

12024 BAILEY RD

00713107

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

********** -COMM. JOURNAL- ********** DATE MAY-31-2007 ***** TIME 10:07 *********

MODE = MEMORY TRANSMISSION START=MAY-31 10:04 END=MAY-31 10:07

FILE NO.=014

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	☎	97048924705	003/003	00:02:09

-MECKLENBURG CO GWS -

********** - - ***** - 704 336 6894- **********

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
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: B+K Well Drilling Fax #: 704-892-4705

Phone #: _____

From: Jack Stutts Date: 5/31/07

Number of pages transmitted: 3 (including coversheet)

Comments: Please sign both permit and plot plan. Fax back to GWS at 704-336-6894

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

Please fax to

B & K

(704) 892-4705

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 CONSTRUCT A WATER SUPPLY WELL

Permit #: 10002343 **File #:** 7154B **Tax Parcel #:** 007-131-07
Property Owner: BOB MAYHEW
Job Location Address: 12024 BAILEY RD
City/ETJ: CORNELIUS **State:** NC **Zip Code:** 28031
Permit Issuance Date: 5/31/2007
Use of Well: Irrigation
Type of Facility Served by Well: Other Residential
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 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.
- 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 Micholas, R.S.
Authorized Agent: Print Name

Jeremy Micholas, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

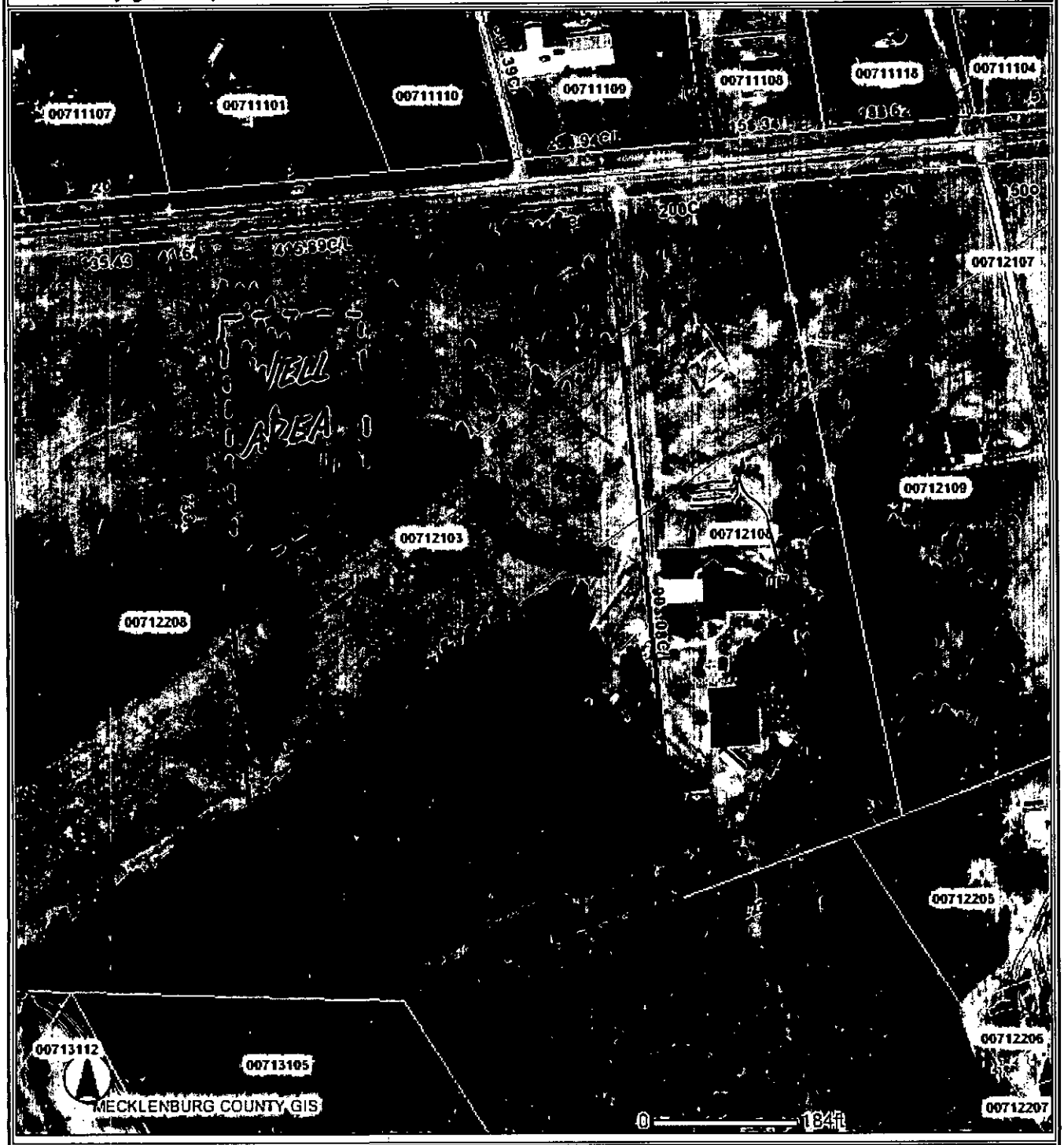
FILE # 7154B
PERMIT # 2343
007-131-07

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu May 31 09:14:53 EDT 2007



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

WELL PERMIT APPROVED 5/31/07

Jimmy Mitchell, R.S. 5/31/07

X

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7154B WASPS App #: 2343

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: Kim Garrett

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: _____

Comments: 5/31/07 - Please Fax permit and plot plan to applicant for signature JLS

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: _____

Comments:

Application received date: 5/25/07 ES assigned date: 5/25/07 Permit issued date: 5/31/07

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: _____

JPM

7378

FILE NUMBER: 7154B

Revised On: January 3, 2007

APPLICATION NUMBER: 2343

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 400.00
DATE: 5/25/07 Rec

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 007 121 03
STREET ADDRESS: 12024 Bailey Rd
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
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
[redacted] ☐ OTHER Irrigation for Pasture
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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 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

10. PROPERTY OWNER:

NAME: Bob MATHEW
ADDRESS: 12320 Bailey RD
CITY: Cornelius N.C. 28031
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 634-8241 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

he information in this application is falsified, changed, or the site is altered, en the Improvement Permit and Authorization to Construct shall become alid. I have read this application and certify that the information provided rein is true, complete and correct. Authorized county and state officials are anted right of entry to conduct necessary inspections to determine mpliance with applicable laws and rules. I understand that I am solely sponsible for the proper identification and labeling of all property lines and rners and making the site accessible so that a complete site evaluation can performed. The permit is valid for either 60 months or is non-expiring pending upon the documentation submitted: complete site plan = 60 nths, complete plat = non-expiring.

operty Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

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 certif 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 12 months from the date of issuance.

Bob C Mat 5-18-07

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

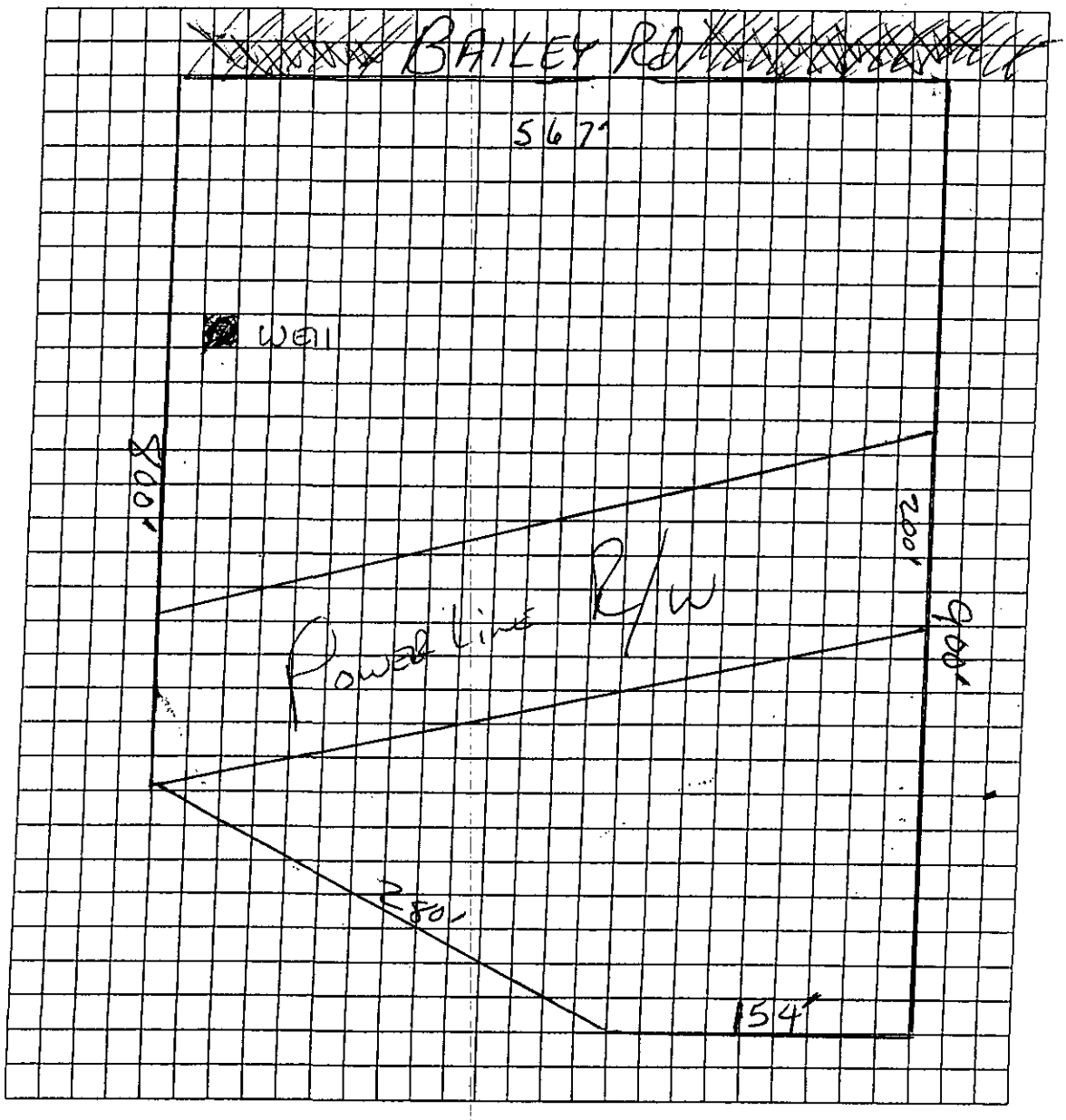
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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 # 7154B
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 Kelly Mayhew
Date 5-18-07

Parcel #00712103
Addrs 2024 Bailey Rd

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

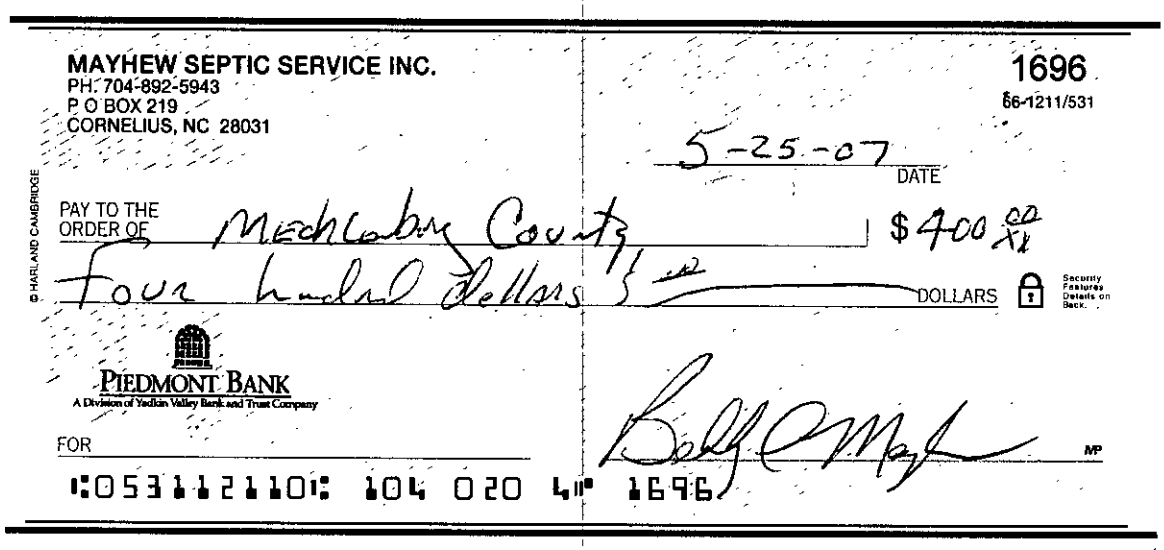
Receipt Information

Date:	05/25/07	**Amount:**	400.00
Receipt #:	50956	**Tendered:**	400.00
Check / Auth #:	CHECK 1696	**Returned:**	400.00
Received By:	MULLIVR		

Account Information

Account #: 200000
Contractor: MAYHEW SEPTIC SERVICE, INC
Attn:
Address: PO BOX 219
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New PN 00712103/12024 BAILEY RD		1	400.00	400.00



MAYHEW SEPTIC SERVICE INC.
PH: 704-892-5943
P O BOX 219
CORNELIUS, NC 28031

1696
56-1211/531

5-25-07
DATE

PAY TO THE ORDER OF Mecklenburg County $400.00

Four hundred Dollars

DOLLARS

Security Features Details on Back.

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PIEDMONT BANK
A Division of Yadkin Valley Bank and Trust Company

FOR

MP

⑆053112110⑆ 104 020 4⑈ 1696

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
120.00					