

1409 RIVERSIDE DR

03116117

10/7/09

thomatc

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

16816 DH

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES 4009

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 03116117
STREET ADDRESS: 1409 Riverside DR
CITY: Charlotte
STATE: NC ZIP: 28204
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): .17
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:
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 SEPTIC 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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

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

☒ N/A ☐ 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 (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
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES ☒ NO
WASTE STORAGE	☐ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: Bryan Hartney
ADDRESS: 120 North College St
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: 704 332 3622
WORK PHONE:
MOBILE PHONE: 770 361 1797
FAX: 339-5204

13. OWNER'S LEGAL REPRESENTATIVE IF APPLICABLE:

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-5894

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 labelling 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 twelve (12) months from the date of issuance.

BH (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Bryan Starkey
Property Owner's or Owner's Legal Representative Signature

12/12/08
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 16816

APPLICATION ID NUMBER ASSIGNED: 4009

COMMENTS:
Currently on city sewer + water
per conv fw/CMUD 12/12/08

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103, FAX: 704-336-6094

THIS IS TO CERTIFY THAT ON THE 24 DAY OF APRIL 20 07 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOW 30 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

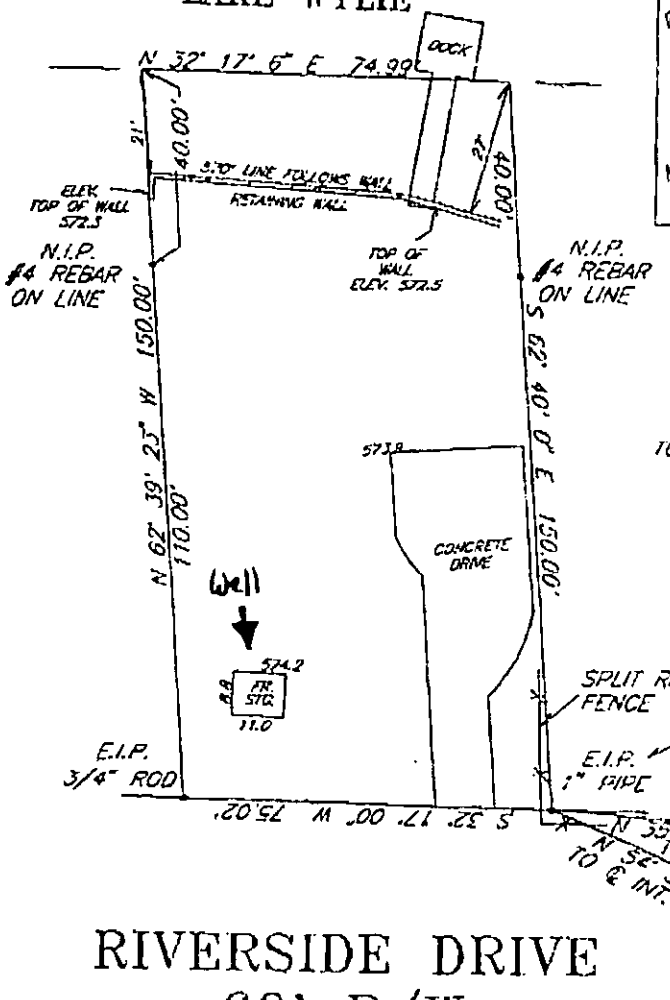
REVISED 11-28-2007

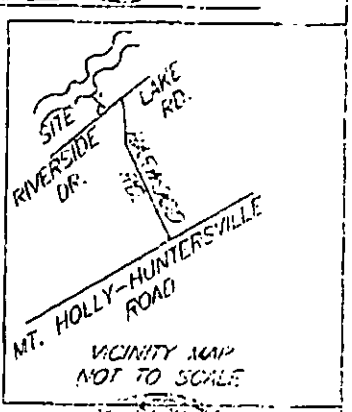
SIGNED _____

DAVID W. DICKSON, P.A.
3535 S. NEW HOPE RD.
GASTONIA, N.C. 28056
(704) 824-0889

REF. D.B. 13046-868-870

CATAWBA RIVER
LAKE WYLIE







TOTAL AREA BY DMD
11,209 S.F.
OR
0.2573 ACRES

RIVERSIDE DRIVE
60' R/W

NOTE:
The survey which resulted in this plat used only the record information noted hereon and makes no certification as to title or ownership of any parcels shown. Other documents may exist that would affect these parcels. Declaration is made to the original purchaser of the survey. This survey is not transferable to additional institutions or owners and is invalid without an original emboss.

NOTE:
LAKE LEVEL 11-21-07
ELEVATION 565.0
LAKE LEVEL MANAGEMENT

SURVEY OF:
PROPERTY AS SHOWN

CHARLOTTE, N.C.

THE PROPERTY OF EUGENE L. WALLS GARY SIKES / BRIAN HARRIS

SCALE 1"=30'

MAP BOOK _____ PAGE _____

DEED BOOK 13046 PAGE 868

FLOOD CERTIFICATION
THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED 2-04-2004
3711900123E

9069

TAX CODE: 03116117 FB 70 COMP. NO. 07069

Mecklenburg County
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#: 10004009 **File #:** 16816 **Tax Parcel #:** 031-161-17
Property Owner: Bryan Hartney
Job Location Address: 1409 RIVERSIDE DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 12/15/2008
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

- The Water Supply Well repair or 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 R.S.
Authorized Agent: Print Name

Debra Howell R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

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#: 10004009 **File #:** 16816 **Tax Parcel #:** 031-161-17
Property Owner: Bryan Hartney
Job Location Address: 1409 RIVERSIDE DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 12/15/2008
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: NO

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

General Conditions of This Permit:

- The Water Supply Well repair or 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:

704-392-5704
Lassiter Well Co

Debra Howell R.S. — Authorized Agent: Print Name
Debra Howell R.S. — Signature:

BRYAN HARTNEY — Owner/Legal Agent: Print Name
Bryan Hartney — Signature:
Lassiter Jr.



Imaging Solutions and Services, Inc

The following is a

Poor Original

The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up parameters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

WELL ABANDONMENT RECORD — WELL CONSTRUCTOR: Lassiter Well Co.
WELL CONTRACTOR CERTIFICATION NUMBER: 2267

1. WELL USE (Check Applicable Box): Residential ☒ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Heat Pump Water Injection ☐ Other ☐ (Specify)

2. WELL LOCATION: (Show a sketch of the location below)
Nearest Town: Charlotte — County: Mecklenburg
1409 Riverside Dr — 031-161-17
Road Name and Number, Community, Subdivision, Lot No. — Parcel No.

3. OWNER: Bryan Harney

4. ADDRESS: 1409 Riverside Dr

5. TOPOGRAPHY: (Draw, Slope, Hilltop, Valley, Flat)

6. TOTAL DEPTH: 60' (Boring) DIAMETER: 2"

7. CASING REMOVED:
4' feet — 2" diameter

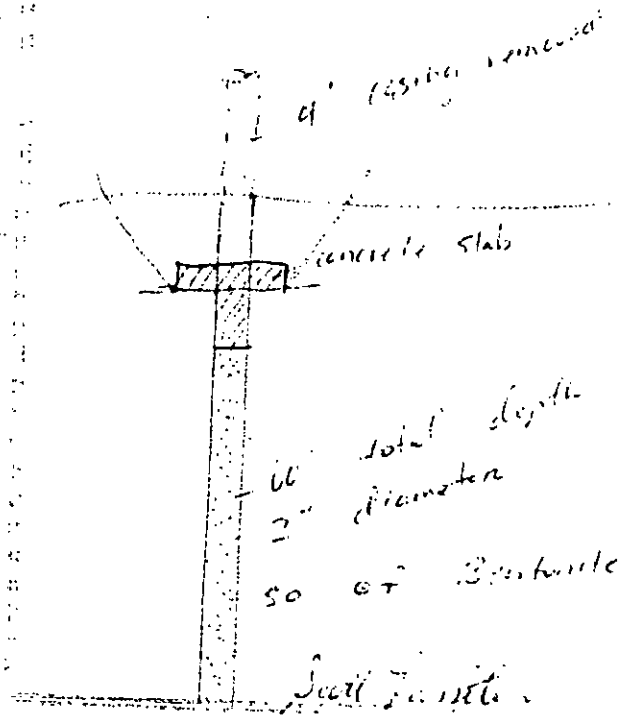
8. DISINFECTION: 1 lb 11% (Amount of 70% hypochlorite used)

9. SEALING MATERIAL:
Neat Cement: bags of cement: 2; gallons of water: 5
Sand Cement: bags of cement: ; gallons of water: 8
Other: Type material: Bentonite; Amount:

10. EXPLAIN METHOD EMPLACEMENT OF MATERIALS: Poured Bentonite then top poured cement and cap by top of casing

11. DATE WELL ABANDONED: 1-14-09

12. WELL DIAGRAM: Draw below a diagram of well showing total depth, depth and screens remaining in the well, and intervals of casing perforations, and types of fill material used



I do hereby certify that this well was abandoned in accordance with [illegible] standards, and that a copy of the record has been [illegible] the well owner.

Signature of person abandoning the well: Bryan Harney — Date: 1-15-09

WELL LOCATION: Draw a location sketch on the reverse of this form, showing the direction of the well to at least two (2) nearby reference points such as [illegible] streets. Identify roads with state highway road identification [illegible].

Submit original to the Division of Water Quality, Groundwater Section, one copy to the [illegible] within 30 days of completion of abandonment.

App 4009
File 16816
OH