

6127 DIXIE RD

14103111

6/6/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 9487 WASPS App #: 2499

Primary ES assigned to project: Chris Shemill

Secondary ES assigned to project: Josh Sellers

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: 7/17/07 - please Fax to applicant for signature JS

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: 7/12/07 ES assigned date: _____ Permit issued date: 7/16/07

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: _____

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

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To: CITY OF CHARLOTTE
Chris Corbitt

Fax #: 704-359-4000
Phone #: 704-359-4916

From: J. Aidoo

Date: 07/17/07

Number of pages transmitted: 2 (including coversheet)

Comments:
Please sign permit and fax signed copy back to our office

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

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 CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10002499 **File #:** 9487 **Tax Parcel #:** 141-031-11
Property Owner: City of Charlotte/CDIA
Job Location Address:6127 DIXIE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 7/16/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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

General Conditions of This Permit:

- The Water Supply Well repair and 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:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

9/4/87

MACTEC

FACSIMILE TRANSMITTAL SHEET

2801 Yorkmont Rd.
Charlotte, NC 28208
704-357-8600

To: Groundwater & Wastewater Services From: Chris Corbitt

Company: Mecklenburg County Date transmitted: 7/12/07

Fax Number: 704-336-6894 Telephone: (704) 357-8600

Subject: Application to Abandon Well Fax Number: (704) 357-8638

No. pages transmitted (incl. cover) 3 Hard Copy to Follow: Yes __ No ✓

CC:

Urgent ✓ For Review ✓ Please Comment ___ Please Reply ___ Please Recycle ___

COMMENTS:

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If transmission is not received in good order, please call (704) 357-8600

FILE NUMBER: 9487 Revised On: January 3, 2007 APPLICATION NUMBER: 2499

SEPTIC FEE: _____ DATE: _____

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

WELL FEE: _____ DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

S.C. for this PW

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 141-031-11
STREET ADDRESS: 6127 Dixie Road
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 5.5
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 Demolished ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS: N/A
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☐ 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 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

10. PROPERTY OWNER:
NAME: City of Charlotte / CDIA
ADDRESS: 600 East 4th Street
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: WORK PHONE: 704-359-4000
MOBILE PHONE: FAX: 704-359-4916

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

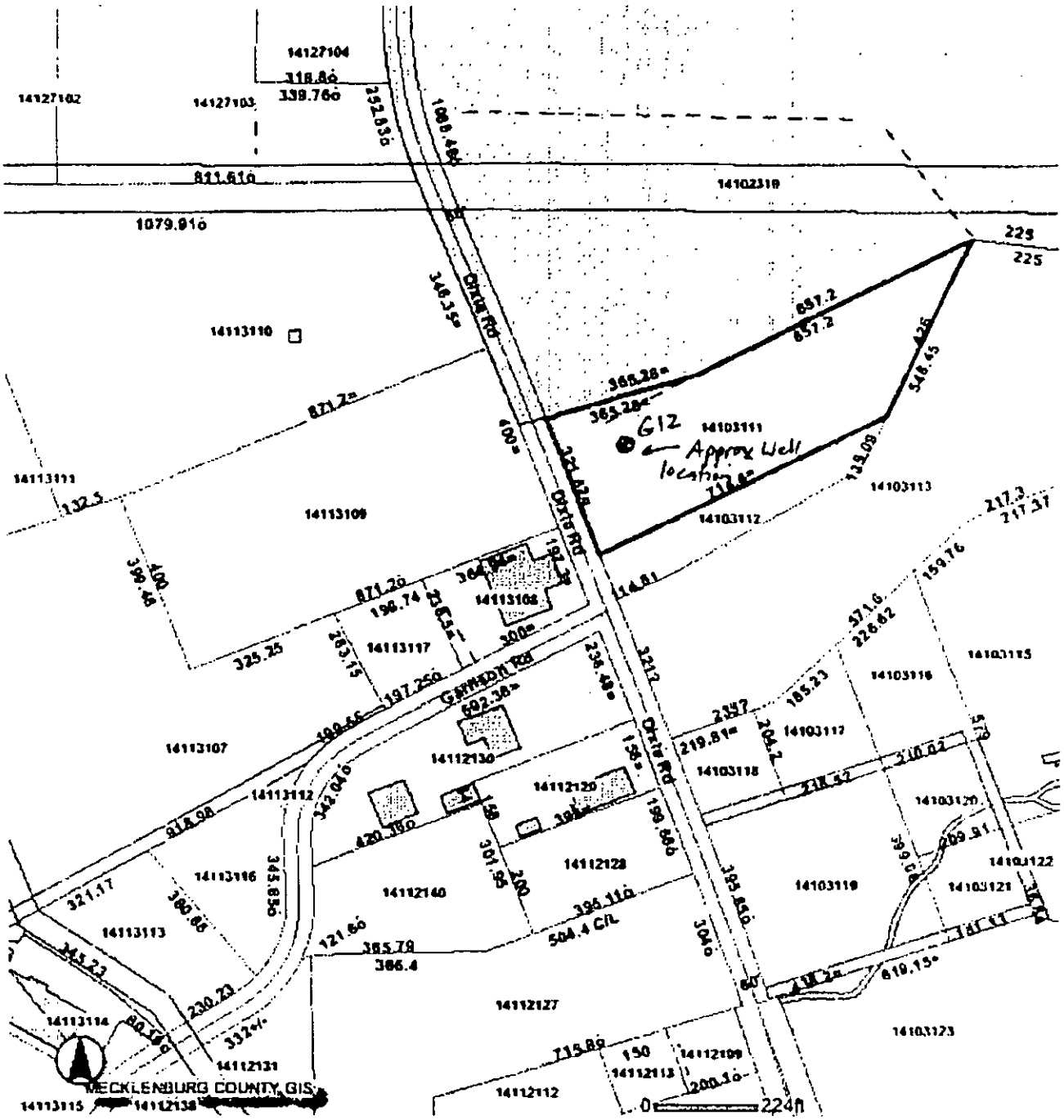
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 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 a period of 12 months from the date of issuance.

Christopher Corbett for City of Charlotte 7/12/07
Property Owner's or Owner's Legal Representative Signature Date

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



http://polaris.mecklenburgcountync.gov/output/RealEstate_gispolaris3652300446010.png 7/12/2007

WORK ORDER

Work Order Number: 73850

In Service: _____ **Out of Service:** _____

WO Initiated Date: 7/13/07 9:58:10 AM **Supervisor:** STUTTS, JACK **Team Members:** **Shop:** CITY

Activity Performed: ARGU Well Review
Address: **Key Map:**

Crew Type: WR SR SS FH MR VS VR EV PM **Location of Worksite:** Front Rear Side Arrival: _____ Departure: _____

Size Main: $^3/_4$" 1" $1^1/_4$" $1^1/_2$" 2" 4" 6" 8" 10" 12" Other _____ **Size Service Connection:** $^3/_4$" 1" $1^1/_4$" $1^1/_2$" 2" 4" 6" 8" Other _____

Pipe Type: A.C. C.I. Clay Concrete PVC Steel Other _____ **Material (quick codes) used:** _____

Further Work Pending: Yes No Landscape Area: _____ Concrete Cut: _____ Asphalt Cut: _____ Fence: _____ wood chain link wrought iron brick other _____

Vehicle (quick code): _____ **Equipment (quick code):** _____ **Time Updated to C.O.S.:** _____ **Work Order Status:** IP
Update Map: N

Instructions:

1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comments:

Create one work order per ARGU Review
By CALDWELL, SHAWNA: 7/13/07 10:11:06 AM
There are no contamination incidents within 1,500', so no ARGU review is required.

Work Order Number: 73850

Associated Service Requests

RequestID	Date/Time Initialized	Priority	Description	Problem Address

Tasks

Order	Name	Start	Status	Proceed	Assigned To	Request Code	Comments

Employee #s _____ _____ _____ _____ _____ **Planner/Scheduler Sign Out:** _____

Hydrogeologist Permit Application Review

Application #: 2499
Permit File #: 9487

Permit Type: Abandonment (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

EHS Review | Update

Time Spent (hours):
☐ Change: 1.00

The application has been forwarded to Chris Sherrill for review.

App. #: 2499

Septic Fee: 0.00

Date: CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 9487

Well Fee: 0.00

Date: 7/12/2007

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE ( ) NEW WELL ( ) MAJOR REPAIR (•) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 141-031-11 [ ] PO

STREET ADDRESS: 6127 DIXIE RD

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

house has been demolished

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

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

[ ] ANY TYPE [ ] CONVENTIONAL [ ] ACCEPTED [ ] INNOVATIVE [ ] ALTERNATIVE [ ] OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	( ) Yes (•) No	GRADING/SOIL REMOVAL PERFORMED	( ) Yes (•) No
EXISTING WASTEWATER SYSTEMS	(•) Yes ( ) No	JURISDICTIONAL WETLANDS	( ) Yes (•) No
WELLS, SPRINGS, OR WATER LINES	(•) Yes ( ) No	APPROVAL REQ'RD BY OTHER AGENCY	( ) Yes (•) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (•) No	WASTEWATER OTHER THAN DOM. SEWAGE	( ) Yes (•) No

PROPERTY OWNER:

NAME: City of Charlotte/CDIA

ADDRESS: 600 East 4th Street

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Chris Corbitt w MACTEC

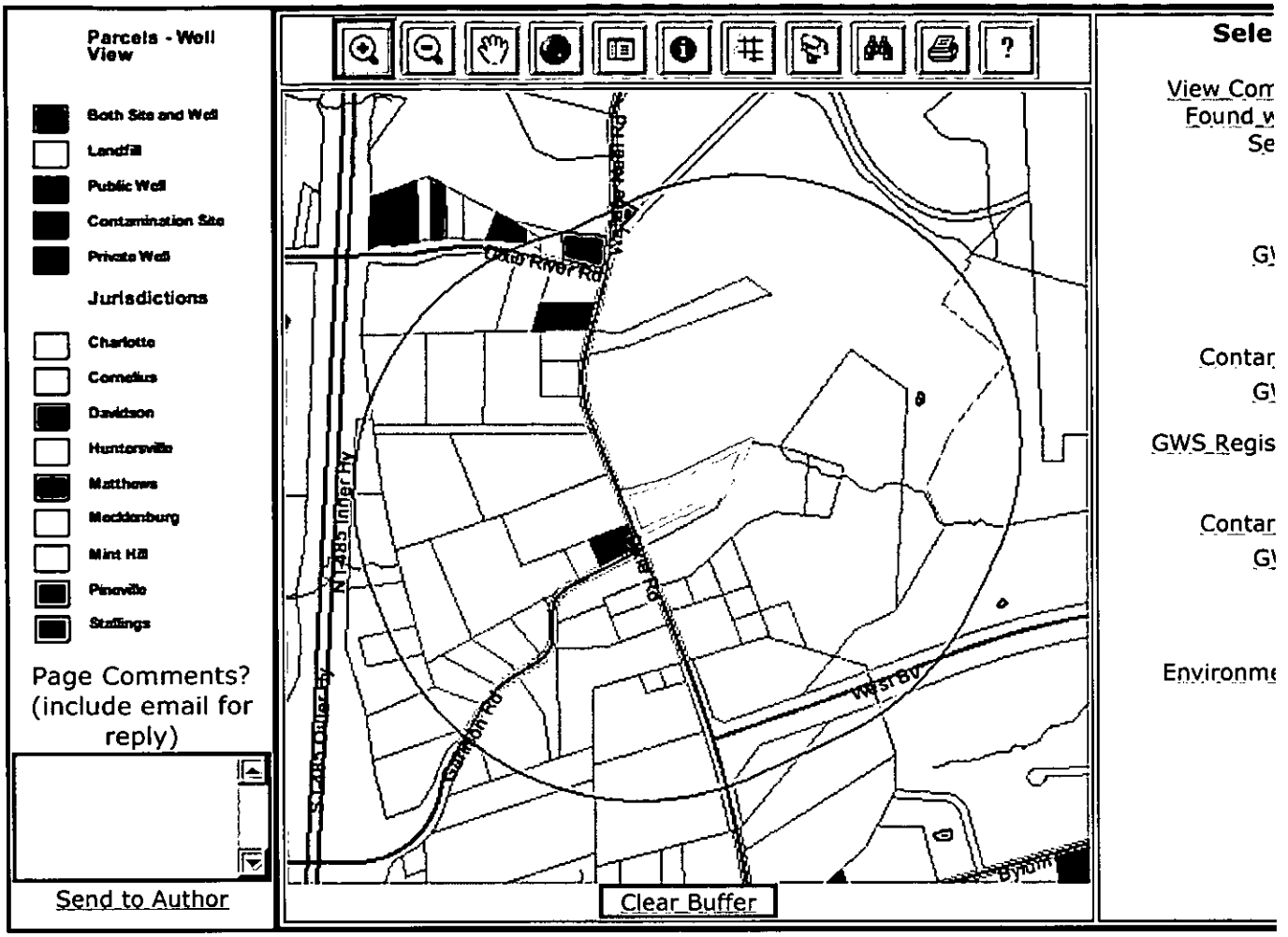
ADDRESS: 2801 Yorkmont Rd

CITY:	Charlotte		CITY:	Charlotte	
STATE:	NORTH CAROLINA	ZIP: 28202	STATE:	NORTH CAROLINA	ZIP: 28208
HOME PHONE:		WORK:	HOME PHONE:		WORK: 704-357-8600
MOBILE:		FAX:	MOBILE:		FAX: 704-357-8638

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT | Update | Go to Front Counter | Duplicate


Parcels - Well View
Both Site and Well
Landfill
Public Well
Contamination Site
Private Well
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Page Comments? (include email for reply)
Send to Author
Oakdale Rd
Old River Rd
Clear Buffer
Sele
View Com
Found w
Se
GV
Contar
GV
GWS Regis
Contar
GV
Environme