

16301 GREENFARM RD

00912601

5/22/07

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 4707A WASPS App #: 625

Primary ES assigned to project: Jeremy Michelone

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: _____

Comments: Well granted variance for use as irrigation well only due to chronic total coliform.

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: 3/4/06 ES assigned date: 3/4/06 Permit issued date: 4/7/06

Well approval date: 10/19/06 Number of days to complete project: _____

Review performed by: [signature] Date performed: 5/7/07

Mail to:
Paul M Johnson
16301 Greenfarm RD
Huntersville NC 28078

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 OCT 19 10:49 AM
BK:21228 PG:295-297 FEE:$17.00
INSTRUMENT # 2006217944
2006217944

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources

Notice of Non-Potable Supply Well

Mecklenburg County Groundwater & Wastewater Services has reviewed information concerning the well located at 16301 Greenfarm Road, Huntersville, North Carolina. This information includes the application submitted by Paul M. and Dorothy P. Johnson, water quality data, the North Carolina Department of Environment and Natural Resources (NCDENR) well construction record (Form GW-1a), and, a site visit to inspect the well head and view down-hole video conducted by NCDENR for the visual inspection of the referenced well. Based on the information verified by our office,

- the proposed use of the well is irrigation;
- the well is only connected to a lawn sprinkler system and the residence on the referenced address utilizes Charlotte-Mecklenburg Utilities for potable water;
- the well consistently contains total coliform bacteria;
- total coliform bacteria has not been eliminated by repeated chlorination;
- well construction with respect to casing installation meets the standards of the Mecklenburg County Groundwater Well Regulations (the Regulations); and,
- the major water producing fracture intercepted by the well is located approximately four feet below the end of casing.

Based on this information GWS staff has drawn the following conclusions:

- water produced by the referenced well is not of potable quality;
- the presence of total coliform bacteria is not the result of faulty casing installation; and,
- sealing of the major fracture as a means to eliminate total coliform bacteria from the well would result in reduced flow to the well, such that it would be useless for its intended purpose.

Chapter II, Section V (A) 4 of the Regulations states that "the water supply well shall not be used as a source of drinking water supply until such time as water samples collected from the well indicates that the well is of potable quality."

In order to achieve compliance with the above sited Section the referenced well may not be used as a source of drinking, washing, or cooking water and the following items must be completed within thirty days of receipt of this notice:

- this Notice of Non-Potable Water Supply Well must be notarized and recorded with the register of deeds;
- a copy of the recorded Notice must be provided to GWS; and,
- a label, supplied by GWS, identifying the well as non-potable must be permanently affixed to the well head.

The status of this well as a non-potable supply well must be disclosed to any and all prospective buyers of the property and the requirements will carry over with the sale of the property.

North Carolina

Mecklenburg COUNTY

I, Sharon J. Hubbard, a Notary Public for said County and State, do hereby certify that Paul M. Johnson personally came before me this day and acknowledged that he is the owner of 16301 Greenfarm Road, Huntersville, NC and acknowledge the due execution of the foregoing instrument.

WITNESS my hand and official seal, this the 18 day of Oct., 2006.

Sharon J. Hubbard
Notary Public (signature)

SHARON J. HUBBARD NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

My commission expires 7/23/ 2010.

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration:	**10/19/2006 10:49 AM**
Book:	**RE 21228 Page: 295-297**
Document No.:	**2006217944**
	N/INT 3 PGS $17.00
Recorder:	**SERENA ROSS**

2006217944

8-31-06 Telephoned Mr. Johnson. Left a message requesting permission to use down hole camera on Tuesday September 5, 2006 @ 10:00 am. Telephoned driller B+K Well. Talked with april. She said she could send Alfred Kiesling Jr. from B+K on Tuesday. Waiting on call from Mr. Johnson. Talked to Mr. Johnson. Everything is ok for that date.

Irrigation well

Paul + Dorothy Johnson

H - 704 . 876 . 8126

O . 704 892 . 1197

M . 704 . 564 . 0101

OVA-126-01

Am 625

4707A

CHARLOTTE.

Laboratory Analysis Report
Report Date: 8/22/2006 04:17 PM

LABORATORY SERVICES DIVISION

LOCATION: 16301Green farm Rd
LOC ID: G-NEW
SAMPLE DATE-TIME: 8/17/2006 14:15
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06080436

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB83391	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	8/17/2006 15:18	NVR
AB83391	**Total Coliform**	**present**	**P/A**		SM 9223B	8/17/2006 15:18	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

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

CHAIN OF CUSTODY RECORD

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	16301 Greenfarm Rd., Huntersville, NC 28078
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#: 060804136

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-625	DH	3-17-06 2:15 pm	N/A N/A	N	NA	1.0				X	100 ml		1						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		3/17/06	1450

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

Paul "Mike" Johnson

* (C) 704 564-0101

(H) 704 896-8126

well cannot be Fixed

water source at easy end

i

if sealed - no water

what's Bobcats take on

2C - not a potable water source

deed recordation

CHARLOTTE
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 7/13/2006 04:51 PM

LABORATORY SERVICES DIVISION

LOCATION: G-625 16301 GREENFARM RD
LOC ID: G-NEW
SAMPLE DATE-TIME: 7/10/2006 14:30 CHAIN OF CUSTODY #: 06070120
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB78884	E. COLI-PA	absent	P/A		SM 9223B	7/11/2006 8:36	KEK
AB78884	Total Coliform	present	P/A		SM 9223B	7/11/2006 8:36	KEK

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

B+K
704-892-4696
Alfred

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	16301 Greenfarm Rd., Huntersville, NC 28078
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#: 06070120

Sampled By (Print Name)
Debra Howell

AB78884

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-625	DH	7-10-06 2:30pm	N/A N/A	N	NA	9.2				X	100 ml		1						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		7/10/06	1675

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: 6/27/2006 08:56 AM

LABORATORY SERVICES DIVISION

LOCATION: G-625
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/21/2006 11:30
CHAIN OF CUSTODY #: 06060521
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB77079	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/22/2006 8:47	KEK
AB77079	**Total Collform**	**present**	**P/A**		SM 9223B	6/22/2006 8:47	KEK

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

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

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	16301 Greenfarm Rd., Huntersville, NC 28078
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#: 6666 6521

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-625	DH	6-21-06 11:30am	N/A N/A	N	NA					X	100 ml		1						X		X

137079

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		6/21/06	1420

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: 6/13/2006 02:43 PM

LABORATORY SERVICES DIVISION

LOCATION: G-625
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/8/2006 11:30
CHAIN OF CUSTODY #: 06060182
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB75523	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	6/8/2006 13:45	NVR
AB75523	**Total Coliform**	**present**	**P/A**		SM 9223B	6/8/2006 13:45	NVR

Comment: Total Coliform: Lab equipment failure. Samples were not maintained at the required incubation temperature for the full incubation period.

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:	16301 Greenfarm Road, Huntersville, NC 28078
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#:

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-625	DH	6-8-06 11:30am	N/A N/A	N	NA					X	100 ml		1						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			
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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-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:	16301 Greenfarm Road, Huntersville, NC 28078
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#:

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: Nitrate	Nitrite
G-625	DH	6-8-06 11:30am	N/A N/A	N						X	500 ml		1			X					X	
G-625	DH	6-8-06 11:30am	N/A N/A	N						X	125 ml		1	X								X

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			
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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: 6/27/2006 01:02 PM

LABORATORY SERVICES DIVISION

LOCATION: G-625
LOC ID: G-NEW
SAMPLE DATE-TIME: 6/8/2006 11:30
CHAIN OF CUSTODY #: 06060183
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB75524	**NITRATE**	**0.12**	**mg/L**	0.05	EPA 353.2	6/9/2006 14:15	EKN
AB75524	**NITRITE**	**<0.05**	**mg/L**	0.05	EPA 353.2	6/9/2006 9:05	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

CLIENT:	Mecklenburg County, LUESA - Groundwater & Wastewater Services
FACILITY:	Groundwater (Potable Water)
ADDRESS:	16301 Greenfarm Road, Huntersville, NC 28078
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#: 0606 6183

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: Nitrate	Nitrite
A375524																						
G-625	DH	6-8-06 11:30am	N/A N/A	N	15.1°	4.1				X	500 ml		1			X				V	X	
G-625	DH	6-8-06 11:36am	N/A N/A	N	15.1°					X	125 ml		1	X								X

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		6/8/06	1305
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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

J.M.

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3271 009-126-0 lot 35 4707A

1. WELL CONTRACTOR:
Joseph Bailey
Well Contractor (Individual) Name
B & K well Drilling Inc.
Well Contractor Company Name
STREET ADDRESS 132 mt Mourne Dr
Mocksville NC 28117
City or Town State Zip Code
(704)- 892-4696
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 10000625
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 4-20-06
TIME COMPLETED 3:30 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Huntersville COUNTY Meck.
16301 Green Farm Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 3 N/A
LONGITUDE N/A
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 Mike Johnson
STREET ADDRESS 16301 Green Farm Rd.
Huntersville, NC 28078
City or Town State Zip Code
( )
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 265
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 26 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1.5 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): 7 METHOD OF TEST Switch

f. DISINFECTION: Type Cal Hypo Amount 1 lb.

g. WATER ZONES (depth):
From 149 To 150 From ____ To ____
From 251 To 258 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth	Diameter	Thickness/ Weight	Material
From	0 To 165	Ft. 4 1/4	SDR 21	PVC
From	To	Ft.		
From	To	Ft.		

7. GROUT:

	Depth	Material	Method
From	0 To 20	Ft. Concrete	Pour
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	165	Red clay and Sandy soil
165	265	Granite

11. REMARKS: Well For Irrigation

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.

Joseph Bailey 4-20-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Joseph Bailey
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-1b
Rev. 7/05

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 #: 10000625 **File #:** 4707A **Tax Parcel #:** 009-126-01
Property Owner: PAUL M & DOROTHY P JOHNSON
Job Location Address: 16301 GREENFARM RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 4/7/2006
Use of Well: Irrigation
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:

Jeremy Michelove, R.S.
Authorized Agent: Print Name

Jeremy Michelove, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

PERMIT # 10000625 FILE # 4707A T.C. # 009-126-01

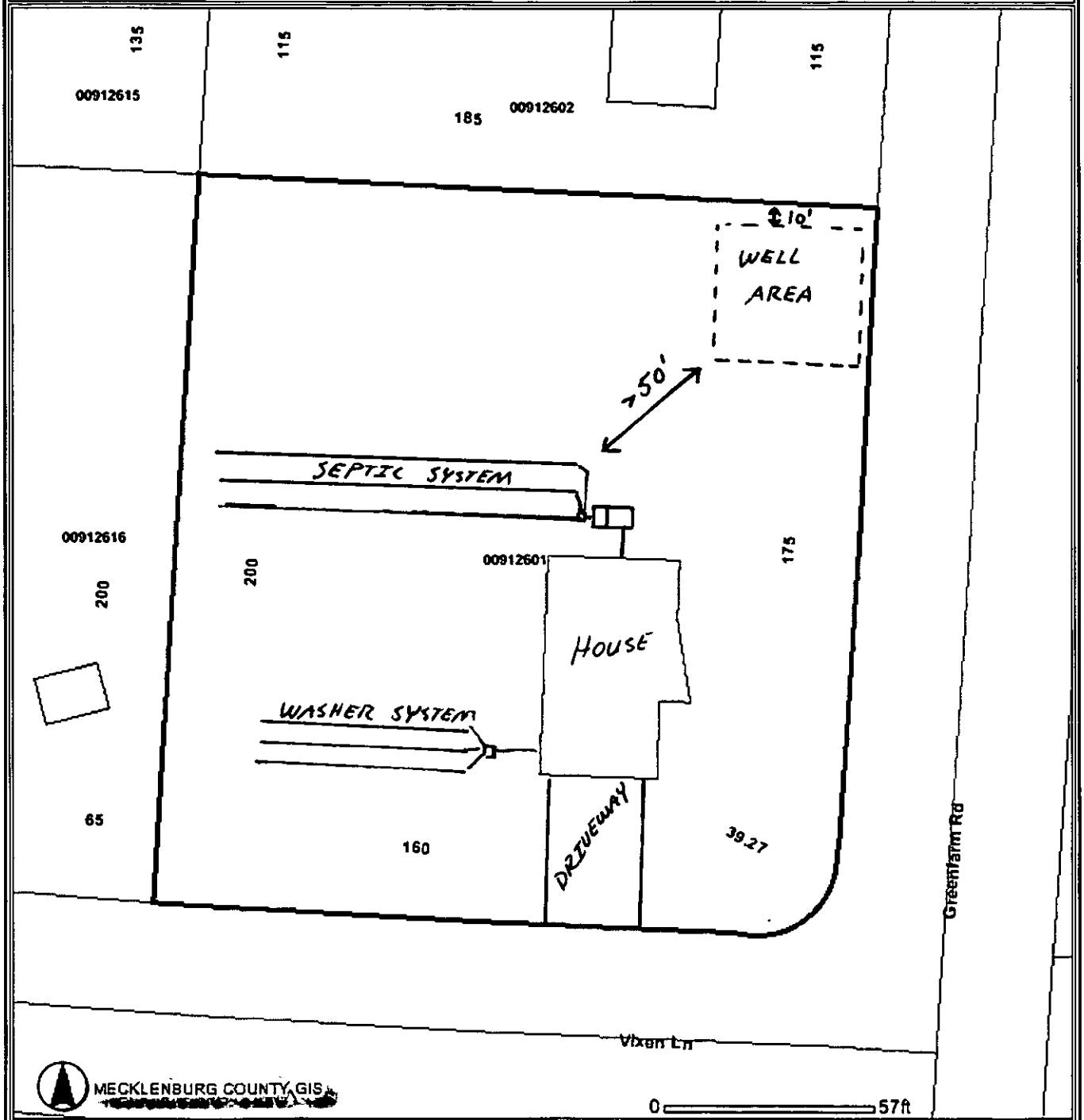
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri Apr 7 10:06:04 EDT 2006

16301 Greenfarm Road



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.

Jimmy Mullis, R.S. 4/7/06

#625

GWS – RES. APP 07/05

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

SEPTIC FEE: 0
DATE:
CRT [ ]

WELL FEE: 400.00
DATE: 3/4/06
CRT [ ] Check 9458 JKA

FILE # 47D7A

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 009-126-01
STREET ADDRESS: 16301 GREENFARM RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: GREENFARM
LOT #: 35
TOWNSHIP:

☐ 0-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: 2800
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

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 (Irrigation)	☒ YES	☐ NO
EXISTING WASTEWATER SYSTEMS (Septic)	☒ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: Paul M & Dorothy P Johnson
ADDRESS: 16301 GREENFARM RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: 704 896-8126 WORK PHONE: 704 892-1197
*MOBILE PHONE: 704 564-0101 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY: N/A
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10-1989

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.

Paul M Johnson 4-4-06
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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Paul M Johnson 4-4-06
Owner's/Agent's Signature Date

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

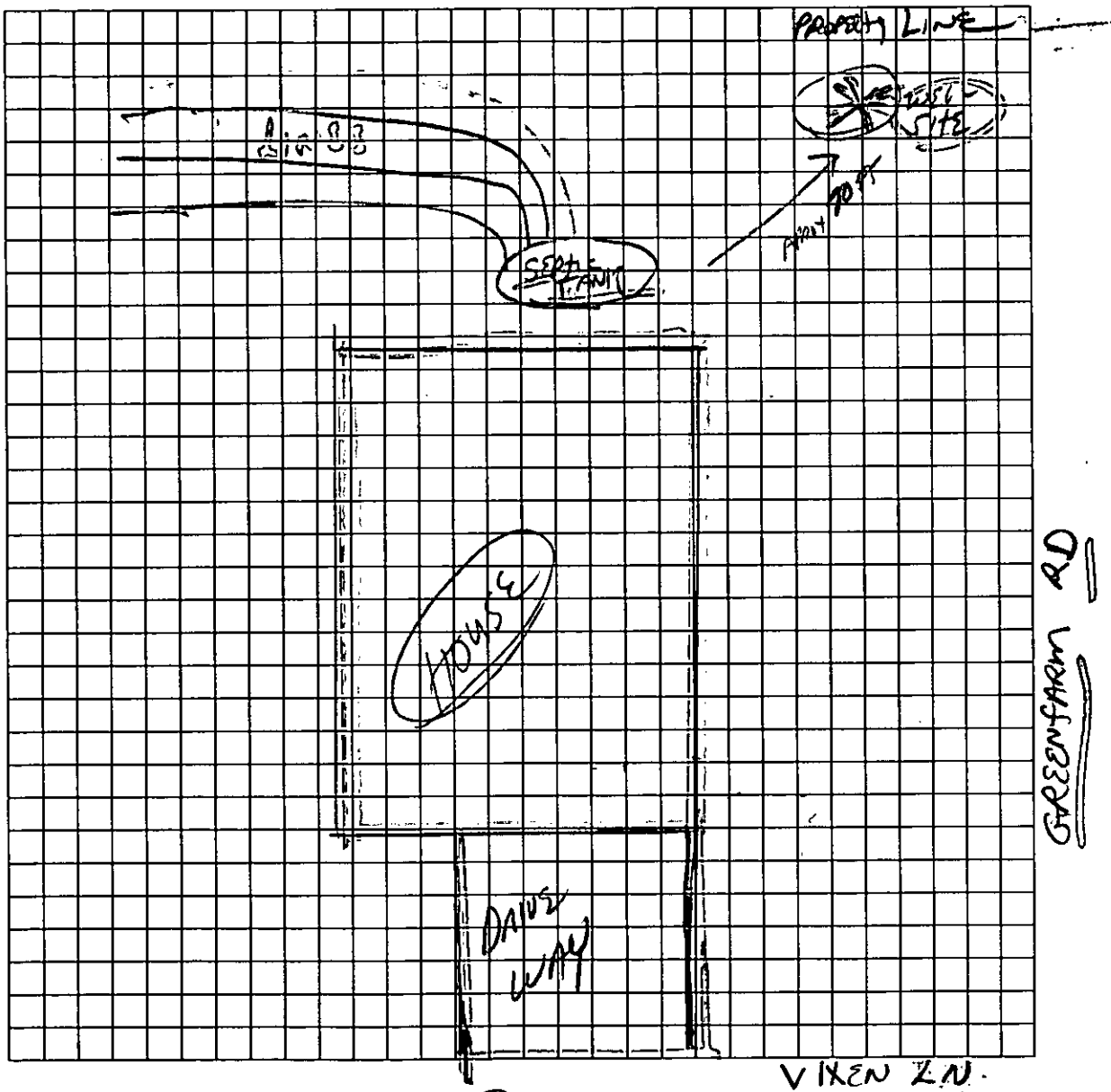
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 4707A
Date _____

PAUL M JOHNSON
16301 GREENFARM RD
HUNTERSVILLE NC 28078

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 Paul M Johnson

Date 4-4-06

LBC 12/15/04