

8001 DENBUR DR

11112232

6/5/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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8693

Cedarbrooke

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # _____

1. WELL CONTRACTOR:
John M. Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704-5455694
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 10-13-05
TIME COMPLETED 10-13-05 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck
8001 Denbur Drive
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other _____
(check appropriate box)
LATITUDE 35 13.532 N
LONGITUDE 80 46.178 W
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 Charles Cormier
STREET ADDRESS 8001 Denbur Dr
Charlotte NC 28227
City or Town State Zip Code
704-537-4523
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 225'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 38 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 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): 6 METHOD OF TEST AIR

f. DISINFECTION: Type HTH Amount I-Pt

g. WATER ZONES (depth):
From 145 To 165 From _____ To _____
From 180 To 195 From _____ To _____
From _____ To _____ From _____ To _____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 136	Ft.	6 7/8	.125	P.V.C.
From _____	To _____	Ft.			
From _____	To _____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Cement	Pumped
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	Red Clay
80	136	Brown Shale
136	225	Blue Granite

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.

D. R. Mullis 10-14-05
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John M. Mullis 2038
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

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 #: 10000177 **Tax Parcel #:** 111-122-32
Property Owner: Charles Corriher
Job Location Address:8001 DENBUR DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28215
Permit Issuance Date: 10/10/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES
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 Certified Well Contractor that is currently registered with the Department 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):

[X] 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)

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:

Thilo S. Walker RS — Authorized Agent: Print Name
Thilo S Walker RS 10/10/05 — Signature:

John M. Mullis — Owner/Legal Agent: Print Name
John M. Mullis — Signature:

GWS – RES. APP 07/05

SEPTIC FEE: ____
DATE: 10/6/05
CRT [ ] ____

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 # 8693

WELL FEE: 400.00
DATE: 10/6/05
CRT [ ] CHK #1216

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 111-122-32
STREET ADDRESS: 8001 DENBUR Dr
CITY: CHARLOTTE
STATE: NC NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

1964

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

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	☒ 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: CHARLES D. CORRIHER
ADDRESS: 8001 DENBUR Dr
CITY: CHARLOTTE
STATE: NC ZIP: 28215
HOME PHONE: 7045374523 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
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.

Charles
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.

Charles D Corriher 10-6-05
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

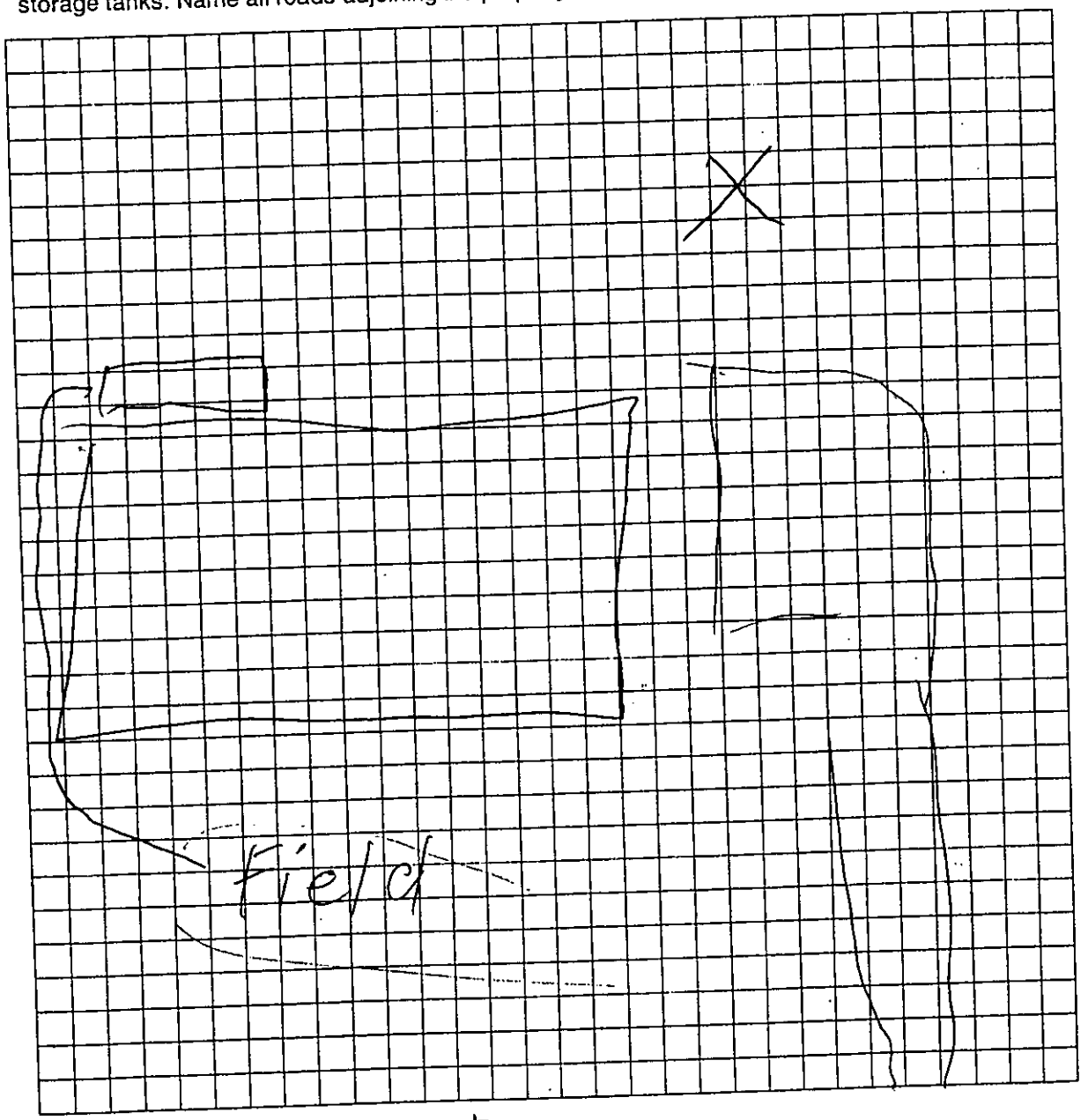
0753

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 # 8693
Approval Date_____

APPROVED 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.



8001 DENVER DR

Owner/Agent Signature Charles D Cormier	Staff Signature
Date 10-6-05	Date

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/06/05	**Amount:**	400.00
Receipt #:	37404	**Tendered:**	400.00
Check / Auth #:	CHECK 1216	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: CORRIHER CHARLES D
Attn:
Address: 8001 DENBUR DR
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 8001 DENBUR DR		1	400.00	400.00

----------Outstanding Balances----------

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