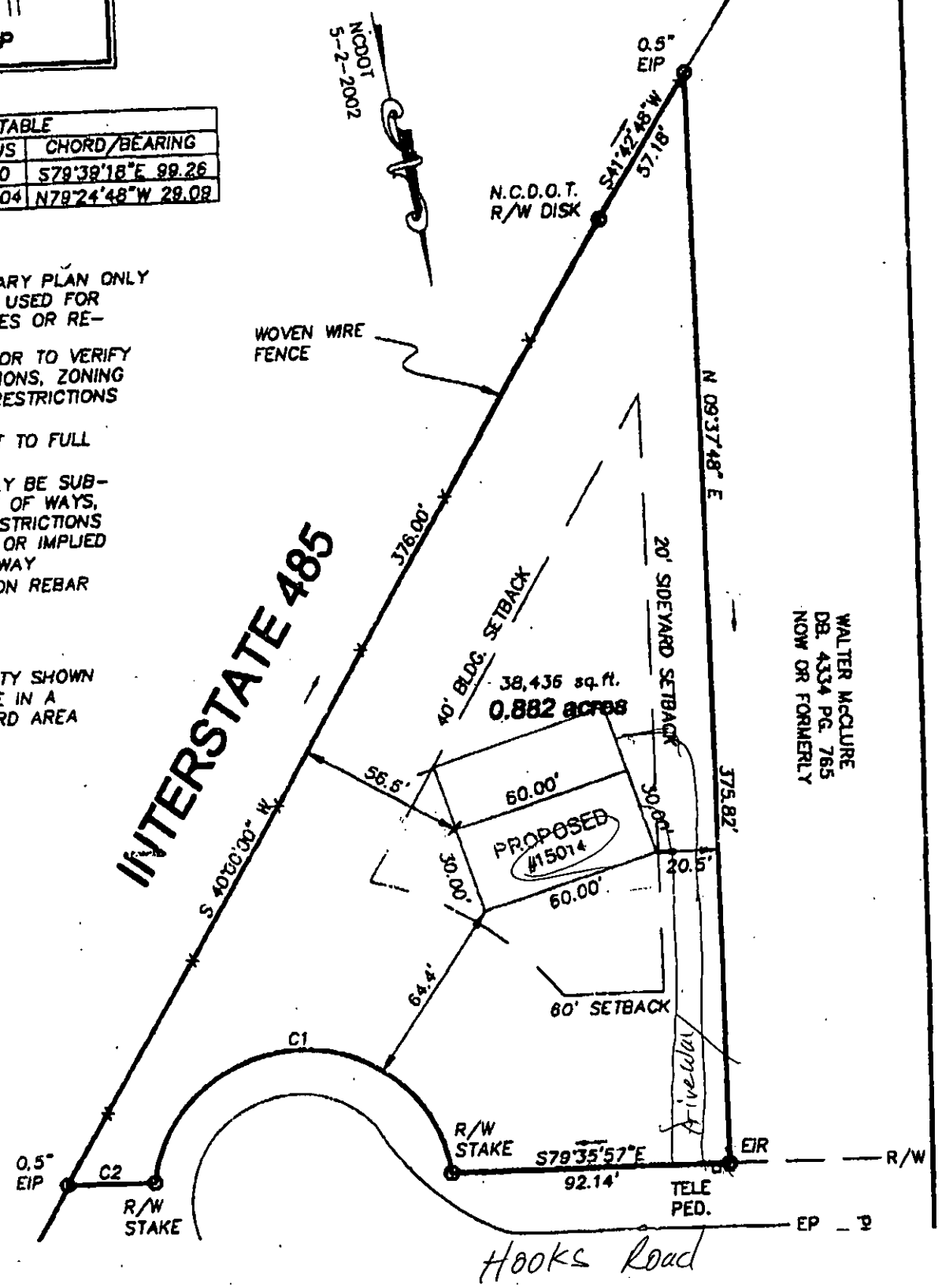
VICINITY MAP
NOT TO SCALE

CURVE TABLE			
CURVE	LENGTH	RADIUS	CHORD/BEARING
C1	144.89	50.00	S79°39'18"E 99.26
C2	29.09	3304.04	N79°24'48"W 29.08

NOTES:
1. THIS IS A PRELIMINARY PLAN ONLY AND IS NOT TO BE USED FOR SALES, CONVEYANCES OR RE-CORDATION
2. OWNER/ CONTRACTOR TO VERIFY ALL HOUSE DIMENSIONS, ZONING REQUIREMENTS & RESTRICTIONS BEFORE STAKING
3. PROPERTY SUBJECT TO FULL TITLE SEARCH
4. THIS PROPERTY MAY BE SUB-SUBJECT TO RIGHT OF WAYS, EASEMENTS OR RESTRICTIONS EITHER RECORDED OR IMPLIED
5. R/W = RIGHT OF WAY
6. EIR = EXISTING IRON REBAR

FLOOD NOTE:
THE SUBJECT PROPERTY SHOWN HEREON DOES NOT LIE IN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A.

D W
54 x 65



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 N.W. Griffin Bldrs by N. Wyle Griffin

Date 2-7-09

LBC 12/15/04

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 #: 10004064 **File #:** 13059 **Tax Parcel #:** 195-112-04
Property Owner: Carmen Tarlton-Best & William Quentin Best
Job Location Address: 15014 HOOKS RD
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 2/23/2009
Use of Well:
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:

Jeremy Michael
Authorized Agent: Print Name

Signature: Jeremy Michael

Owner/Legal Agent: Print Name

Signature:

File # 13059

Signature Date

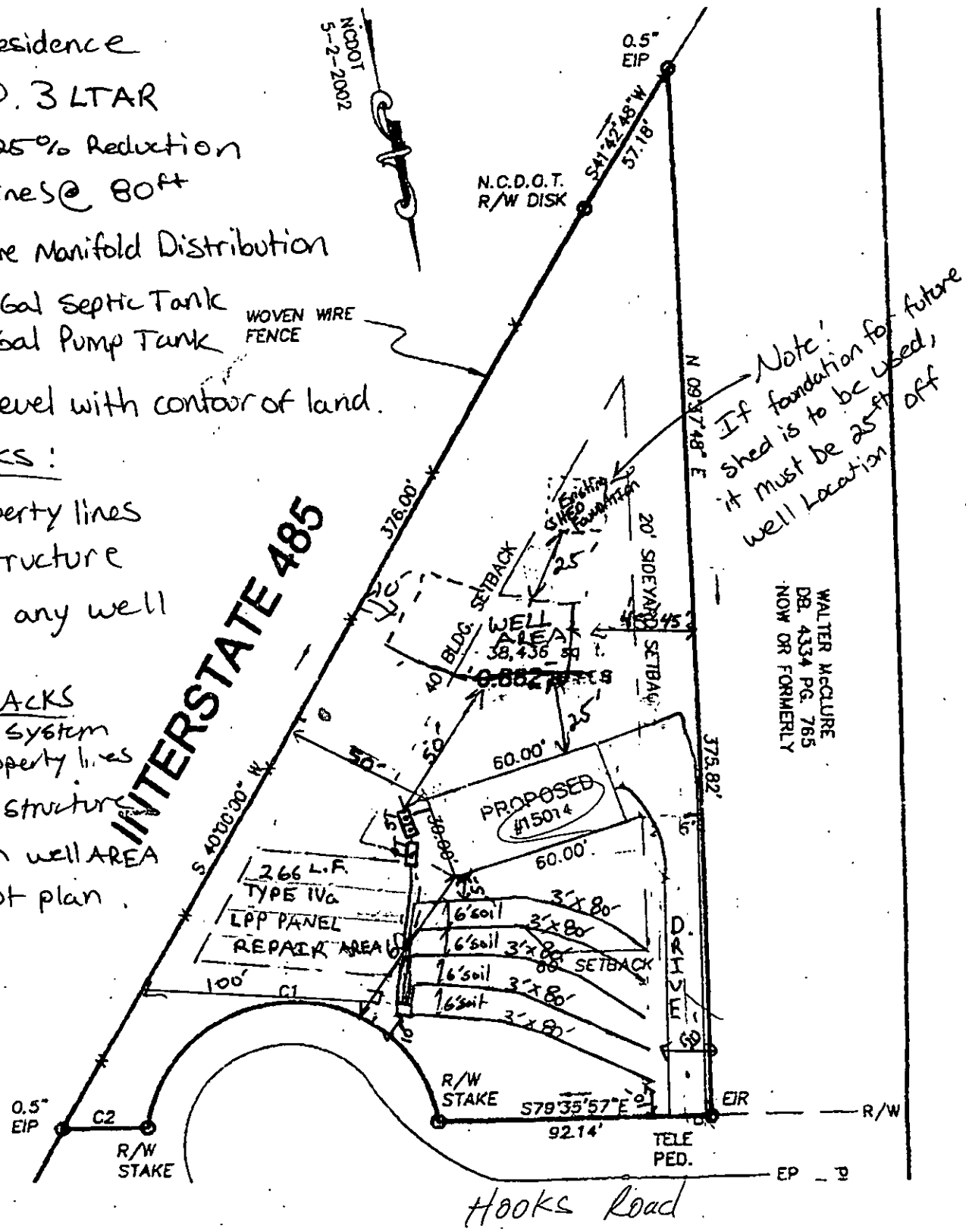
SCALE 1" = 50'

4 Bedroom Residence
480 GPD 0.3 LTAR
400 L.F of 25% Reduction
Install (5) Lines @ 80ft
Pump to Pressure Manifold Distribution
Install 1500 Gal Septic Tank
1000 Gal Pump Tank

Install lines level with contour of land.

Septic Setbacks:
10' off all property lines
5' off any structure
50' min off any well

WELL SETBACKS
50' off septic system
10' off all property lines
25' min off any structure
Install well in well AREA proposed on plot plan.



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

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Other Conditions of This Permit:

Jeremy Michael
Authorized Agent: Print Name
Jeremy Michael
Signature:

A. Wayne Griffin
Owner/Legal Agent: Print Name
A. Wayne Griffin
Signature:

File # 10054

Signature 2-24-09 Date

SCALE 1" = 50'

4 Bedroom Residence
480 GPD 0.3 LTAR
400 L.F of 25% Reduction
Install (5) Lines @ 80ft
Pump to Prasure Manifold Distribution
Install 1500 Gal Septic Tank
1000 Gal Pump Tank

Install lines level with contour of land.

Septic Setbacks:
10' off all property lines
5' off any structure
50' min off any well

WELL SETBACKS
50' off septic system
10' off all property lines
25' min off any structure
Install well in well AREA
proposed on plot plan.

