

10501 WINDY GROVE RD

11326101

1/10/2008

duponbj

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

Division of Environmental Health

Division of Environmental Health
Terry L. Pierce, Director

Public Water Supply Section
Jessica G. Miles, Section Chief

State of North Carolina
Michael F. Easley, Governor

Department of Environment and Natural Resources
William G. Ross, Secretary

July 5, 2007

Mr. Mike Higgins
Charlotte-Mecklenburg Schools
3301 Stafford Drive
Charlotte, NC 28208

Re: Well #2 Approval
Berryhill Elementary School
01-60-605, Mecklenburg

Dear Mr. Higgins:

Our office is in receipt of your submission of plans and specifications for Well #2 at Berryhill Elementary School. All well and well site information appears to be included in the submission.

Well #2 is hereby approved. Your submission has been forwarded to Raleigh for technical review. Construction of the project may proceed after the Department has approved the plans and specifications and issued an "Authorization to Construct" letter.

The water system ID # assigned to this system is 01-60-605. Please include this number, along with the system name on ALL correspondence with Public Water Supply.

This well will be known as Well #2 in our records. The well's location code on the sampling site plan is S02.

Please contact me if there are any questions. My telephone number is 704-235-2124

Sincerely,

Jeffrey H. Westmoreland, P. E.
Environmental Engineer
Division of Environmental Health
Public Water Supply Section

JHW:jhw

cc: Jessica G. Miles, P. E.
Sarah Burrill, E. I., Stewart Engineering
Mecklenburg County Health Department
Tony Chen, Raleigh Central Office

RECEIVED
JUL 12 2007
LUESA

610 East Center Avenue, Suite 301, Mooresville, North Carolina 28115
Telephone 704-663-1699 ▲ Fax 704-663-3772 ▲
http://ncdrinkingwater.state.nc.us/

One NorthCarolina Naturally

An Equal Opportunity / Affirmative Action Employer

EHS Review of Private Well Permit Application

Application #: 1155

Permit File #: 6669B

Permit Type: **New Well Construction**

Permit to be Issued?: ○ Yes ◉ No

Additonal Conditions:

Full Grouting

Casing to Bedrock

Sampling

Other Conditions of This Permit:

No permit needed for this well locally it is a Non-Transient-Noncommunity public water supply well and will be permitted by the state

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE - _____

CREDIT ☑ **REFUND** ☐ **CANCEL** ☐

1. Property Owner's Name: CHARLOTTE MECKLENBURG SCHOOLS 2. Permit #: _____
3. Permit Address: 10501 WINDY GROVE ROAD 4. Posting Date: 07/18/06 5. Fire Fee #: _____
6. Account Name: MCCALL BROTHERS 7. Account # X27070
8. *If Refund*, Check payable to: _____ (Please Print) 9. Phone # 704-399-1506
10. Mailing Address: _____ Street City State Zip
11. Signature: T. Aidoo for 12. Printed Name MCCALL BROTHERS 13. Date: 10/27/06

REASON FOR REQUEST →

☐ Plan Change ☐ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN _____ Correct contractor CHARGES REAPPLIED _____ Staff Initials

☑ Other (Specify) PERMIT NOT REQUIRED FOR THIS TYPE OF JOB

For Departmental use only. Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____

Correct Entry -

Reason - _____

Initials _____ Date / /

Superv Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review 80% = Plan Review 90% = No Plan Review	%
Insp. Info Each Insp (10%)	%
Total Crdt/Rfnd % PR% - Insp	100 %
Pmt or Fee Amt $ Total Amt	$ 400
Zoning Fee $ Amt	$
$	X % =
Total Pmt/ Fee Credit/Refund Permit Fee- Zoning X C/R% or Min/- Whichever is greater	$ 400

JKA Initials 10/27/06 Date

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit (Trans #)	Serv Chg Cr	Initials & Date	Posting Date
Org/Account [8 _ 03 = 0]	8 _ 03=0 9004=$ Refund Charge to account	88 - - -	$ 88116		

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ____-____-____

INSTRUCTIONS FOR COMPLETING THE CREDIT/REFUND/ADJUSTMENT/CANCELLATION FORM
PLEASE PRINT - ONLY SIGNED APPLICATIONS WILL BE PROCESSED

Applicant Instructions:

#1, #2, #3 and #4	This information can be obtained from the permit
#5	List Fire Fee Tracking Number
#6, #7	List account name and number
#8, #9 and #10	For a REFUND, provide name and complete mailing address for check issuance
#11, #12, and #13	Signature of person completing form is REQUIRED
Reason for Request:	**√ the appropriate reason and provide any requested information.**

SUBMIT FORM TO:

Mecklenburg County Land Use and Environmental Services
Attention: Revenue Collection
P. O. Box 31097
Charlotte, NC 28231-1097
(704) 336-3801

OR FAX TO:

(704) 353-0419 for permits
(704) 336-3800 for all others

SCHEDULE OF CREDIT/REFUND

Requests for a credit or refund must be in writing. The amount of the credit or refund issued is a percentage of the fee paid for each permit. No credit or refund will be given for less than the minimum fee. The minimum fee will be retained if no work has commenced. The amount retained by Mecklenburg County represents work done by plan review, permit processing and/or inspections made to date. A change of general contractor on a specific project requires a new permit application by the NEW general contractor. All credits or refunds are to the permittee unless there is proof of payment provided. No transfer of credits from one account to another will be made. No credit or refund will be given for expired permits unless applied for within 120 days of expiration. (Permits expire 6 months after issued date if no work has commenced or when work has started and discontinued for 12 months from the last inspection.) No credits or refunds will be given for fees or charges shown under Land Use & Environmental Services Fee Ordinance Section II.D.

	Maximum Refund
PERMITS REQUIRING PLAN REVIEW	
Plan reviewed, permit processed, no inspections	80%
FOR EACH INSPECTION MADE, CREDIT/REFUND IS REDUCED BY	10%
PERMITS NOT REQUIRING PLAN REVIEW	
Permit processed, no inspections	90%
FOR EACH INSPECTION MADE, CREDIT/REFUND IS REDUCED BY	10%
ALL PERMITS	
Permits DUPLICATED by no fault of Mecklenburg County	90%
A MINIMUM CHARGE will be retained to offset the cost of processing permits	See Fee Schedule
Zoning Review	No Refund

FEE SCHEDULES MAY BE OBTAINED AT LAND USE AND ENVIRONMENTAL SERVICES, 700 NORTH TRYON STREET, CHARLOTTE, NC 28202 OR BY CALLING (704) 336-2831 OR ON OUR INTERNET SITE: www.meckpermit.com

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/17/06	**Amount:**	800.00
Receipt #:	45105	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X27070
Contractor: MCCALL BROS INC
Attn:
Address: P O BOX 668710
Address:
City/State/Zip: CHARLOTTE, NC 28266-8710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 10501 Windy Grove Rd., 12301 Culpepper Ct.		1	800.00	800.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,466.75					

MCCALL BROTHERS INC. ACCOUNT # X27070 1155 FX (704) 336-6744

SEPTIC FEE: DATE: CERT #:

PERMIT APPLICATION FOR A COMMERCIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 66698

WELL FEE: 350 rec't DATE: 7/12/06 CERT #: 9C

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

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

JOB LOCATION INFORMATION BERRYHILL ELEMENTARY SCHOOL

PROJECT TRACKING #:
TAX/PARCEL #: 11326101
STREET ADDRESS: 10501 WINDY GROVE RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28278
LOT #:
TOWNSHIP:

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

1977 C

BUILDING INFORMATION

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: CHARLOTTE-MECK SCHOOLS

NAME: GODFREY CONSTRUCTION CO. INC.
ADDRESS: PO Box 968
CITY: MONROE
STATE: NC ZIP: 28111
HOME PHONE:
WORK PHONE: (704) 233-0488
MOBILE PHONE:
FAX: 233-0489

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266-8710
HOME PHONE:
WORK PHONE: (704) 394-1500
MOBILE PHONE:
FAX: 394-0605

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.

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.

Owner's/Agent's Signature 7-13-06 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-5234

66698 ZP

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2226

1. WELL CONTRACTOR:
Well Contractor (Individual) Name
McCall Brothers Inc.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire
Charlotte, N.C. 28216
City or Town State Zip Code
(704) 399-1506
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) N/A
STATE WELL PERMIT#(if applicable) N/A
DWQ or OTHER PERMIT #(if applicable) N/A
WELL USE (Check Applicable Box) Monitoring ☐ Municipal/Public ☑
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☐ (list use)
DATE DRILLED 8-15-06
TIME COMPLETED 10:00 AM ☐ PM ☐

3. WELL LOCATION:
CITY: Charlotte COUNTY Mech.
Walkers Ferry Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 12.690 °
LONGITUDE 80 59.333 °
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. FACILITY- is the name of the business where the well is located.
FACILITY ID #(if applicable) N-A
NAME OF FACILITY Berry Hill E.S.
STREET ADDRESS 10501 Windy Grove Rd
Charlotte - N.C. 28278
City or Town State Zip Code
CONTACT PERSON Tim Winsor
MAILING ADDRESS P.O. Box 968
Monroe, N.C. 28111
City or Town State Zip Code
(704) 233-0488
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 540 ft.
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 80 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): 80+ METHOD OF TEST air lift
f. DISINFECTION: Type HTH Amount 2 oz
g. WATER ZONES (depth):
From 320 To 325 From ____ To ____
From 510 To 520 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 94	Ft.	6"	6.5	Steel
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 90	Ft.	Cement	Pump
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	90	red sandy soil
90	140	gray granite rock
140	240	gray granite
240	340	milk granite & gritpal
340	440	milk granite & gritpal
440	516	same stone
510	520	water
520	540	bottom

11. REMARKS: Real good well

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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 8-15-06

Richard G Gibson
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