

15616 STEELE CREEK RD

21909123

1/9/2008

duponbj

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

Permit #70

[redacted]

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

GWS - RES. APP 12/04

[redacted]

FILE # 60278

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

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

21909123

JOB LOCATION INFORMATION:

[redacted] TAX PARCEL #: 21909123

STREET ADDRESS: 15616 Steele Creek Rd

CITY: Charlotte

STATE: NC ZIP: 28203

SUBDIVISION OR MOBILE HOME PARK NAME: Steelecreek Landing

LOT #:

TOWNSHIP:

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

[redacted] INFORMATION:

TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

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: DR Horton Homes
ADDRESS: 1100 South Tryon St. St. 100
CITY: Charlotte
STATE: NC ZIP: 28200
HOME PHONE: WORK PHONE: 374-1687
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 545-5694
MOBILE PHONE: 361-7615 FAX: 545-9449

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

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Owner's/Agent's Signature Date 6/3/05

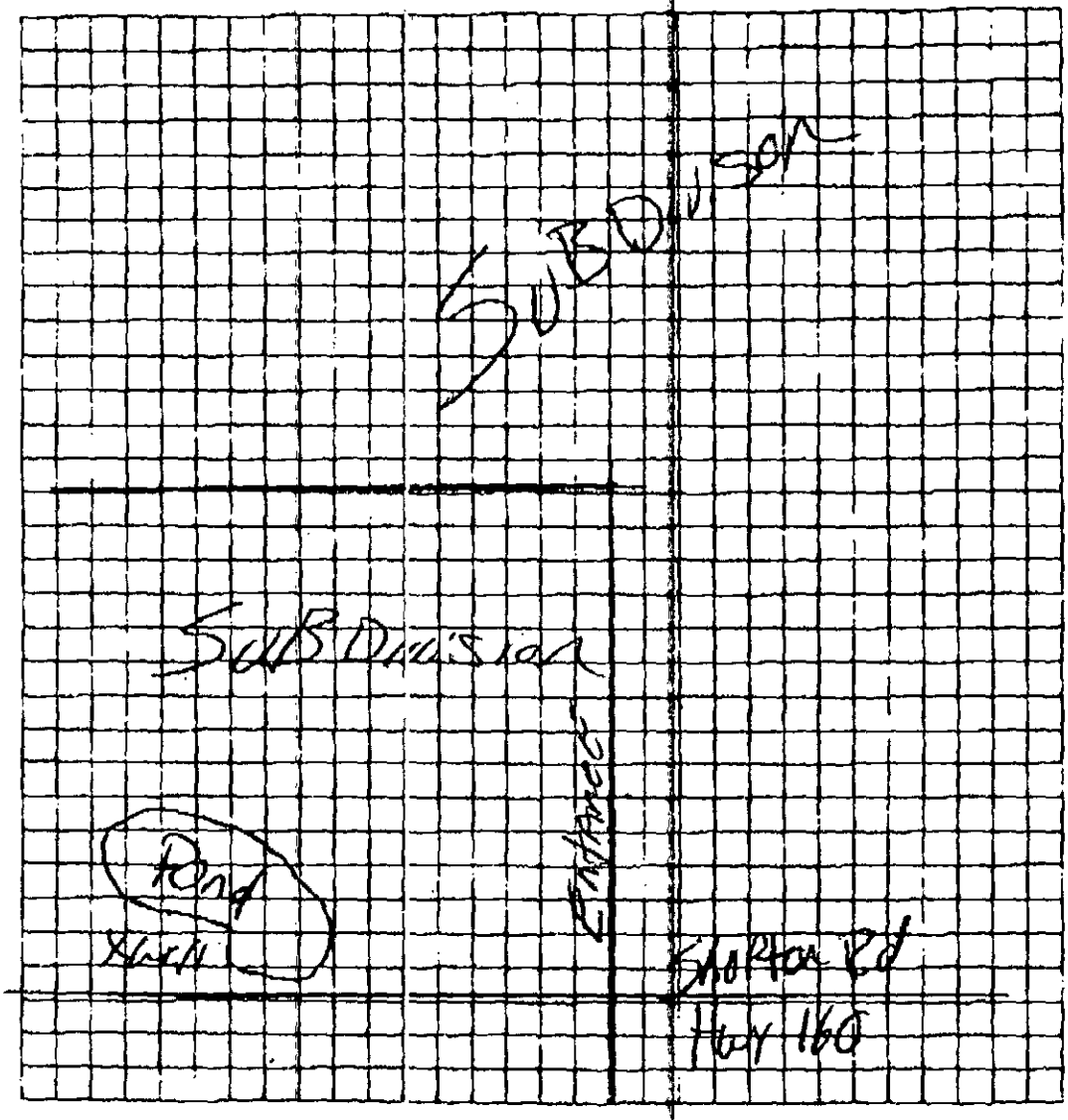
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

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) 336-8804

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: Allison Price DL Mullis Well
Date: 10-3-05

North Carolina – Department of Environment and Natural Resources – Division of Water Quality – Groundwater Section – 1636 Mail Service Center – Raleigh, NC 27699-1639 – Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR D.L MULLIS
WELL CONTRACTOR CERTIFICATION # 2036

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

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: IEGA CAY County MECKLENBURG
15616 Steele Creek Rd.
(Road Name and Number, Community, Subdivision, Lot No.) ____ Quadrangle No.

3. OWNER: DR Horton Homes

4. ADDRESS: 1100 South Tryon St. Ste 110

5. TOPOGRAPHY: draw, slope, hilltop, valley flat
(circle one)

6. TOTAL DEPTH: 150' DIAMETER 6"

7. CASING REMOVED: NO

feet	diameter
90'	6"

. DISINFECTION: 4 pts.
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 8	bags of cement ____
gallon of water 50	gallons of water ____

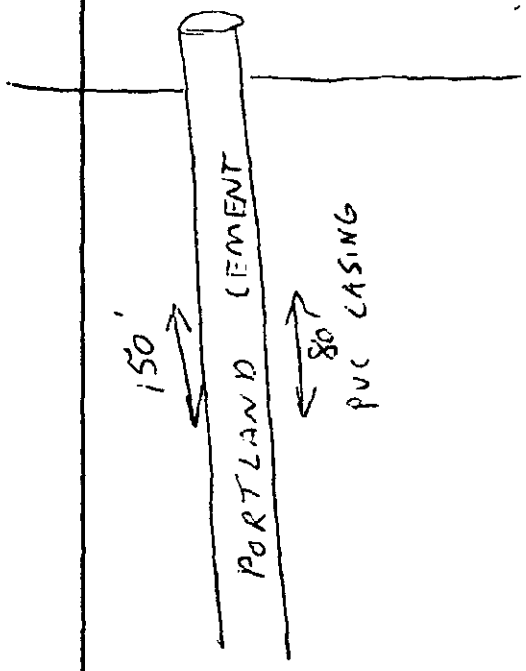
Other
Type material ____
Amount ____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

Pumped with tremie

11. DATE WELL ABANDONED 7-26-05

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



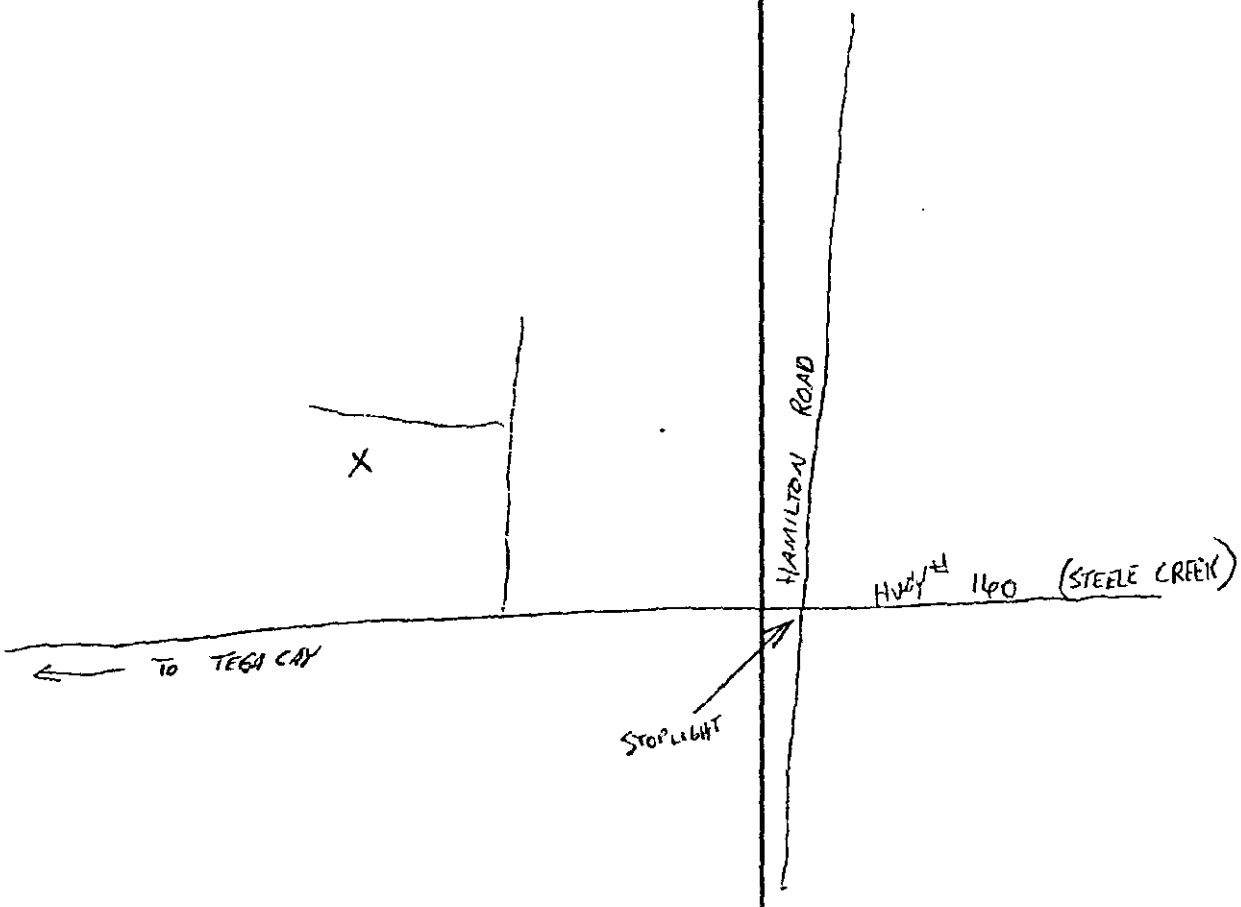
I do hereby certify that this well was abandoned in accordance wit 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Kelvin Bell Date 7-27-05

WELL LOCATION: Draw a location sketch on the reverse of this sheet,. showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW – 30 Revised 12/99


X
HAMILTON ROAD
HWY 160 (STEELE CREEK)
TO TEGA CAY
STOPLIGHT

Visa
$400.00 6/6/05 VAN

Permit #71

[redacted]

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

GWS – RES. APP 12/04

[redacted]

FILE # 6027B

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 21909123

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LOT #:

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☑ 0-MECKLENBURG ☐ 4-PINEVILLE

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

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EASEMENTS OR RIGHT-OF-WAYS	☑ YES ☐ NO		GRADING/SOIL REMOVAL PERFORMED	☑ YES ☐ NO	

PROPERTY OWNER:

NAME: DR Horton Homes

ADDRESS: 1100 South Tryon Street Ste 100

CITY: Charlotte

STATE: NC ZIP: 28203

HOME PHONE: WORK PHONE: 374.1687

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling

ADDRESS: PO Box 691446

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: 545-5694 WORK PHONE: 545-5694

MOBILE PHONE: 361-7615 FAX: 545-9449

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

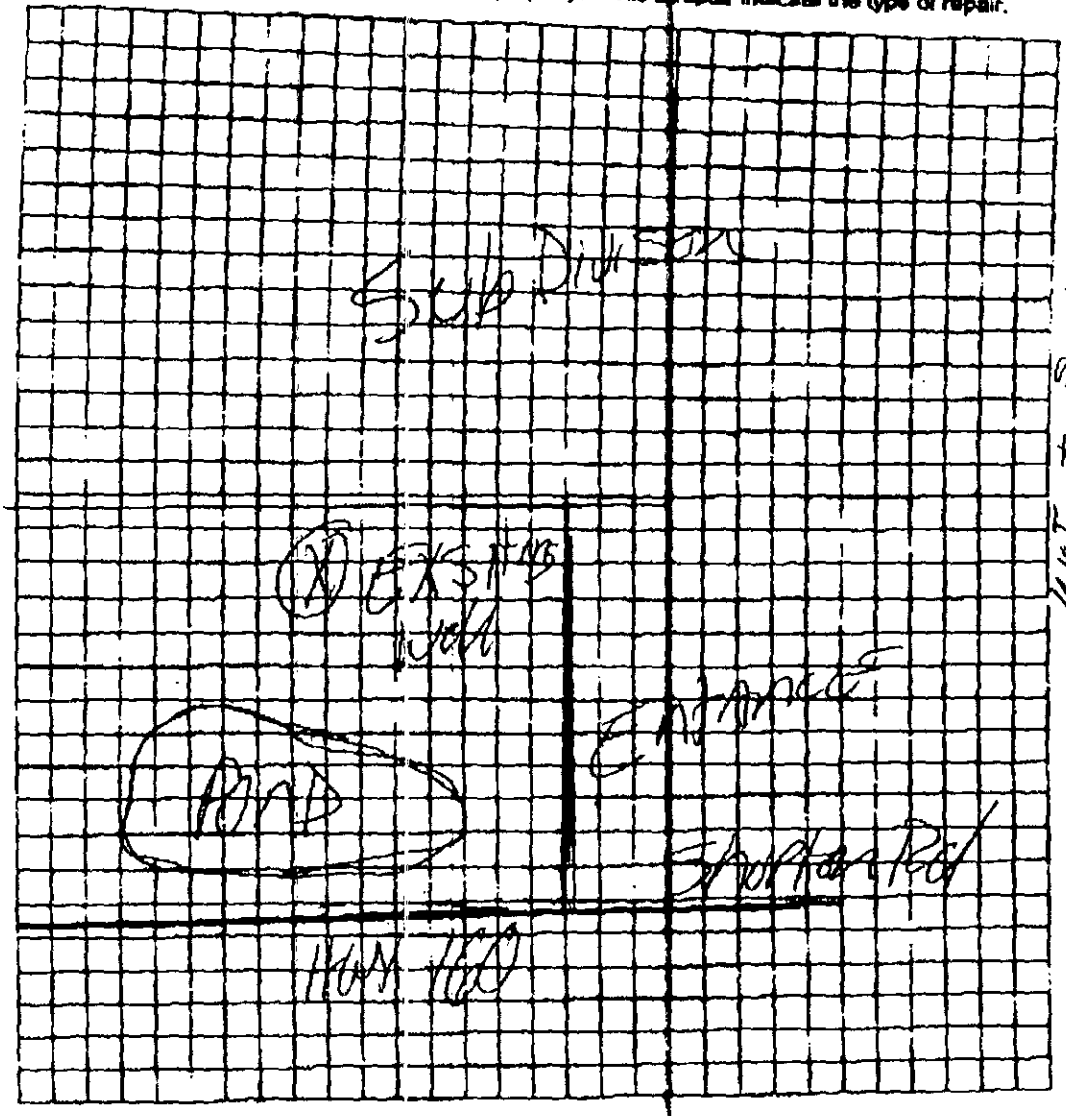
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

Mecklenburg County
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File #_____
Date_____

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Owner/Agent Signature Addison Phil DL Mullis Well
Date 6-3-05

LBC 12/15/04

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) John Mullis CERTIFICATION # _____

WELL CONTRACTOR COMPANY NAME DL Mullis Well Drilling PHONE # 704 545 5694

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 IRRIGATION

2. WELL LOCATION: Nearest Town: Charlotte County Mecklenburg
15616 Steele Creek Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting ☐Ridge ☐Slope ☐Valley ☐Flat (check appropriate box)

Latitude/longitude of well location _____ (degrees/minutes/seconds)

Latitude/longitude source: ☐GPS ☐Topographic map (check box)

3. OWNER: DR Horton Homes
Address 1100 South Tryon St Ste 100 (Street or Route No.)
Charlotte NC 28203
City or Town State Zip Code
(704) 374-1687
Area code- Phone number

4. DATE DRILLED 7-27-05

5. TOTAL DEPTH: 400'

6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑

7. STATIC WATER LEVEL Below Top of Casing: 30 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): 60 METHOD OF TEST AIR

10. WATER ZONES (depth): 120' 280'
295 - 310'

11. DISINFECTION: Type HTH Amount 1-PT

12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 56	Ft.	6 5/8	25#	PVC
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 55	Ft.	Cement	pumped
From	To	Ft.		

14. SCREEN:

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

15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

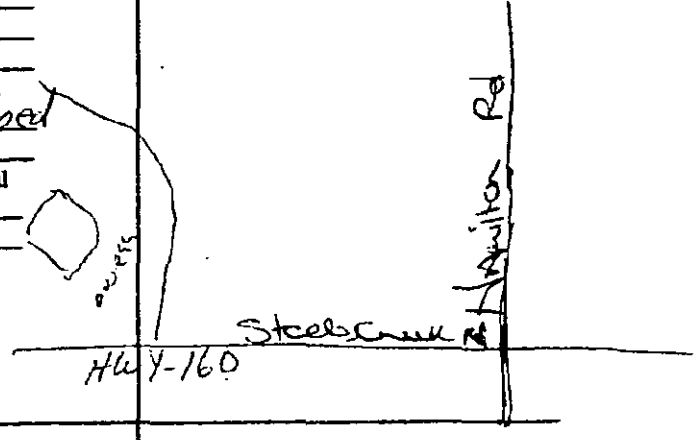
16. REMARKS: _____

DRILLING LOG

From	To	Formation Description
0	20'	Red Clay
20'	56'	Clay Slate
56	200'	Rigid White Granite
200 - 400'		Same

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.



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

John M. Mullis 7-27-05
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: D.R. Horton Homes
Address: 15616 Stelle Creek Rd
Charlotte, NC **Zip:** 28203
County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: Joshua R. Seller
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Collected By: J.R. SELLERS **Date:** 10/11/2006 **Time:** 2:00:00 PM
Location of sampling point: Well Tap
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	10/12/2006
Nitrate as N	<1.0	mg/l	10/12/2006

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 6.0 °C
Date Received: 10/12/2006 **Report Date:** 10/27/2006 **Reported By:** Debbie Moncol
Today's Date: 10/27/2006 **Reference:** 13419 **Login Batch** 06100027 **Sample Number:** AB48413

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

CHARLOTTE.

Laboratory Analysis Report
Report Date: 9/29/2006 02:47 PM

LABORATORY SERVICES DIVISION

LOCATION: GWO-15616, 15616 Steele Creek
LOC ID: G-PRIV
SAMPLE DATE-TIME: 9/26/2006 15:40
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06092616

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB87546	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	9/27/2006 8:32	NVR
AB87546	**Total Coliform**	**Absent**	**P/A**		SM 9223B	9/27/2006 8:32	NVR

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 15616 Steele Creek Rd. Charlotte

LAB CODE (circle one): REAL (PRIV) NEW TNC MPL PME OTHER

Send Report To: Meck Co. GWS
700N Tryon St. Ste. ~~205~~ 211
Charlotte, NC 28202

COC#: 060926165213

Sampled By (Print Name): Chris Sherrill, RS

SAMPLE ID	Sample Collector's initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS- 15616	CS	9/26/06 1540 PM		N	18.2°C				X		100 ml		2 1						X		X												
				N																													
				N																													
				N																													
				N																													

B8754

NOTES: *Complete yellow shaded sections; each "X" needs to be circled.*

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Christopher M Sherrill		9/26/06	1055 ~~1645 PM~~ (ED)
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
			062606
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)