

13409 HAMILTON RD

21909109

1/9/2008

duponbj

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

For - Well #40

GWS – RES. APP 12/04

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

SEPTIC FEE: 400
DATE: 4/28/05
CRT [ ]: Check 15059 JBA

FILE # 5983B

WELL FEE:
DATE: 4-28-05
CRT [ ]:

SEPTIC / TYPE APPLICATION: [X] NONE [ ] NEW SYSTEM EXISTING SYSTEM: [ ] EXPANSION/ALTERATION [ ] REPAIR

WELL / TYPE APPLICATION: [ ] NONE [X] NEW WELL [ ] MAJOR REPAIR [ ] ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 219 091 09
STREET ADDRESS: 13409 Hamilton Rd
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

[X] 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)
[X] HOUSE (H) [ ] OTHER

HEATED SQUARE FOOTAGE: 3200
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING
[X] 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) [X] 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	[X] NO	WELLS, SPRINGS, OR WATER LINES	[ ] YES	[X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES	[X] NO	DESIGNATED WETLANDS	[ ] YES	[X] NO
EASEMENTS OR RIGHT-OF-WAYS	[ ] YES	[X] NO	GRADING/SOIL REMOVAL PERFORMED	[ ] YES	[X] NO

PROPERTY OWNER:

NAME: Larry Howell
ADDRESS: 13403 Hamilton Rd
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704 588 0916 WORK PHONE: 803 242 1874
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: (Contractor)

NAME: Mike Faulkner
ADDRESS: 958 Anderson Rd
CITY: Rock Hill
STATE: SC ZIP: 29730
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 Date

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

*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.

M S Faulkner 4/28/05
Owner's/Agent's Signature Date

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

Address:
13403 Hamilton Rd
Lot 2

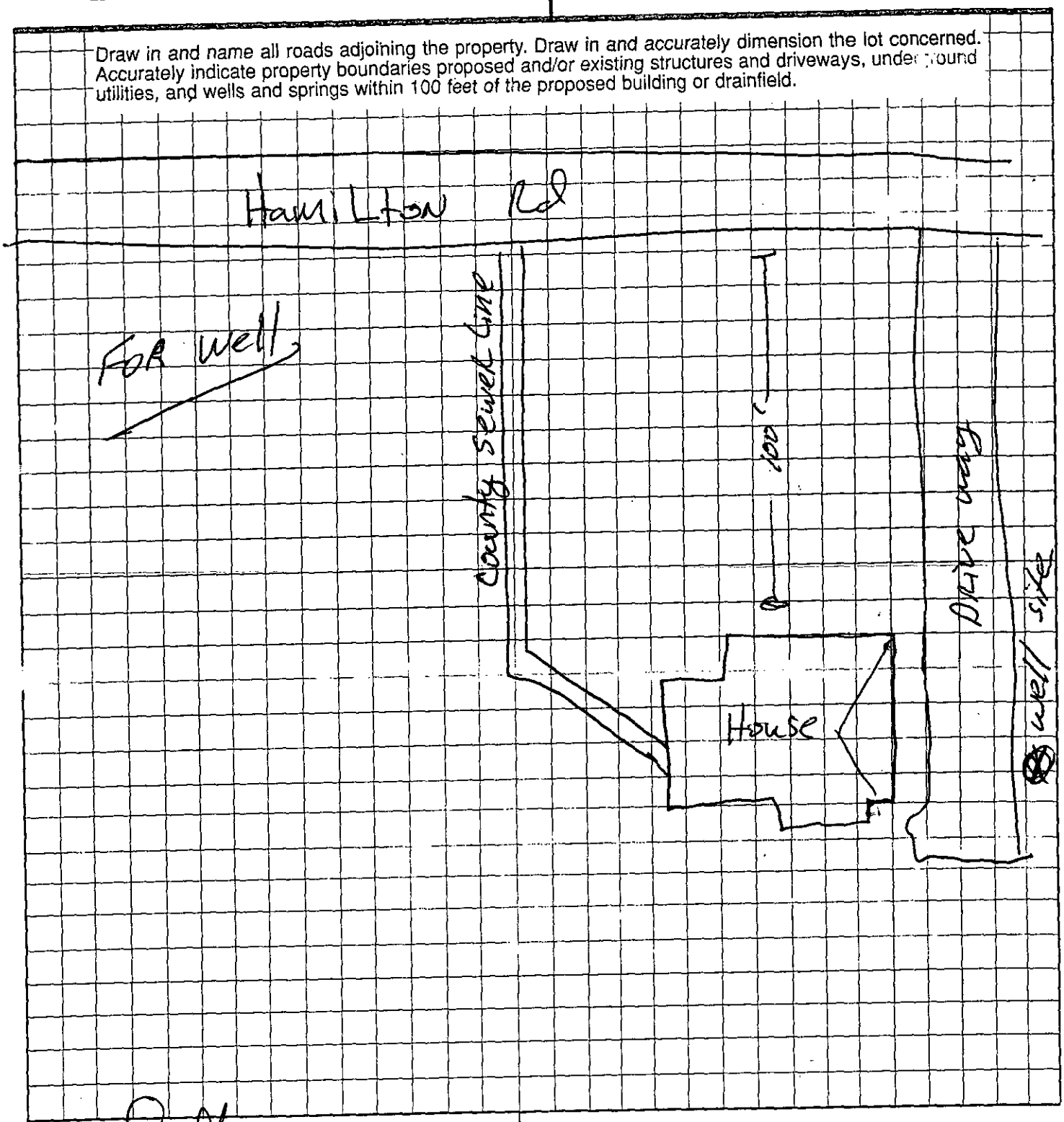
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: [redacted] 5983B

TC: 219-091-09

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



M S Smith
OWNER/AGENT SIGNATURE

DATE 4/28/05

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5694

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000040
Property Owner: LARRY HOOD
Tax Parcel #: 219-091-09
Job Location Address:13409 HAMILTON RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 4/29/2005
Use of Well: Potable
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 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 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:

Authorized Agent: DAVID L. CORNELIUS, PS 4/29/05
Print Name
Signature: 4/29/05

Owner/Legal Agent: James A. Darby Jr.
Print Name
Signature:

New Well Construction Tracking

Permit #: 10000038

1. Application & Well Siting

☑ Well siting visit completed.		4/29/20
☑ Registered Well Driller. Certification Number:	Ronald Teague - #2971	4/29/20
☑ Proposed well location meets setbacks.		4/29/20
☑ ARGU restrictions satisfied.		4/29/20
☑ Well permit Issued.		4/29/20
☑ Septic System permit issued.		4/29/20

2. Onsite Inspection

☑ Observed	☐ Driller	Valid permit on site with registered driller.	5/2/200
☑ Observed	☐ Driller	Required setbacks satisfied, approved per permit.	5/2/200

Appropriate Materials Used for Construction:

☐ Observed	☑ Driller	Drilling fluids/additives	5/2/200
☐ Observed	☑ Driller	Casing material/Joint compounds	5/2/200

Source of Water:

☐ Observed	☑ Driller	Greater than 40 ft. below land surface.	5/2/200
☐ Observed	☑ Driller	Water NOT from a known contamination zone.	5/2/200

Well Casing:

☐ Observed	☑ Driller	Casing > than 40 ft. below land surface.	5/2/200
☐ Observed	☑ Driller	Non-potable zones effectively sealed.	5/2/200
☐ Observed	☑ Driller	Casing properly sealed.	5/2/200
☐ Observed	☑ Driller	Casing terminated at least 12 inches above land surface	5/2/200
☐ Observed	☑ Driller	All ASTM/NSF standards met.	5/2/200

Grouting:

☑ Observed	☐ Driller	Approved grouting materials used.	5/2/200
☑ Observed	☐ Driller	Grouted to a minimum of 20 ft. below land surface.	5/2/200
☑ Observed	☐ Driller	Grouted with 5 days of casing being set.	5/2/200
☑ Observed	☐ Driller	Proper depth to seal non-potable zones.	5/2/200
☐ Observed	☑ Driller	Drive shoe used.	5/2/200

Well Head:

☐ Well casing extended at least 12 inches above the land surface.

☐ Vented, sanitary well cover in place.

☐ Access port in place.

☐ Sample tap between pump and pressure tank properly constructed.

Well Disinfection:

☐ Notification of disinfection

Well Contractor Identification Plate

☐ Plate installed securely

☐ 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. Approval

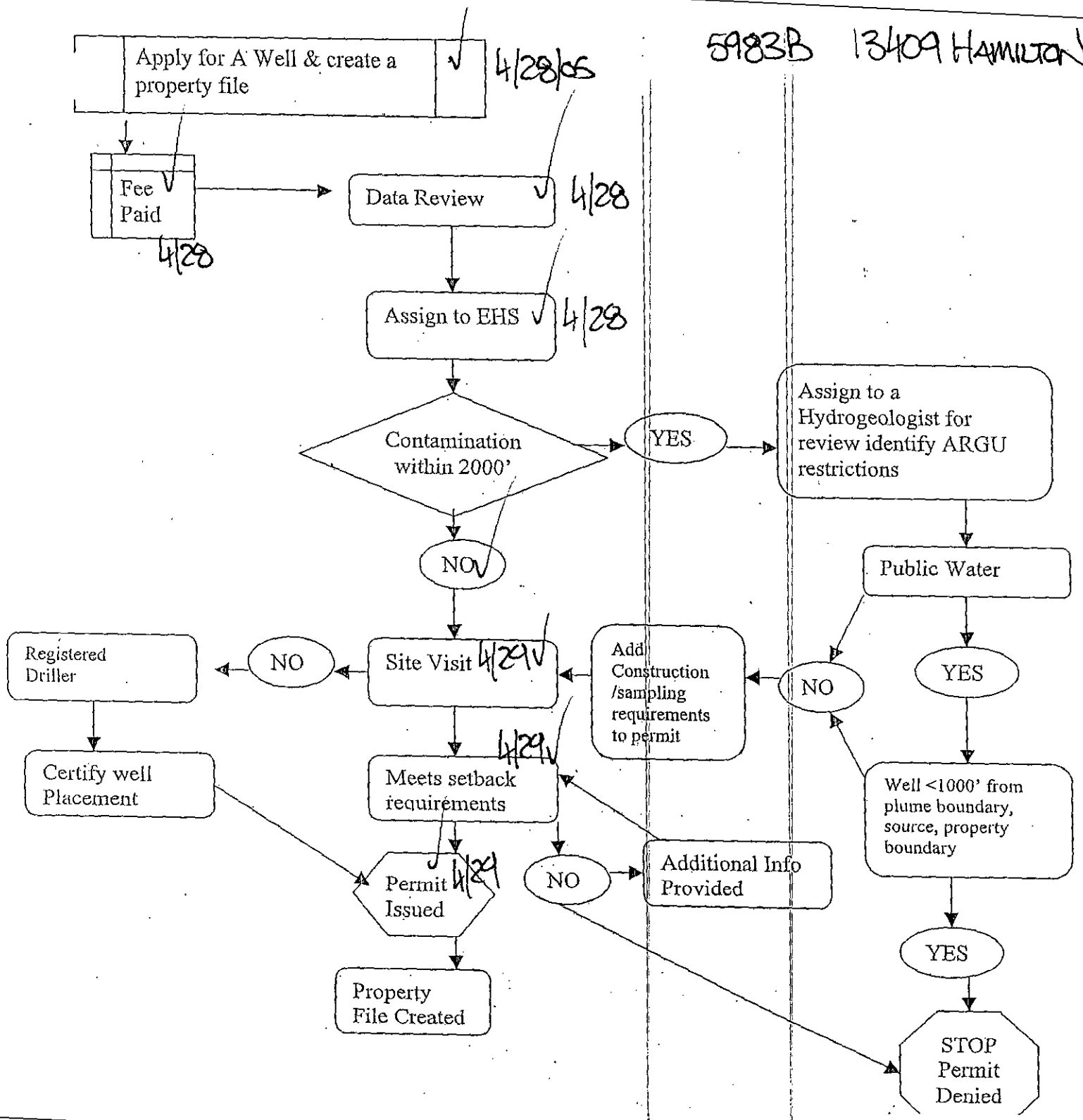
☐ Well construction form (GW-1) on file

☐ Construction approval granted.

☐ Construction approval denied.

5. Additional Comments / Observations

Submit


5983B 13409 HAMILTON RD.
Apply for A Well & create a property file
4/28/05
Fee Paid
4/28
Data Review
4/28
Assign to EHS
4/28
Contamination within 2000'
YES
Assign to a Hydrogeologist for review identify ARGU restrictions
NO
Public Water
Registered Driller
NO
Site Visit 4/29
Add Construction /sampling requirements to permit
NO
YES
Certify well Placement
Meets setback requirements
4/29
Well <1000' from plume boundary, source, property boundary
Permit Issued 4/29
NO
Additional Info Provided
YES
Property File Created
STOP Permit Denied