


6501 STEPHENS RD

01310119

8/22/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 19753 WASPS App #: 3452

Primary ES assigned to project: Kim Gimeff

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 ☐ | | | |

Comments: 4/29/08 - Please Fax For signature

# Items requiring correction/modification: _____

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: 7/6/09 - well sealed and covered, NO power NO Pump. House vacant & For sale

# Items requiring correction/modification: _____

Application received date: 4/15/08 ES assigned date: _____ Permit issued date: 4/29/08

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

Review performed by: _____ Date performed: 7/30/09

FILE NUMBER: 19753

SEPTIC FEE: _____
DATE: _____

Revised On: August 31, 2007 TC

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

APPLICATION NUMBER: 3452

WELL FEE: 400
DATE: 4/15/08

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

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

CK 1072

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 013-101-19
STREET ADDRESS: 6501 Stephens Rd
CITY: Huntersville, NC
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 1940
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:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5
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):

8A. RANK: ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

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 |

10. PROPERTY OWNER:

NAME: LKN Property
ADDRESS: 237 Tramway dr Box 4470
CITY: Stateline
STATE: NV ZIP: 89449
HOME PHONE: 7048949721 WORK PHONE:
MOBILE PHONE: 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? 5/2/08

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property 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 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 12 months from the date of issuance.

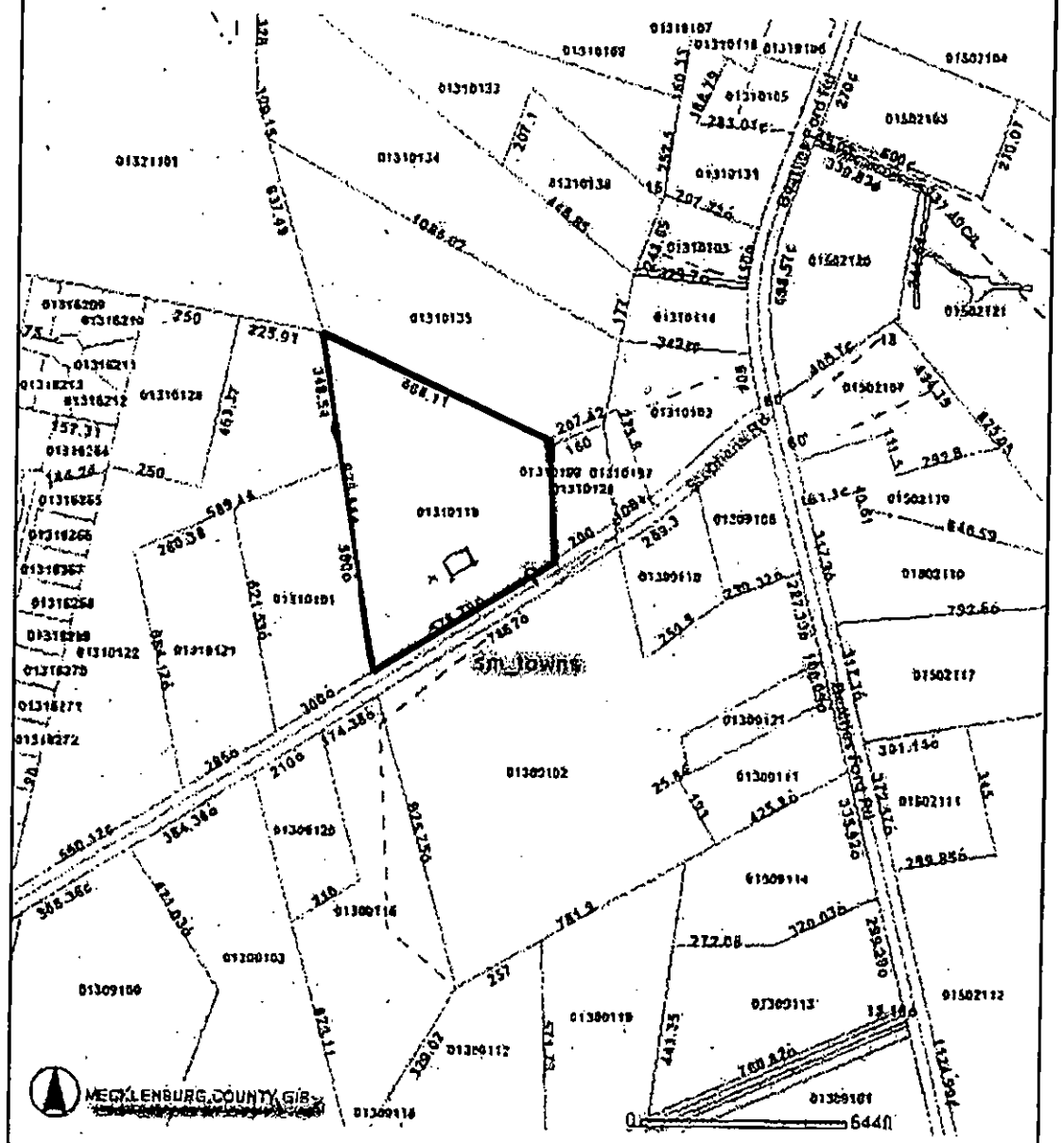
Property Owner's or Owner's Legal Representative Signature Date

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

LKN Prop/Am. Comm. Bank
File No. 0064hm07

# SITE PLAN

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Borrower or Owner | LKN Properties, LLC(R. Butler) | | | | | | |
| Property Address | 6501 Stephens Rd | | | | | | |
| City | Huntersville | County | Mecklenburg | State | NC | Zip Code | 28078 |
| Lender or Client | American Community Bank | | | | | | |



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 #:** 10003452 **File #:** 19753 **Tax Parcel #:** 013-101-19
**Property Owner:** LKN PROPERTY
**Job Location Address:** 6501 STEPHENS RD
**City/ETJ:** HUNTERSVILLE **State:** NC **Zip Code:** 28078
**Permit Issuance Date:** 4/29/2008
**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 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:**

Kim Garrett, RSI
Authorized Agent: Print Name

Kim Garrett, RSI
Signature:

Owner/Legal Agent: Print Name

Signature:

Sign Here

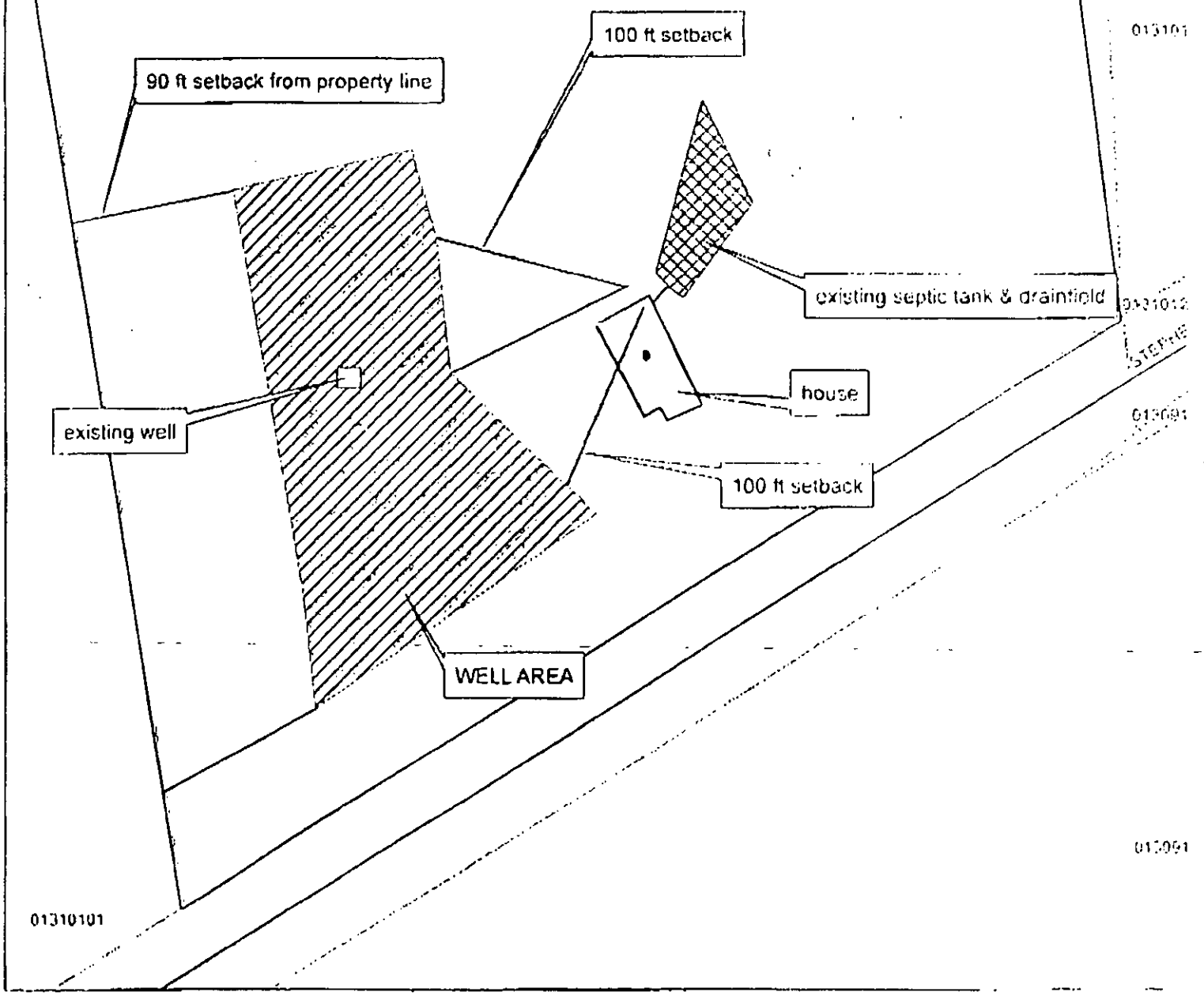
**Well Permit # 1003452**

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:
- 10' from property boundary
- 25' from building foundations
- 100' from public sewer line/septic tank, drainfield and repair areas
- 50' from surface water bodies,

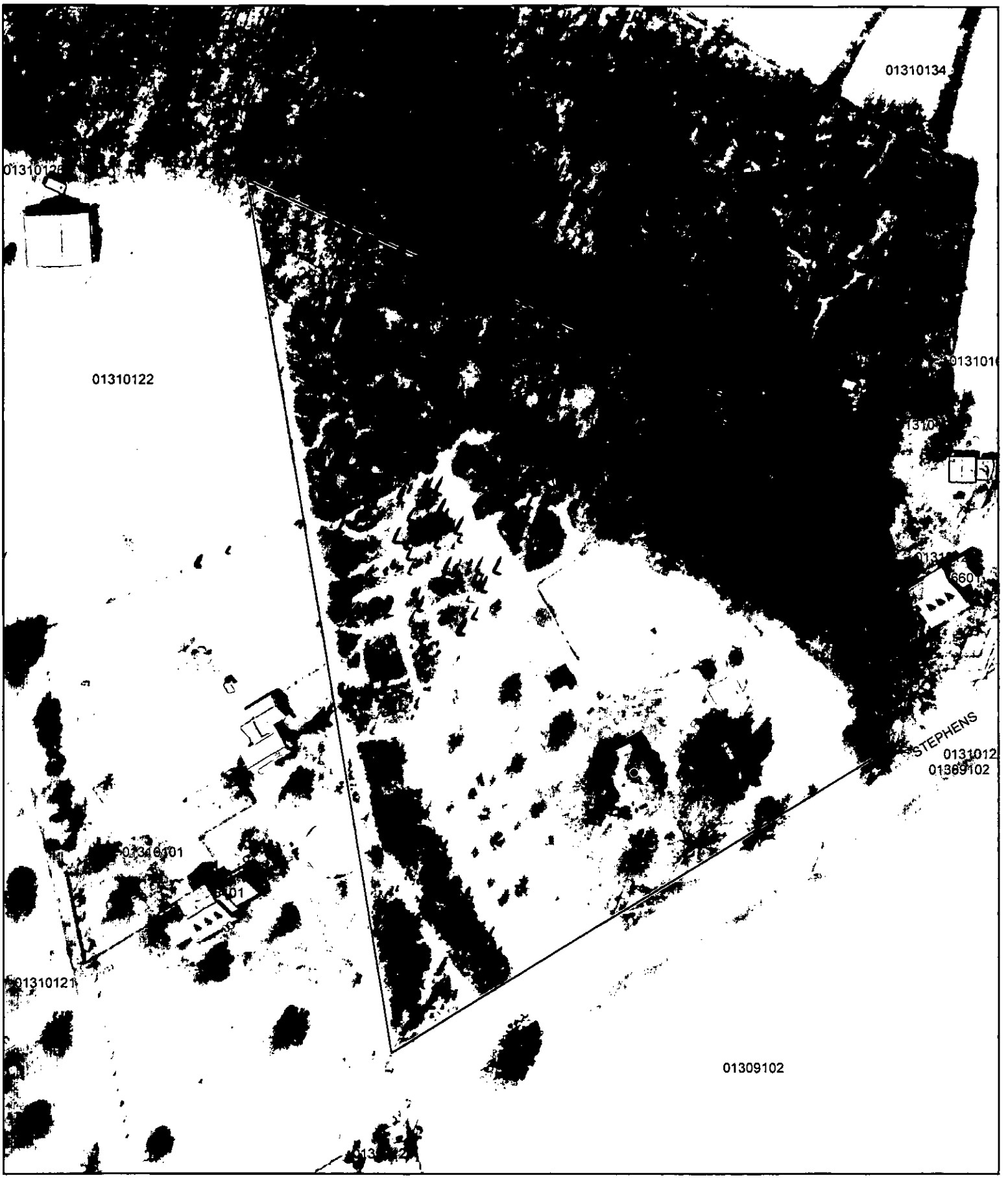
and shall not be located in any SWIM Buffer, easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kim Kincaid Date: 4/29/08

Owner/Legal Agent: _____ Date: _____ Sign Here




PID #013-101-19
File: # 19753


01310134
01310122
STEPHENS
01309102

**Well Permit # 1003452**

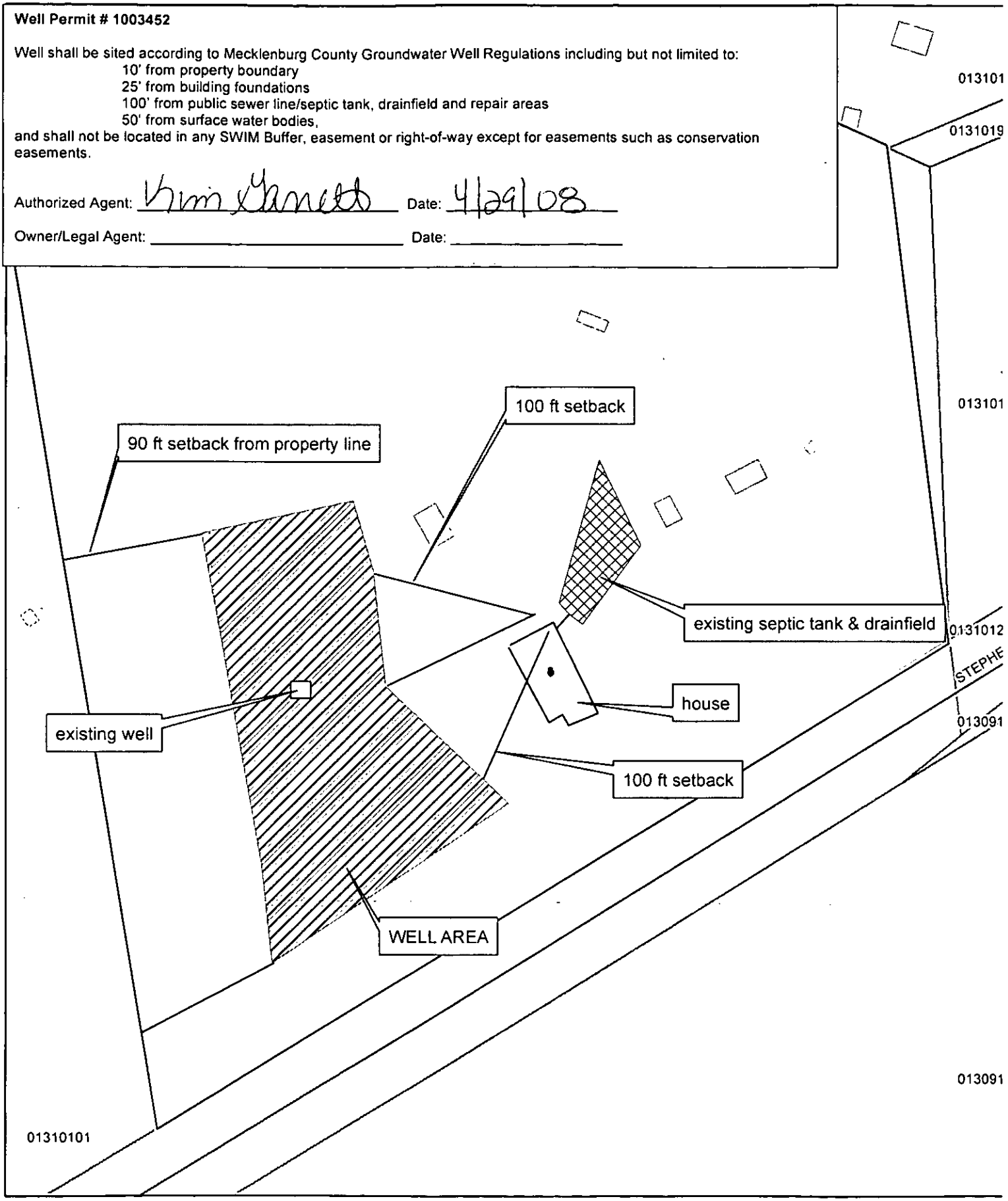
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50' from surface water bodies,

and shall not be located in any SWIM Buffer, easement or right-of-way except for easements such as conservation easements.

Authorized Agent: Kim Garrett Date: 4/29/08

Owner/Legal Agent: _____ Date: _____




PID #013-101-19
File: # 19753

# RESIDENTIAL WELL CONSTRUCTION RECORD

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

file # 19753
App # 3452 KG

**WELL CONTRACTOR CERTIFICATION #** 2901

**1. WELL CONTRACTOR:**

CHAD HARTNESS
Well Contractor (Individual) Name

AIR DRILLING, INC
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE | NC | 28625
City or Town | State | Zip Code

(704) 872-7614
Area code- Phone number

**2. WELL INFORMATION:**

**SITE** WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

**DWQ** or OTHER PERMIT #(if applicable)

**WELL USE** (Check Applicable Box): Residential Water Supply ☒

**DATE DRILLED** 5-20-08

**TIME COMPLETED** 3:00 AM ☐ PM ☒

**3. WELL LOCATION:**

CITY: HUNTERSVILLE COUNTY MECKLENBURG

6501 STEPHEN RD.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35°24.377
LONGITUDE 80°55.774
May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map
*(location of well must be shown on a USGS topo map and attached to this form if not using GPS)*

**4. WELL OWNER**

OWNER'S NAME DR. RASHID BUTTAR

STREET ADDRESS 9630 JULIA CLARK AVE

HUNTERSVILLE | NC | 28078
City or Town | State | Zip Code

( ) -
Area code - Phone number

**5. WELL DETAILS:**

a. **TOTAL DEPTH:** 365 FT

b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☒

c. **WATER LEVEL** Below Top of Casing: 30 FT.
(Use "+" If Above Top of Casing)

d. **TOP OF CASING IS** 1 1/2 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. **YIELD (gpm):** 20 **METHOD OF TEST** AIR

f. **DISINFECTION: Type** HTH **Amount**

g. **WATER ZONES** (depth):

| | | | |
|---|---|---|---|
| From 349' | To 350' | From | To |
| From | To | From | To |
| From | To | From | To |

**6. CASING:**

| | Depth | | Diameter | Thickness/ Weight | Material |
|---|---|---|---|---|---|
| From 0 | To 85 | Ft. | 6" | | GALV |
| From | To | Ft. | | | |
| From | To | Ft. | | | |

**7. GROUT:**

| | Depth | | Material | Method |
|---|---|---|---|---|
| From 0 | To 20 | Ft. | GROUT | POURED |
| From | To | Ft. | | |
| From | To | Ft. | | |

**8. SCREEN:**

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

**9. SAND/GRAVEL PACK:**

| Depth | | | Size | Material |
|---|---|---|---|---|
| From | To | Ft. | | |
| From | To | Ft. | | |
| From | To | Ft. | | |

**10.** DRILLING LOG

| From | To | Formation Description |
|---|---|---|
| 0' | 80' | DIRT |
| 80' | 365' | ROCK |

**11. REMARKS:**

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.

Chad Hartness — 5/20/08
SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE

(CHAD) HARTNESS
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

**Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.**

Form GW-1a
Rev. 7/05