

4311 KUYKENDALL RD

22709602

WELL INFORMATION ONLY IN FILE

7/8/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 13666 WASPS App #: 1333

Primary ES assigned to project: Debra Howell

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 ☑			

Items requiring correction/modification: 0

Comments:

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 ☐	

Items requiring correction/modification: 0

Comments:

Application received date: 9/5/06 ES assigned date: 9/6/06 Permit issued date: 9/12/06

Well approval date: 11/6/06 Number of days to complete project: 29

Review performed by: _____ Date performed: 11/15/06

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10001333 **Tax Parcel #:** 227-096-02
Property Owner: FRED & MARY C GROTOPHORST
Job Location Address:4311 KUYKENDALL RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28270
Permit Issuance Date: 9/12/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Type of Repair/Abandonment

- ● Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ○ Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: YES

If Yes, see requirements in Specific Conditions of This Permit.

General Conditions of This Permit:

- The Water Supply Well repair and abandonment 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.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- 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)

Other Conditions of This Permit:

Debra Howell
Authorized Agent: Print Name

Debra Howell
Signature:

Fred & Mary C Grotophorst
Owner/Legal Agent: Print Name

Fred Grotophorst
Signature: Mary C Grotophorst

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- ☐ Other (See Below)

Other Conditions of This Permit:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

File#: _____ Permit#: _____

Well Activity Checklist

1. Application & Well Siting

Date

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

2. Onsite Inspection

Observed	Driller		
☐	☐	Valid permit on site with registered well driller	_____
☐	☐	Required setbacks satisfied, approved location per permit	_____

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 19.3°C _____
- ☐ Vented, sanitary well cover in place _____
- ☐ Access port in place _____
- ☐ Sample tap between pump and pressure tank properly constructed _____

4311 Kukendall
Carolina Well Drilling
Date Completed 11-1-1978
Depth 130 ft.
Casing Depth 88 ft.
Diameter 6.5"
Static Water Level 30
yield @ 6 GPM

Petey + Richard

Well Activity Checklist Continued

Well Disinfection: **Date**

- ☐ 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. Approval

- ☐ Well construction form (GW-1) on file _____
- ☐ Well construction approval granted _____
- ☐ Well construction approval denied _____

5. Additional Comments / Observations

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

GWS Inspector (Print Name)

_____ _____

GWS Inspector (Signature) Date

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/3/2006 10:12 AM

LABORATORY SERVICES DIVISION

LOCATION: G-1333
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/31/2006 13:25 CHAIN OF CUSTODY #: 061031132906
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB91438	E. COLI-PA	Absent	P/A		SM 9223B	11/1/2006 9:15	MKV
AB91438	Total Coliform- P/A	Absent	P/A		SM 9223B	11/1/2006 9:15	MKV

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

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	4311 Kukendall Rd., Charlotte, NC 28270
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 061031132906
Sampled By (Print Name)
Debra Howell

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	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
G-1333 AB91438	DH	10-31-06 12:25pm	N/A N/A	N	NA	8.2				X	100ml		2						X		X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite
Metals: Itemize the individual metals requested here -
For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.
Blue is for lab use only
Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	Tamara Muller	10/31/06	13:26

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/2/2006 04:28 PM

LABORATORY SERVICES DIVISION

LOCATION: G-1333
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/31/2006 12:25
CHAIN OF CUSTODY #: 061031133736
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB91439	**NITRATE**	**2.7**	**mg/L**	0.25	EPA 353.2	10/31/2006 15:15	EWN
AB91439	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	10/31/2006 14:34	EWN

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

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

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

COC# CL10311337.36

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	4311 Kukendall Rd., Charlotte, NC 28270
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

Sampled By (Print Name)
Debra Howell

AB91439

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	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	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-1333	DH	10-31-06 12:25pm	N/A N/A	N	19.3	[redacted]				X	500 ml		1			X				[redacted]	X	
G-1333	DH	10-31-06 12:25pm	N/A N/A	N	19.3	[redacted]				X	125 ml		1	X								X
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																
						[redacted]																

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include:

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell	Tommie Mullen	10/31/06	13:24

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

Internal Use Only:
- ☐ Registration
- ☐ Disinfection

Initials: _____

Date: _____

Well has already been registered with Mecklenburg County Groundwater & Wastewater Services:
☐ Yes ☐ No

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services
Well Registration & Disinfection Notification Form for MINOR Repairs

Well Registration

Type of well: ☒ Private water supply well ☐ Public water supply well

Well being registered by:
☐ Homeowner ☐ Representative ☐ Consultant ☐ Tenant ☒ Well Driller ☐ Legal agent for property owner

Well Location:
Address 4311 Kaykendall Rd.
City Charlotte
State NC Zip 28270

Property Owner Information:
Name: Mary Grotophorst
☒ Same address as well location address
Address _____
City _____
State _____ Zip _____

Contact Information:
Name Carolina Well Drilling
Phone1 704-764-9085 Phone2 _____
E-mail _____

Well Information:

Drinking water wells currently in use on this property:	✓	Drinking water wells NOT currently in use on this property:	
Irrigation wells currently in use on this property:		Irrigation wells NOT currently in use on this property:	✓
Geothermal wells currently in use on this property:		Geothermal wells NOT currently in use on this property:	✓
Other wells currently in use on this property:		Other wells NOT currently in use on this property:	✓
Homes/businesses connected to this well:		# Persons drinking well water daily:	2

Property Use:
☒ Single-family dwelling ☐ Multi-family dwelling ☐ Business ☐ Other
☐ Do you have concerns about your water?
☐ Do you want to have your water tested?

Disinfection Notification

Well Contractor / Pump Installer responsible for work performed: _____
Well Contractor / Pump Installer phone number: _____
Type of repair work performed: Installed Liner
Date repair work completed: 10-11-06 Date well disinfected: 9-19-06

[signature]
Authorized Agent's Signature #3342

10-11-06
Date

Return completed form to: Mecklenburg County /Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

100.00 9/5/06 check #3534 JKA #1333 1978 PSW

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

FILE # 136666

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 227-096-02
STREET ADDRESS: 4311 Kuykendall Rd
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 9-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: 2500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

COPY

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: Fred + Mary C Grotophorst
ADDRESS: 4311 Kuykendall Rd
CITY: Charlotte
STATE: NC ZIP: 28270
HOME PHONE: 704-846-4312 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: ~~Fred + Mary C Grotophorst~~
ADDRESS
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.

Fred Grotophorst
Mary C. Grotophorst 9-1-06
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 Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

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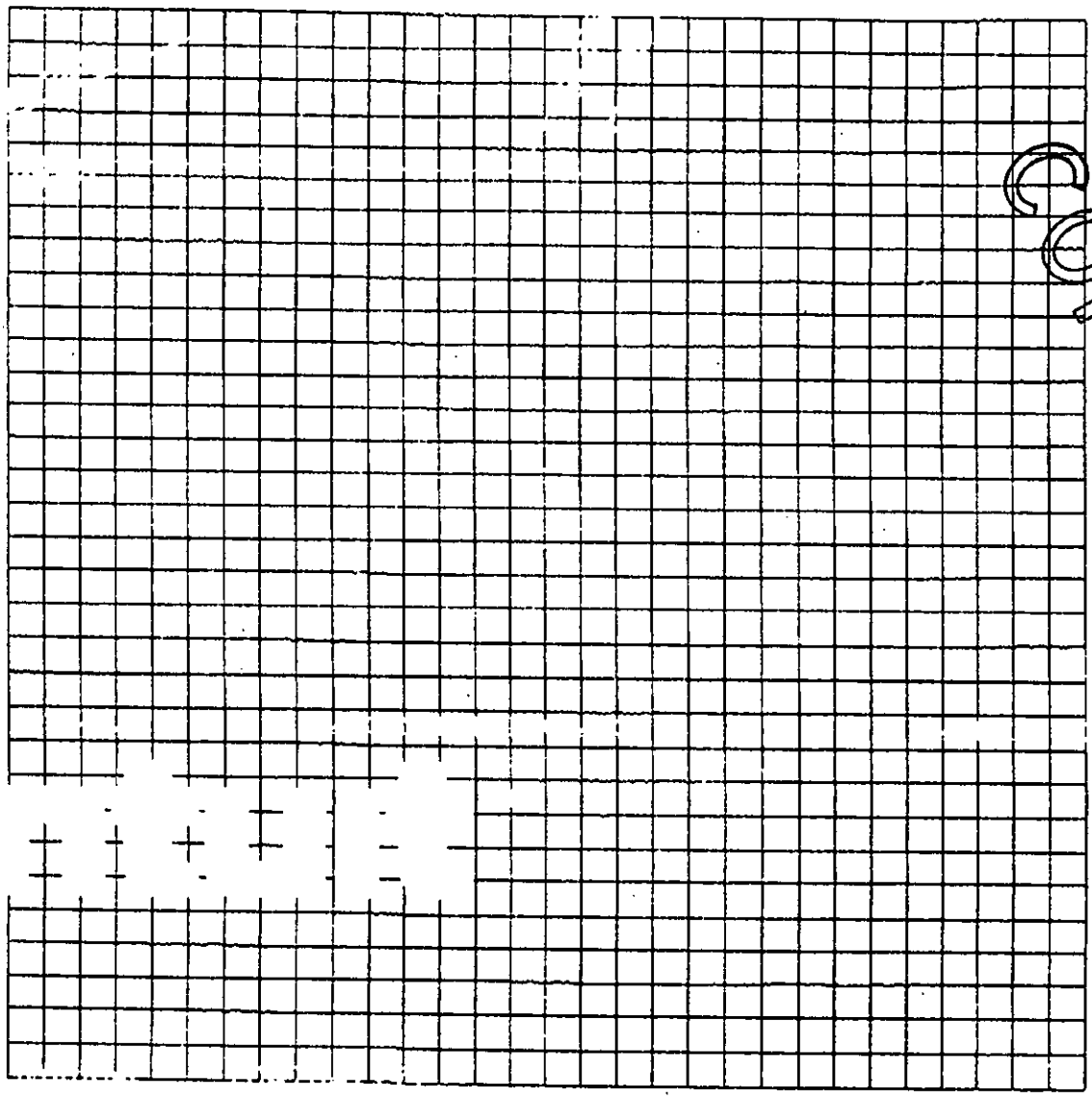
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 # 136666
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 is a repair indicate the type of repair.



COPY

Owner/Agent Signature
Date

LBC 12/15/04

100.00 9/5/06 check #3534 JKA #1333 1978

[redacted]

GWS – RES. APP 12/04

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

[redacted]

FILE # 136666

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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: Fred + Mary C Grotophorst

ADDRESS: 4311 Kuykendall Rd

CITY: Charlotte

STATE: NC ZIP: 28270

HOME PHONE: 704-846-4312 WORK PHONE: ——

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: ~~Fred + Mary C Grotophorst~~

ADDRESS

CITY:

STATE: ZIP:

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

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Fred Grotophorst

Mary C Grotophorst 9-1-06
Owner's/Agent's Signature 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 Date

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

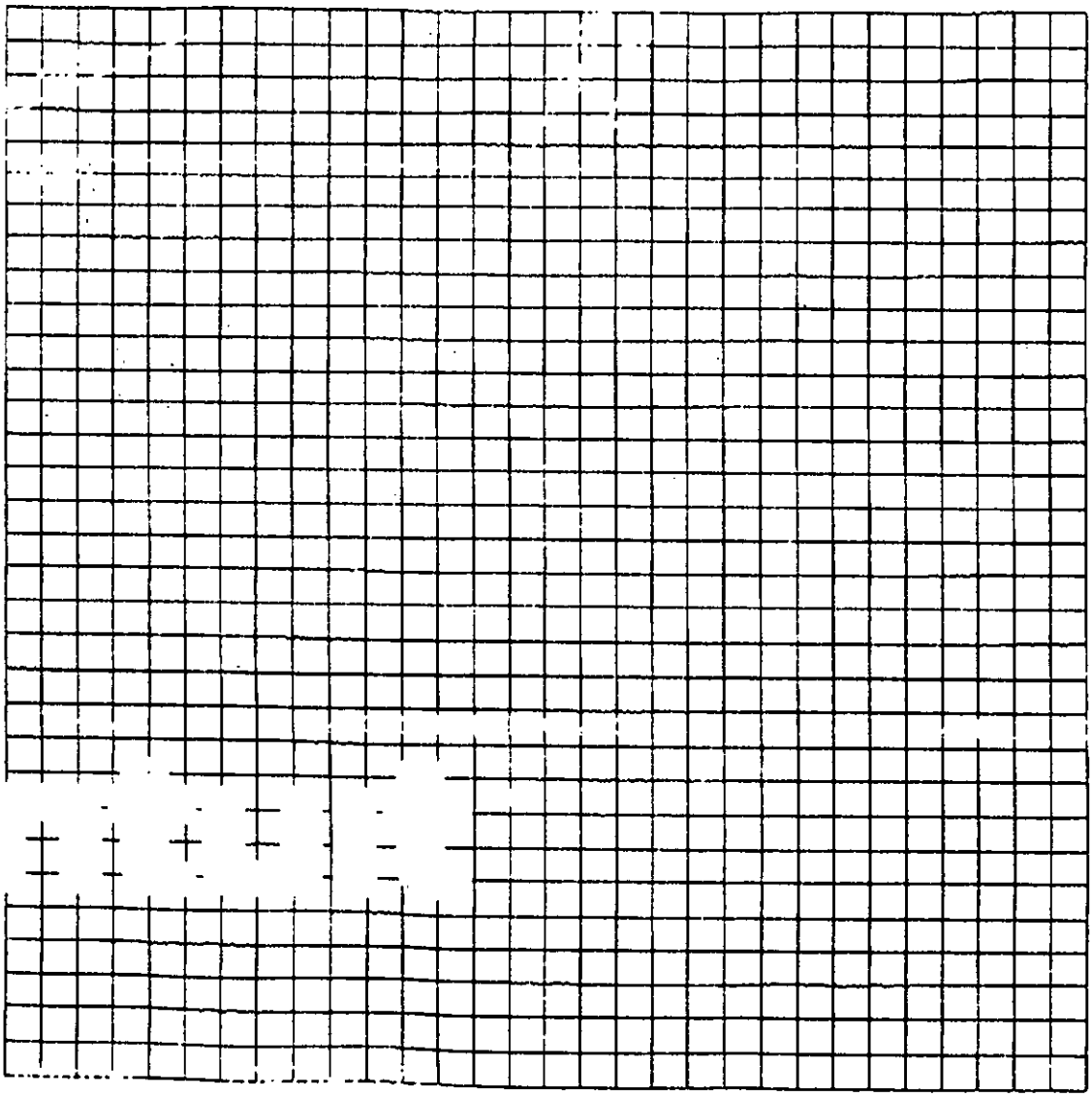
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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) 336-8894

File # 136666
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 is a repair indicate the type of repair.



Owner/Agent Signature
Date