

605 SPRINGBROOK RD

16901108

1/9/2008

duponbj

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

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

****See back for completion instructions and the Credit/Refund Schedule****

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND *(To Be Completed By Requestor)*

CREDIT ☐

OR

REFUND ☒

1. Property Owner's Name: Black Pest Control 2. Permit Number: 5832B Denied
3. Address: 605 Springbrook Road 4. Date Issued: 3/7/05
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____
☐ Not Doing Work
☒ Other (Specify) Permit denied
6. Account Name: _____ Account # _____
7. *If Refund*, Check payable to: Mike Davis (Please Print) 8. Phone 704 522-9222
9. Address: 605 Springbrook Road (Street) Charlotte (City) NC (State) 28217 (Zip)
10. Signature: Request by phone from M. Davis 11. Printed Name _____ 12. Date: 5/17/05

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT *(To Be Completed By Employee & Supervisor)*

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING *(To Be Completed By Applicable Core Process)*

# Of made Inspections	B	E	M	P	F	L

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS *(To Be Completed By Applicable Core Process)*

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$	$ 400.00	$ 400.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials G.M.C Date 5/17/05

SECTION V - VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund / Charge on account	88 - - -			

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

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ - _____
Refund from Account #

_____
Check #

Daily Counter Transactions - Environmental Health

Transaction Date 02/01/05

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
31509	200000	NORTHLAND INVESTMENT CORPORATI	0719 Public Pool Permit-Operating	DRAKE APARTMENTS	CHECK	5556	JOHNSK	240.00
31510	200000	NORTHLAND INVESTMENT CORPORATI	0720 Seasonal Pool Permit-Operating	DRAKE APARTMENTS	CHECK	5556	JOHNSK	120.00
31511	200000	CASCO PROPERTIES LP	0720 Seasonal Pool Permit-Operating	ARCHSTONE MATTHEWS APTS	CHECK	6918	JOHNSK	120.00
31512	200000	VILLAGES AT HARBORSIDE	0720 Seasonal Pool Permit-Operating	VILLAGES AT HARBORSIDE II	CHECK	1	JOHNSK	120.00
31513	200000	SIMPSON FINANCE LP	0719 Public Pool Permit-Operating	ARBORETUM APTS II	CHECK	1613	JOHNSK	240.00
31514	200000	SIMPSON FINANCE LP	0719 Public Pool Permit-Operating	ARBORETUM APTS	CHECK	1613	JOHNSK	240.00
31515	200000	SIMPSON FINANCE LP	0720 Seasonal Pool Permit-Operating	ARBORETUM APARTMENTS 1	CHECK	1613	JOHNSK	120.00
31526	200000	DAVIS MIKE	0753 Private Well, New	605 SPRINGBROOK ROAD	VISA	001430	CRAIGGY	400.00

Total for Transaction Date 02/01/05: **5,810.00**

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources

March 7, 2005

Black Pest Control, Inc.
PO Box 24237
Charlotte, NC 28224

Attention: Michael C. Davis

Re: Permit Application for New Water Supply Well Installation
605 Spring Brook Drive
Tax Parcel # 169-011-08
File # 5832B

Dear Mr. Davis:

Mecklenburg County Groundwater & Wastewater Services has reviewed the referenced application. Based on the criteria set forth in the Mecklenburg County Groundwater Well Regulations, Chapter VII, Section IV (A) 1, your application for a permit to install a new water supply well is denied because of the following:

> The location of the proposed water supply well is within 1,000 feet of known groundwater contamination and an alternative secure water source is available.

Disapproval of a permit application entitles you to a public hearing before the Groundwater Advisory Committee. In order to secure this right you must submit the demand for a hearing together with the appropriate fee to the Clerk of the Committee within 30 Days of receipt of this written notice. Failure to timely file such demand and fee shall constitute a waiver of any rights to appeal.

Please let us know if you do not plan to appeal so that we may begin processing the refund of your application fee.

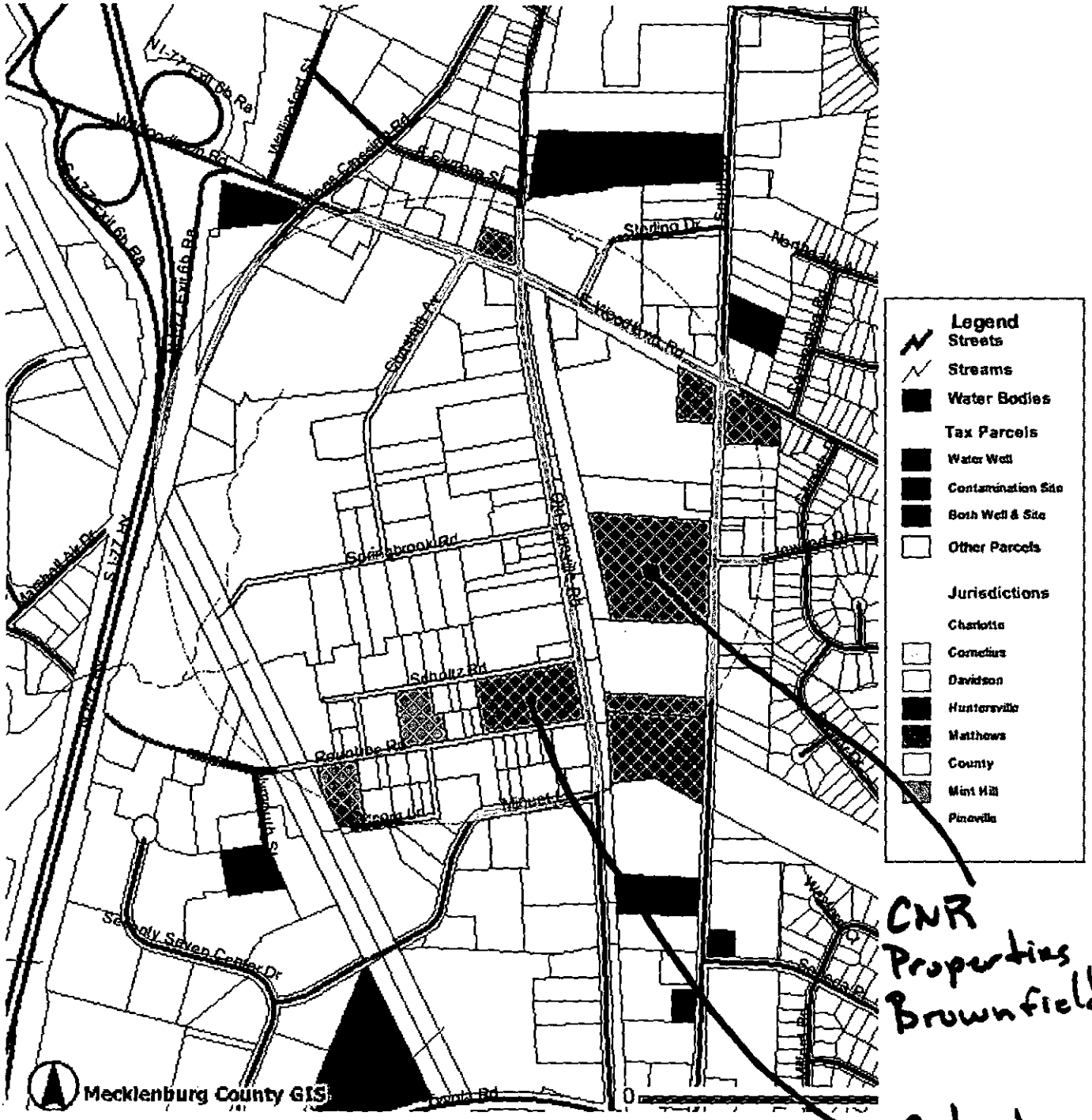
Please do not hesitate to contact me at 704-336-5438 me if you have any questions.

Sincerely,

Jack L. Stutts, P.G.
Hydrogeologist
Groundwater Program

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

Black Pest Control ARGU Review



CNR Properties Brownfield

Catawba Charlab

The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information.

Chris
Properties
Bromsfield

Chamber
Chamber

Date: 3/3/05
Reviewed By: SLS

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 169-011-08 File # 5832B

Street Address: 6095 Springbrook Rd.

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 169-012-02 MPL # 1240

Street Address: 4750 South Blvd.

DENR Incident #: NCD981022288

Current Status: Brownfield Why? Site currently slated for redevelopment under a brownfields agreement. Soil and groundwater contamination are left in place. Contaminants include metals and chlorinated solvents

Responsible Party:

Responsible Party Contact Info:

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern?

If **Yes**	**ARGU is a 1500-foot buffer around the maximum extent of contamination**

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If **Yes**	**Is the well within the first 1000 feet of the ARGU**?
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If **Yes**	**Permit denied**.

Reviewer Comments: This permit is denied because the entire parcel is within 1000 feet of known groundwater contamination and an alternate water source is available.

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Mar 3 16:43:42 EST 2005

605 Springbrook Dr. - ARGU Review



Total Measure Line Length: 999.82 Feet

Closest known GW contamination from W-79 on Brownfields site map.

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

Parcel with 47 ppb TCE in Supply Well as of 4/26/2000

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

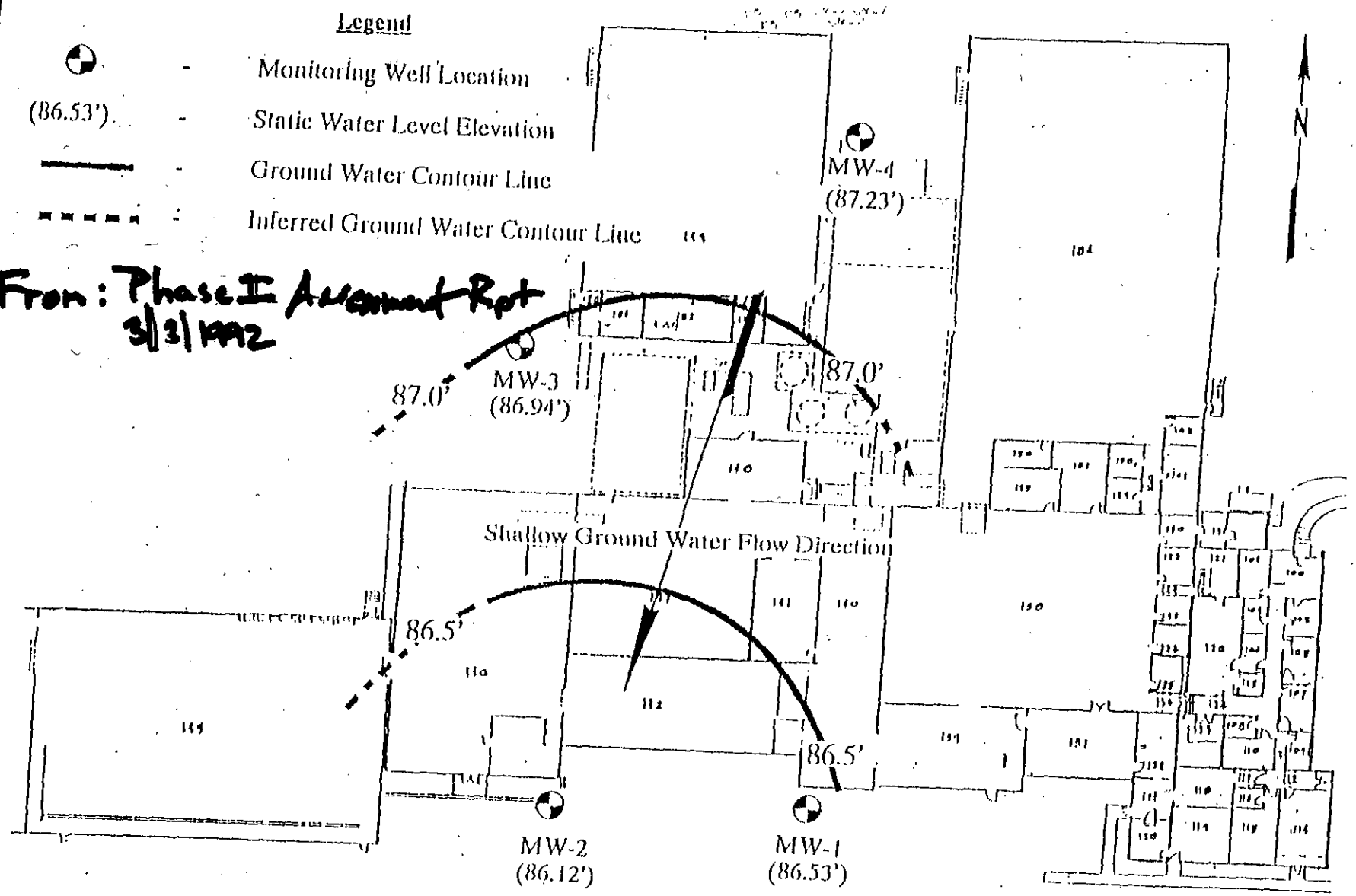
Date Printed: Fri Feb 18 13:17:02 EST 2005

Distance from Catawba Charlabs MPL



Total Measure Line Length: 1000.2 Feet

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PROJECT: Catawba-Charlab, Inc. Charlotte, North Carolina	TITLE: Shallow Ground Water Contour Map 2-5-92			
	JOB: C852	DRAWING:	FIGURE: 5	SCALE: 1"=50'

AQUATERRA, INC.
RALEIGH, GREENSBORO, CHARLOTTE
NORTH CAROLINA

[illegible]

GWS-COM. APP 12/04

400.00 dc app 001430 2/1/05 8

[redacted]

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

FILE # 5832B

[redacted]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:

TAX/PARCEL #: 169-011-08

STREET ADDRESS: 605 SPRINGBROOK ~~DRIVE~~ Rd

CITY: CHARLOTTE

STATE: NC ZIP: 28217

LOT #:

TOWNSHIP:

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

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?:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

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:

NAME: BLACK PEST CONTROL INC.

ADDRESS: 605 SPRINGBROOK DRIVE - PO Box 242307 28224

CITY: CHARLOTTE

STATE: NC ZIP: 28217

HOME PHONE: WORK PHONE: 704-522-9222

MOBILE PHONE: FAX: 704-522-1238

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.

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.

Michael C Davis 2-1-05

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:704-336-5894

0753

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28202

BATCH: 067
S-A-L-E-S D-R-A-F-T
73822355
000500158410

REF: 0002
CD TYPE: VISA
TR TYPE: MAIL/PHONE
INV: 0502
DATE: FEB 01, 05 14:41:41

ACT MATCH
MATCH

AL $400.00*

0382 EXP: **/**
?1430

$0.00

ER ACKNOWLEDGES RECEIPT OF GOODS
ERVICES IN THE AMOUNT OF THE
HEREON AND AGREES TO PERFORM
BLIGATIONS SET FORTH BY THE
BER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

CUSTOMER COPY

BLACK
PEST CONTROL, INC.
P.O. Box 242307, Charlotte, NC 28224 (704) 522-9222 Fax (704) 522-1238

169-011-08 site address is 539 Springbrook Rd

FACSIMILE TRANSMITTAL SHEET

DATE: 2-1-05

TO: _____

ATTN: _____

FROM: MICHAEL C DAVIS

RE: JOB NAME: _____

JOB NUMBER: _____

JOB LOCATION: _____

COMMENTS: _____

_____

_____

_____

THE FOLLOWING IS A 2 PAGE TRANSMITTAL, INCLUDING THIS PAGE. PLEASE ADVISE US IMMEDIATELY AT (704) 522-9222 IF YOU DID NOT RECEIVE ALL OF THE PAGES.

IF ADDITIONAL INFORMATION IS REQUIRED, PLEASE CONTACT THE SENDER.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/01/05	**Amount:**	400.00
Receipt #:	31526	**Tendered:**	0.00
Check / Auth #:	VISA 001430	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: DAVIS MIKE
Attn:
Address: P O BOX 242307
Address:
City/State/Zip: CHARLOTTE, NC 28224

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 605 SPRINGBROOK ROAD		1	400.00	400.00

Outstanding Balances

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