

9521 DIXIE RIVER RD

11315401

9/5/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 21662 WASPS App #: 1820

Primary ES assigned to project: ~~Jerry~~ Jeremy Michael

Secondary ES assigned to project: Josh Seller

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 ☐	Application not signed / Permit was signed	
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: 0

Comments:

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 ☐	N/A
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:
Well abandoned 2/6/07
Updated the site status in WASP LOC ~~2/6/07~~ 2/7/07

Application received date: 11/16/07 ES assigned date: _____ Permit issued date: 1/27/07

Well approval date: 2/6/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 2/7/07

Shawnetha JAM

FILE NUMBER: 21662 Revised On: January 3, 2007 # 1820 APPLICATION NUMBER: 1820

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A COMMERCIAL 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

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 113-154-01
STREET ADDRESS: 9521 Dixie River Rd
CITY: Charlotte
STATE: NC ZIP:
LOT #: LOT SIZE (acres):
TOWNSHIP: 1985
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**
DESCRIBE TYPE OF BUSINESS: _____
☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 9000.
NUMBER OF EMPLOYEES PER SHIFT: 1
NUMBER OF SHIFTS: _____ NUMBER OF SEATS: _____
TYPE OF WASTEWATER GENERATED:
☒ DOMESTIC SEWAGE ☐ INDUSTRIAL WASTEWATER
☐ OTHER _____

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

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):*

8A. **RANK:** ☐ ANY TYPE ____ ☐ CONVENTIONAL ____ ☐ ACCEPTED ____ ☐ INNOVATIVE ____ ☐ ALTERNATIVE ____ ☐ OTHER ____

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
ADDRESS: 600 E. 4th ST
CITY:
STATE: ZIP: 28202
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: D. L. Mullis Well Drilling
ADDRESS: PO Box 691446
CITY:
STATE: ZIP: 28227
HOME PHONE: WORK PHONE: 545-5694
MOBILE PHONE: FAX: 5459449

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.

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

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

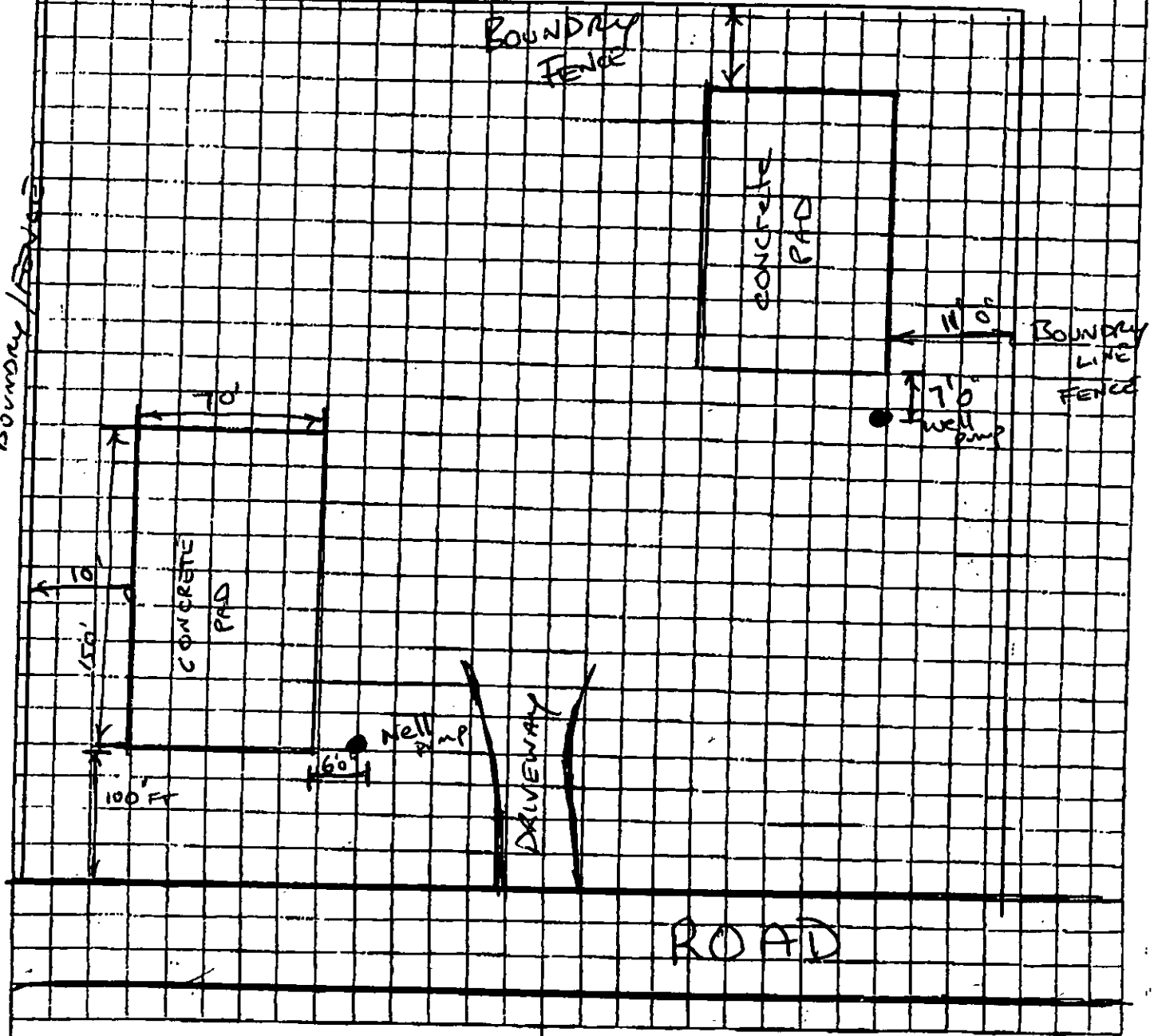
MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

GWS – RES. APP 12/04

[redacted]

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

[redacted]

FILE # _____

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

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

* **JOB LOCATION INFORMATION:**

TAX/PARCEL #: 113-54-01
STREET ADDRESS: 9521 Dixie River Rd
CITY: Charlotte
STATE: NC NC **ZIP:**
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

* **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:
NUMBER OF OCCUPANTS:

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:
ADDRESS:
CITY:
STATE: **ZIP:**
HOME PHONE: **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.

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

*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 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

D.L. MULLIS WELL DRILLING & GRADING, INC.
MULLISWELL.COM
PO BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

Fax

To:	CHARLES SCISM	**FROM**	ALLISON
FAX	704-545-9294	**PAGES**	3
FROM	704-545-9449	**DATE**	1-3-07
RE:	WELL ABANDONMENT FORMS		

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:** D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

9521 Divie River Rd

PermitToConductRepairOrAbandon

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10001820 **Tax Parcel #:** 113-154-01
Property Owner: CITY OF CHARLOTTE
Job Location Address:9521 DIXIE RIVER RD
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 1/22/2007
Use of Well: Potable
Type of Facility Served by Well:
Sewage System Type: None

Type of Repair/Abandonment

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ◉ Permanent Abandonment

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:

Based on review of our files, the permit for a private well abandonment at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandonment under

Jeremy Michael
Authorized Agent: Print Name

Jeremy Michael R-S.
Signature:

Allison Price / DL Mullis Well
Owner/Legal Agent: Print Name

Allison Price / DL Mullis Well Drilling
Signature:

JRS

WELL ABANDONMENT RECORD

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

File # 21662

WELL CONTRACTOR CERTIFICATION # _____

1. WELL CONTRACTOR:

Well Contractor (Individual) Name: D & Mullis Well Drilling

Well Contractor Company Name

STREET ADDRESS: 9200 Surface Hill Rd

Charlotte NC 28227

City or Town State Zip Code

704, 545-5694

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 10001820

DWQ or OTHER PERMIT # (if applicable) _____

WELL USE (Circle applicable use): Monitoring Residential
Municipal/Public Industrial/Commercial Agricultural
Recovery Injection Irrigation
Other (list use) _____

3. WELL LOCATION:

COUNTY Mck QUADRANGLE NAME _____

NEAREST TOWN: 9521 Dixie River Rd

_____

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley Flat Ridge Other _____
(Circle appropriate setting)

LATITUDE 35° 12.261N

LONGITUDE 80° 58.032W

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.)

4a. FACILITY - The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID # (if applicable) _____

NAME OF FACILITY City of Charlotte

STREET ADDRESS 600 E 4th St

Charlotte NC 28202

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME _____

STREET ADDRESS _____

_____

City or Town State Zip Code

(_____) - _____

Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 480 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): 25' ft.

Measuring point is 1½ ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	Unknown ft.	6 in.
b. Casing Removed:	_____ ft.	_____ in.

7. DISINFECTION: HTH

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement: Cement _____ lb. Water _____ gal.

Sand Cement: Cement _____ lb. Water _____ gal.

Bentonite: Bentonite _____ lb. Type: Slurry__ Pellets__ Water _____ gal.

Other: Type material CONCRETE 3000 PSI Amount 2 yds.

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

poured with mixer truck

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 1-23-07

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

X Kelvin Belk 1-23-07

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

_____

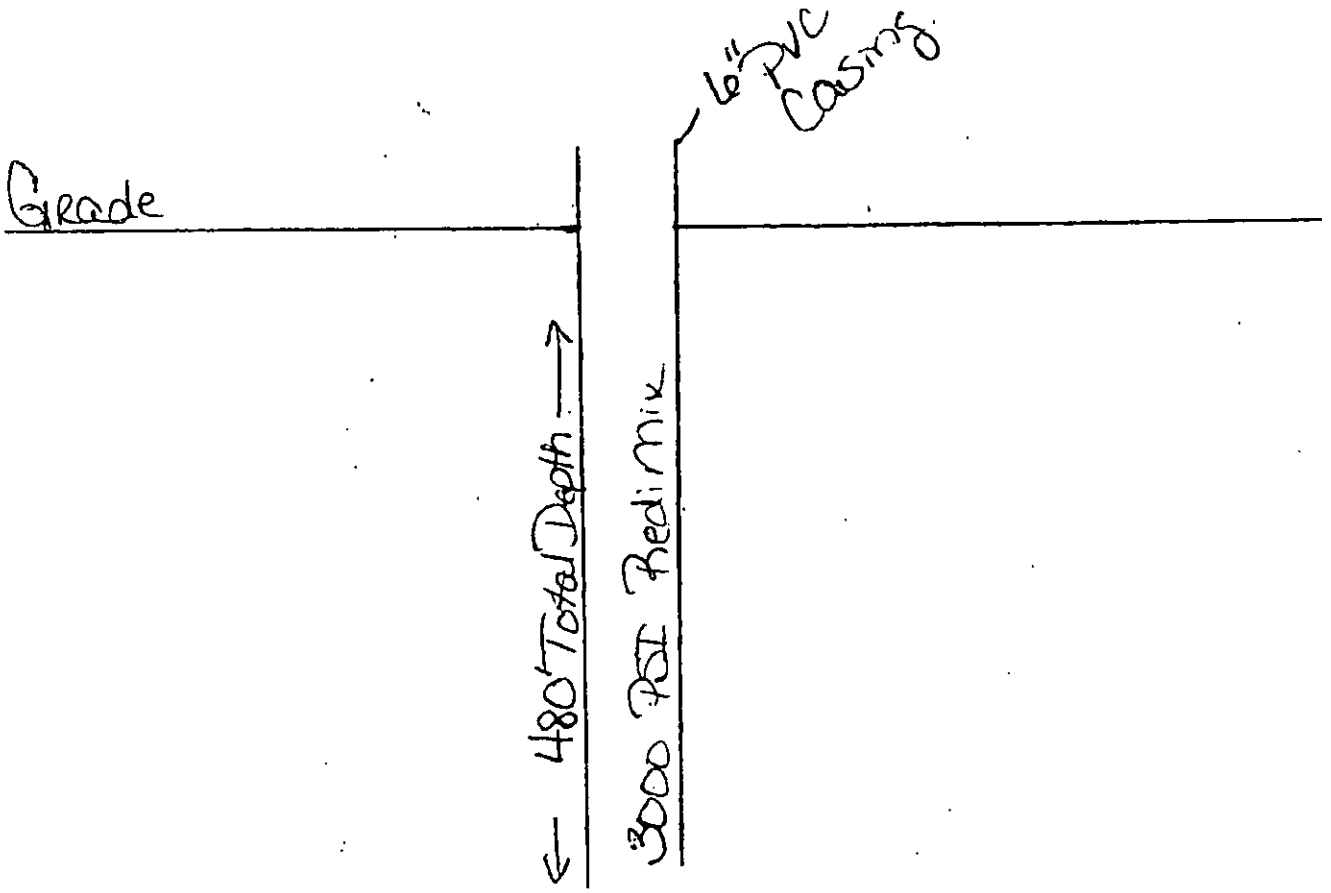
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

KELVIN BELK

PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.

Form GW-30


6" PVC Casing
Grade
480' Total Depth
3000 PSI Redi Mix

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

We 11(2)

GWS File #: 21662 WASPS App #: 1827

Primary ES assigned to project: Jeremy Michael

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: Ø

Comments:

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 ☐ N/A	
Site information record completed	Yes ☐	No ☐	
Well detail record completed	Yes ☒	No ☒	

Items requiring correction/modification: _____

Comments:

Well detail Record Corrected by Lisa Abbott 2/7/07

Application received date: _____ ES assigned date: _____ Permit issued date: 1/22/07

Well approval date: 2/6/07 Number of days to complete project: _____

Review performed by: Lisa Abbott Date performed: 2/7/07

#1827 Well #2 (195') Commercial

GWS – RES. APP 12/04

[redacted]

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

[redacted]

FILE # 21662

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

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

To S.C. first

JOB LOCATION INFORMATION:

TAX/PARCEL #: 113-154-01

STREET ADDRESS: 9521 Dixie River Rd.

CITY: Charlotte

STATE: NC ZIP: 28208

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

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:

NUMBER OF OCCUPANTS:

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: City of Charlotte
ADDRESS: 600 E 4th St.
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: WORK PHONE:
MOBILE PHONE: Sam Charles-704-507-1143 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling, Inc
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 704-545-5694
MOBILE PHONE: FAX: 545-9449

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE

*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 Date 1-22-07

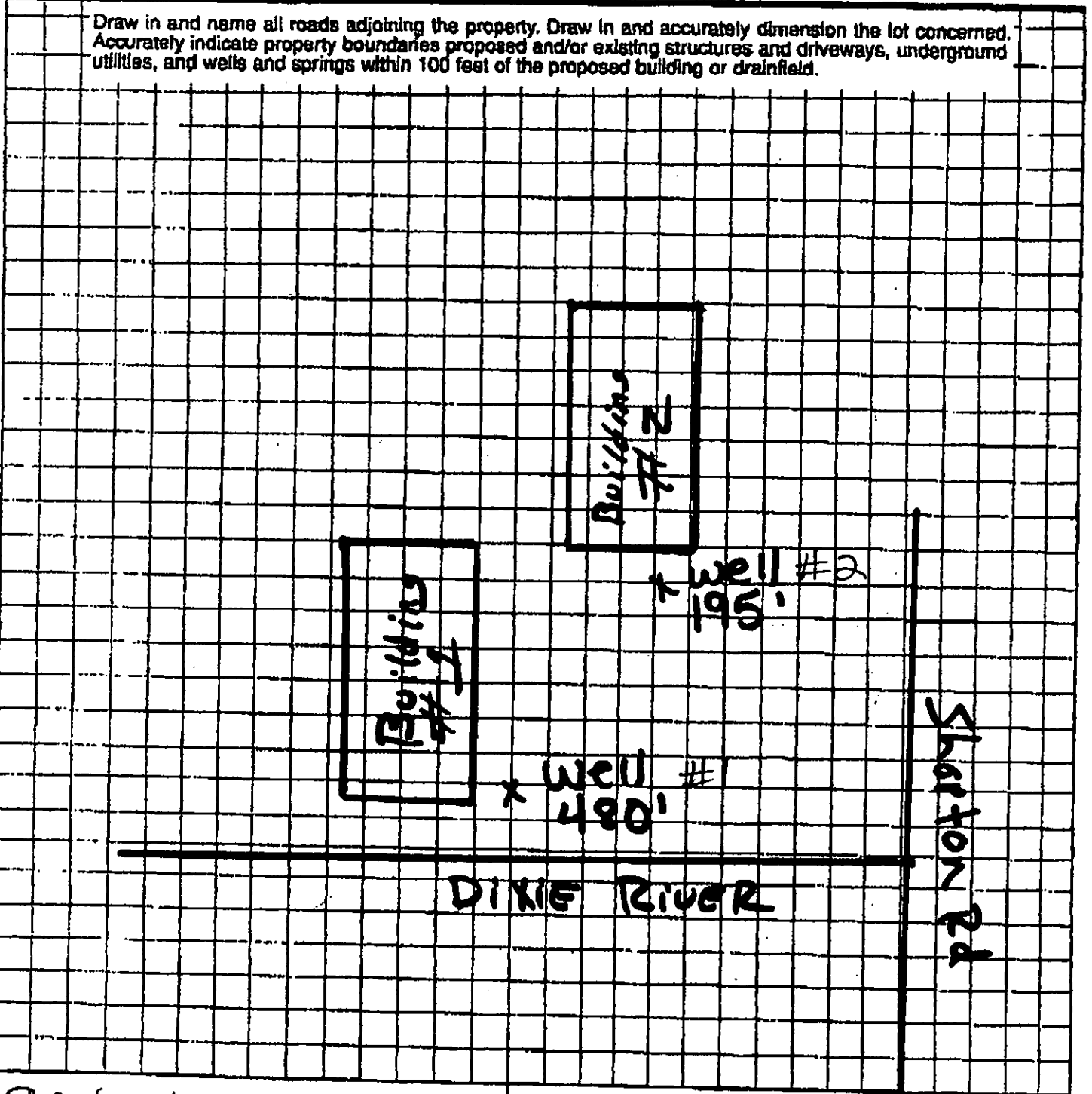
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 21662

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Carlos DL Mullis Well

OWNER/AGENT SIGNATURE

APPROVAL DATE _____

DATE 1-22-07

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mullis Well Drilling Inc.
Charlotte, NC
Water Systems \ Water Treatment

PO Box 691446
Charlotte, NC 28227

Ph: 704/545-5694
Fax: 704/545-9449

www.mulliswell.com

1-22-07

To: Shawna Coadwell

Fax- 336-4391

From: Allison Price

#of pages: 2

Re: 9521 Dixie River Rd.
* permit Application *

One well is 195ft.
The other is 480ft.

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

Well #2

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10001827 **Tax Parcel #:** 113-154-01
Property Owner: City of Charlotte
Job Location Address: 9521 DIXIE RIVER RD
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 1/22/2007
Use of Well: Potable
Type of Facility Served by Well:
Sewage System Type: None

Type of Repair/Abandonment

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ◉ Permanent Abandonment

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:

Based on review of our files, the permit for a private well abandonment for WSW#2 at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandon

Jeremy Michael
Authorized Agent: Print Name

Jeremy Michael
Signature:

Allison Price D.L. Mullis Well
Owner/Legal Agent: Print Name

Allison Price D.L. Mullis Well
Signature:

JRS

WELL ABANDONMENT RECORD

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

File # 216062

WELL CONTRACTOR CERTIFICATION # 2036

1. WELL CONTRACTOR:
Kelvin Belk
Well Contractor (Individual) Name
D & Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
(704) - 545-5694
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable) 10001827
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Circle applicable use): **Monitoring** **Residential**
Municipal/Public Industrial/Commercial **Agricultural**
Recovery Injection Irrigation
Other (list use)

3. WELL LOCATION:
COUNTY Meck QUADRANGLE NAME
NEAREST TOWN: 9521 Dixie River Rd
well #2
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley Flat Ridge Other
(Circle appropriate setting)

LATITUDE 35° 12' 23.1" N
LONGITUDE 80° 58.053" 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.)

4a. FACILITY - The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)
FACILITY ID #(if applicable)
NAME OF FACILITY City of Charlotte
STREET ADDRESS 1000 E 4th St
Charlotte NC 28202
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME
STREET ADDRESS
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 195 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): ft.
Measuring point is ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): unknown 6 in.
b. Casing Removed: ft. in.

7. DISINFECTION: HTH
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement lb.
Water gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite lb.
Type: Slurry Pellets
Water gal.

Other
Type material 3000 PSI Redi mix
Amount 142 yds

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
poured with mixer truck

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 1-23-07

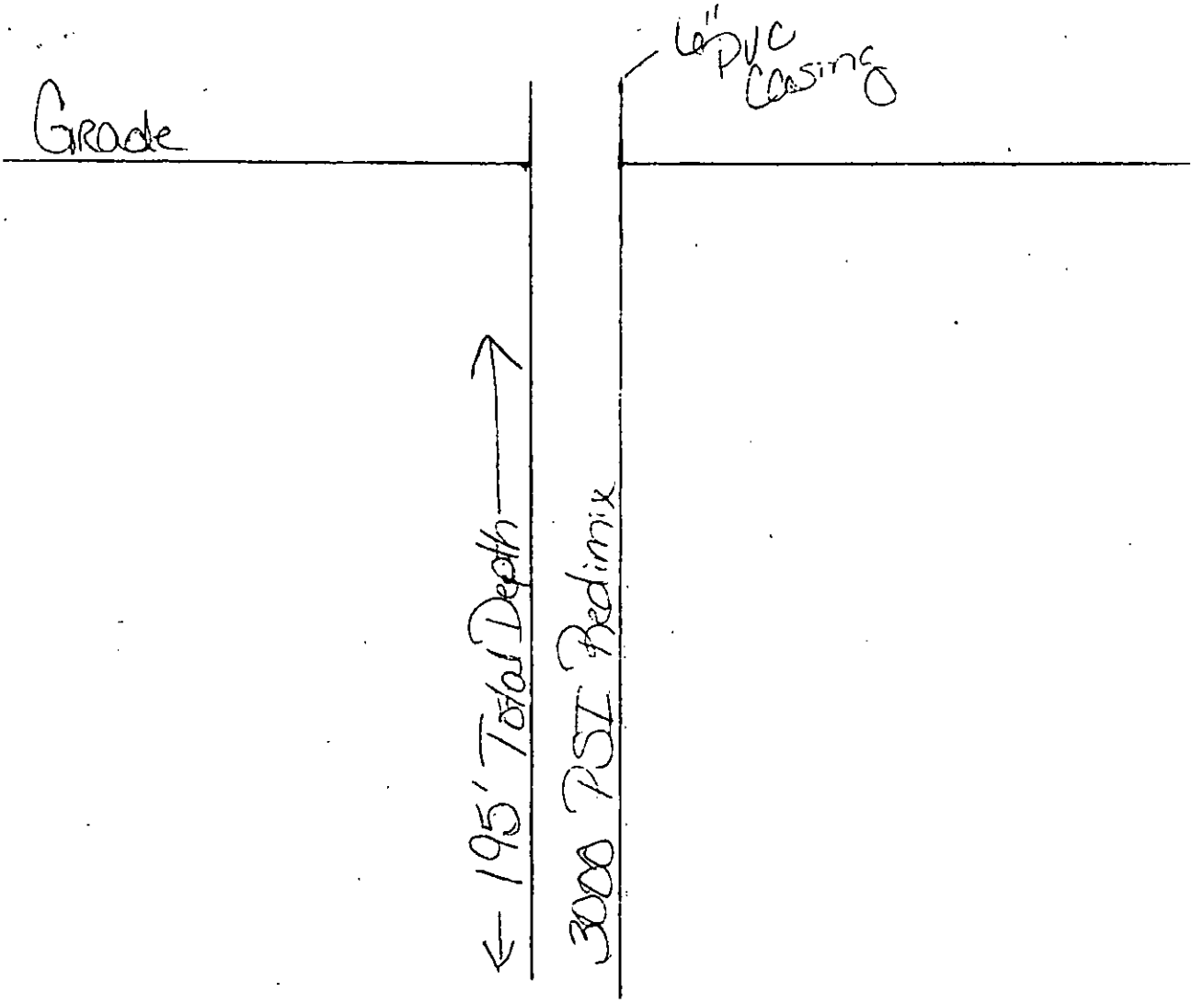
I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

x Kelvin Belk 1-23-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)
Kelvin Belk
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.

Form GW-30


Grade
6" PVC Casing
← 195' Total Depth
3000 PSI Redimix

WORK ORDER

Workorder No: 71813
Description ARGU Well Review
Submitted To: CORBITT, LISA
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: CLOSED

Initiated Date: 1/22/2007 3:42:42 PM
Projected Start Date: 1/22/2007
Projected Finish Date:
Actual Start Date: 1/22/2007
Actual Finish Date: 1/22/2007 3:46:00 PM
Date Closed: 1/24/2007 11:55:07 AM

Entity Type: ARGU_WELLS
Facility ID: 8737
Entity Location: 8737

SITE INFORMATION

Workorder Address: 11315401
and/or
General Location:
Town:

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:

Comment:
Create one work order per site
By CALDWELL, SHAWNA: 1/23/07 12:42:47 PM
Based on review of our files, the permit for a private well abandonment for WSW#1 at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

WORK ORDER

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Completed By: CALDWELL, SHAWNA
Section: GWS
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Actual Start Date: 1/22/07
Actual Finish Date: 1/22/07 3:46:00 PM
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 8737
Entity Location: 8737

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Workorder Address: 11315401
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General Location:
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Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

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Hydrogeologist Permit Application Review

Application #: 1820
Permit File #: 21662

Permit Type: Abandonment (Commercial)

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:

Based on review of our files, the permit for a private well abandonment at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter IV Construction, Repair and Abandonment for

EHS Review | Update

The application has been forwarded to Jeremy Michael for review.

App. #: 1820

Septic Fee: 0.00

Date:

CRT[ ]

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

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 21662

Well Fee: 0.00

Date: 1/16/2007

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 #: 113-154-01 ☐ PO

STREET ADDRESS: 9521 DIXIE RIVER RD

CITY: Charlotte

STATE: NC ZIP:

LOT #: 0

TOWNSHIP: 00

General Comments:

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS

☑ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 0

NUMBER OF EMPLOYEES PER SHIFT: 0

NUMBER OF SHIFTS: 0

TYPE OF WASTEWATER:

☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

☐ TOILETS/URINALS ☐ HANDSINK/S

☐ SHOWERS ☐ FLOOR DRAINS

☐ OTHER

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWAER FLOW AND/OR A JUSTIFICATION FOR A 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: CITY OF CHARLOTTE

ADDRESS: 600 E 4TH STREET

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28202

HOME PHONE: WORK: 704-000-0000

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: D L MULLIS WELL DRILLING

ADDRESS: P O BOX 691446

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK: 704-545-5694

Mullis Well Drilling Inc.
Charlotte, NC
Water Systems \ Water Treatment

PO Box 691446
Charlotte, NC 28227

Ph: 704/545-5694
Fax: 704/545-9449

www.mulliswell.com

1-22-07

To: Shawna Coodwell

Fax- 336-4391

From: Allison Price

#of pages: 2

Re: 9521 Dixie River Rd.

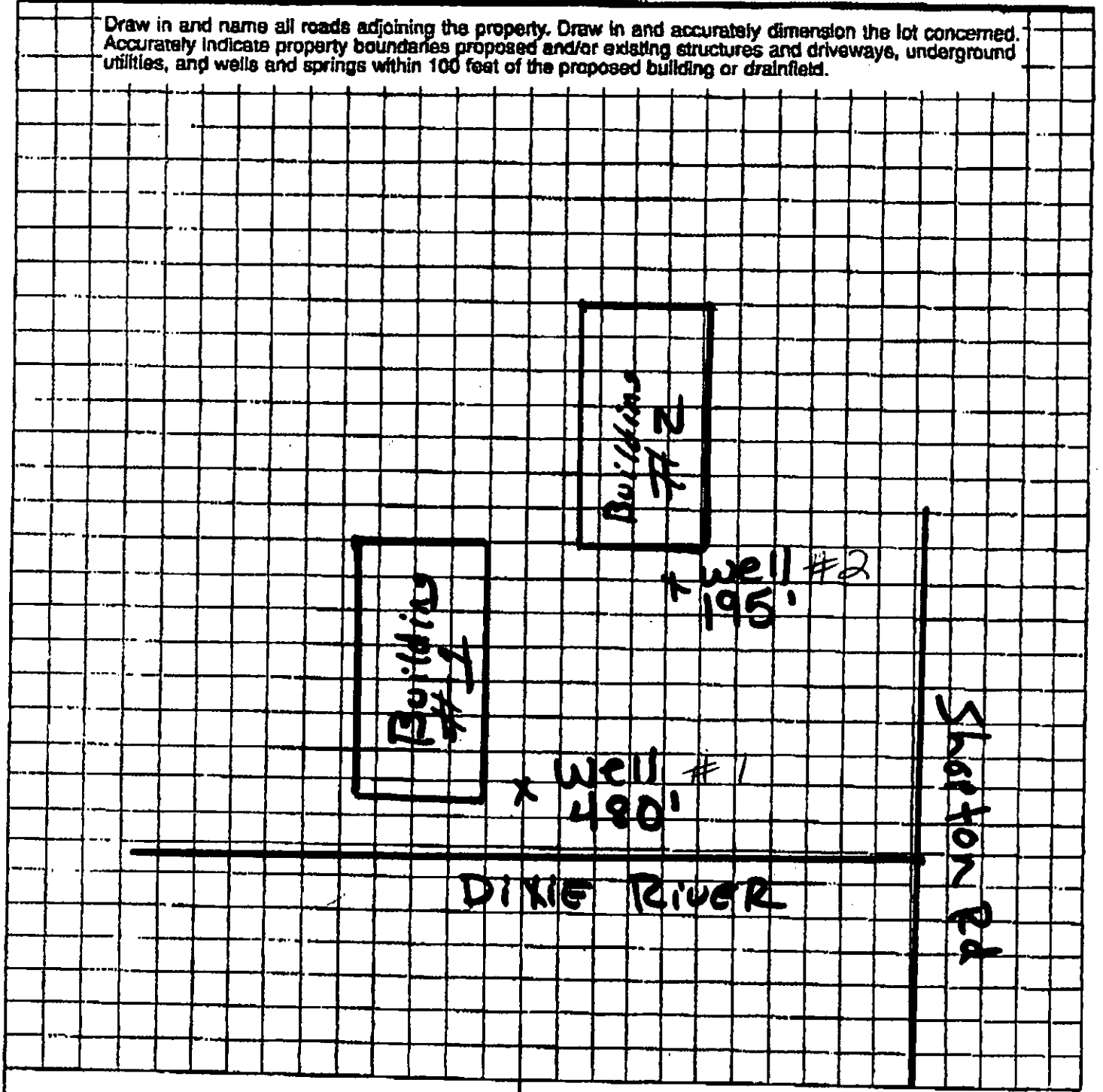
One well is 195ft.
The other is 480ft.

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

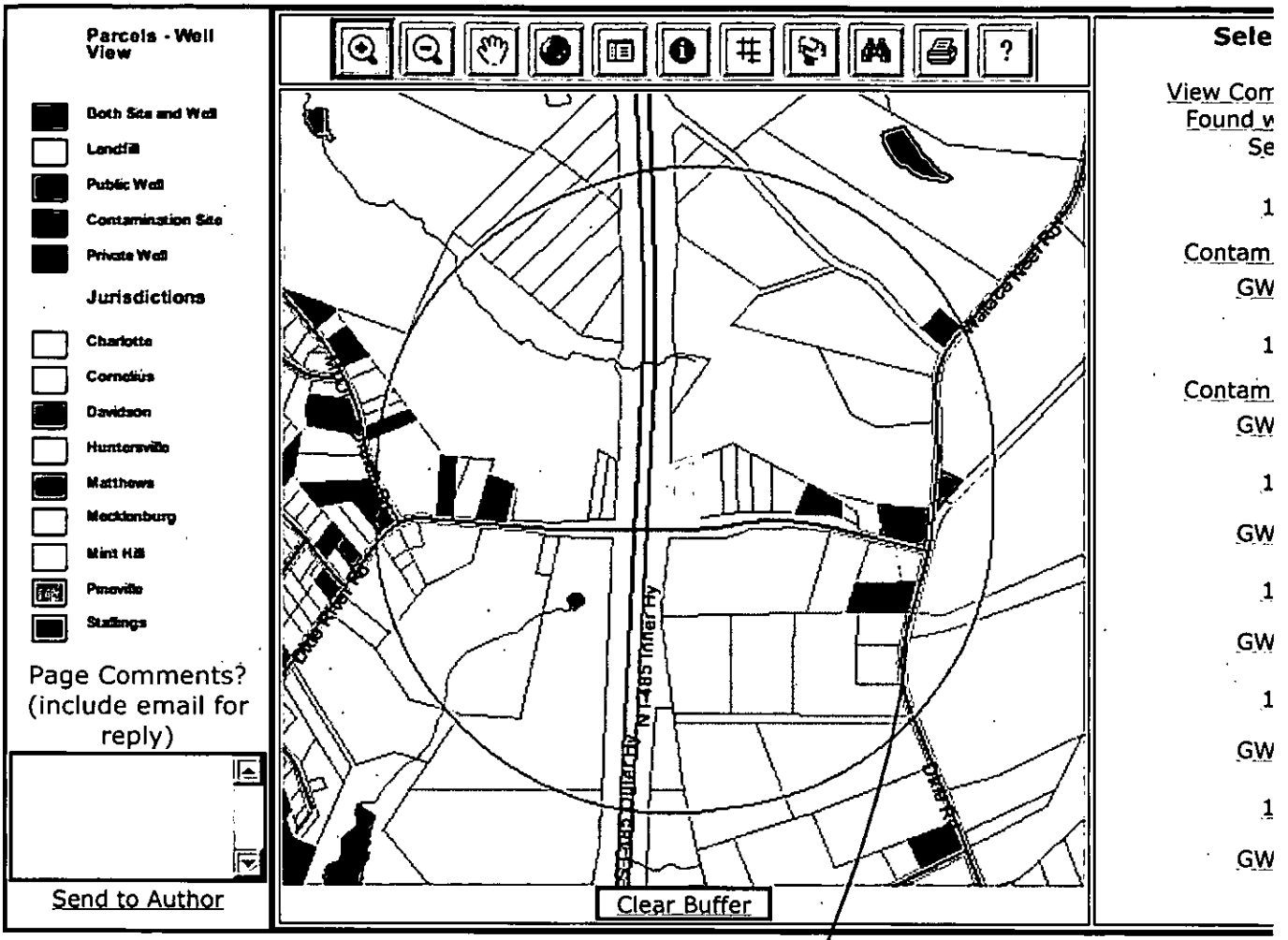
DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



#29
Handy Printing
NCDENR Inc No. 23013
MPL# 981

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 11315410
Name: HANDY PANTRY #29
House No: 5806
Street Dir:
Street Name: WALLACE NEEL
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28208
NC Incident Number: 23013 EXIT Well Information System →

* Link to GIS Real Estate System

Rept. for ARGU Review
9521 Dixie River Rd., Charlotte, NC
PID# 113-154-01
File # 21662
Application#1820

Public water supplied by CMUD is currently available for this site.

1/18/07 (Thurs.) - Received request for ARGU review for private well abandonment for WSW#1 located at 9521 Dixie River Rd., Charlotte, PID#113-154-01. According to the WIS, there are no wells registered at this property.

1/22/07 (Mon.) - Conducted ARGU Review. Identified one MPL site within 1,500' of the subject parcel.

MPL# 981 Handy Pantry #29
5806 Wallace Neal Rd., Charlotte, NC
PID# 113-154-10
NCDENR UST Section Inc. #23013
Source-petroleum USTs

File Review of MPL# 981:

NCDENR UST database indicates a high risk active file for a petroleum UST release incident with groundwater contamination. No record of onsite WSW sampling was noted.

A MPL investigation was completed in 2003. Fourteen wells were identified and 2 were sampled with no detections.

This property is within 1,500' of the subject site.

Based on review of our files, the permit for a private well abandonment for WSW#1 at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

End.

WORK ORDER

Workorder No: 71818
Description ARGU Well Review
Submitted To: CORBITT, LISA
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: CLOSED

Initiated Date: 1/23/2007 12:45:27 PM
Projected Start Date: 1/23/2007
Projected Finish Date:
Actual Start Date: 1/22/2007
Actual Finish Date: 1/22/2007
Date Closed: 1/24/2007 11:55:58 AM

Entity Type: ARGU_WELLS
Facility ID: 8742
Entity Location: 8742

SITE INFORMATION

Workorder Address: 11315401
and/or
General Location:
Town:

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:

Comment:
Create one work order per site
By CALDWELL, SHAWNA: 1/23/07 12:49:02 PM
Based on review of our files, the permit for a private well abandonment for WSW#2 at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

WORK ORDER

Workorder No: 71818
Description ARGU Well Review
Submitted To: CORBITT, LISA
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 1/23/07 12:45:27 PM
Projected Start Date: 1/23/07
Projected Finish Date:
Actual Start Date: 1/22/07
Actual Finish Date: 1/22/07
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 8742
Entity Location: 8742

SITE INFORMATION

Workorder Address: 11315401
and/or
General Location:
Town:

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:

Comment:
Create one work order per site
By CALDWELL, SHAWNA: 1/23/07 12:49:02 PM
Based on review of our files, the permit for a private well abandonment for WSW#2 at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

Hydrogeologist Permit Application Review

Application #: 1827
Permit File #: 21662

Permit Type: Abandonment (Commercial)

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:

Based on review of our files, the permit for a private well abandonment for WSW#2 at PID# 113-154-01, 9521 Dixie River Rd., Charlotte, NC is approved. This review indicated no record of sampling indicating impact to this well, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 Chapter IV Construction Remain and

EHS Review | Update | The application has been forwarded to Jeremy Michael for review.

App. #: 1827

Septic Fee: 0.00

Date:

CRT[ ]

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

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 21662

Well Fee: 0.00

Date: 1/22/2007

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 #: 113-154-01 ☐ PO

STREET ADDRESS: 9521 DIXIE RIVER RD

CITY: Charlotte

STATE: NC ZIP:

LOT #: 0

TOWNSHIP: 00

General Comments:

Well # 2 on property

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS

☑ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 0

NUMBER OF EMPLOYEES PER SHIFT: 0

NUMBER OF SHIFTS: 0

TYPE OF WASTEWATER:

☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

☐ TOILETS/URINALS ☐ HANDSINK/S

☐ SHOWERS ☐ FLOOR DRAINS

☐ OTHER

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWAER FLOW AND/OR A JUSTIFICATION FOR A 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: City of Charlotte

ADDRESS: 600 E 4th St

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28202

HOME PHONE: WORK:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: D L Mullis Well Drilling Inc.

ADDRESS: P O Box 691446

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK: 704-545-5694

Mullis
WELL DRILLING INC.
CHARLOTTE, NC
Water Systems \ Water Treatment

PO Box 691446
Charlotte, NC 28227

Ph: 704/545-5694
Fax: 704/545-9449

www.mulliswell.com

1-22-07

To: Shawna Coadwell

FAX- 336-4391

From: Allison Price

#of pages: 2

Re: 9521 Dixie River Rd.

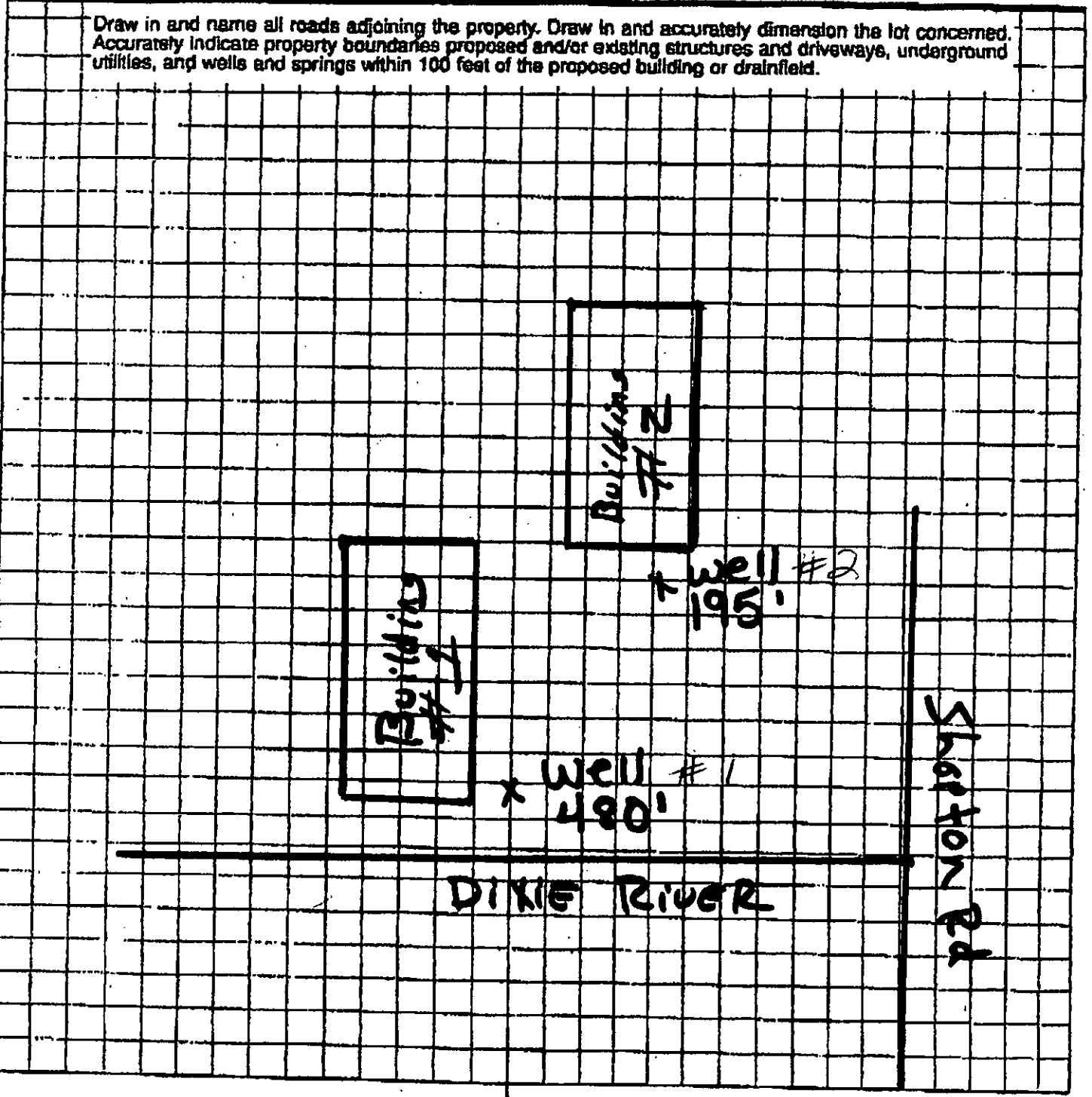
One well is 195ft.
The other is 480ft.

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

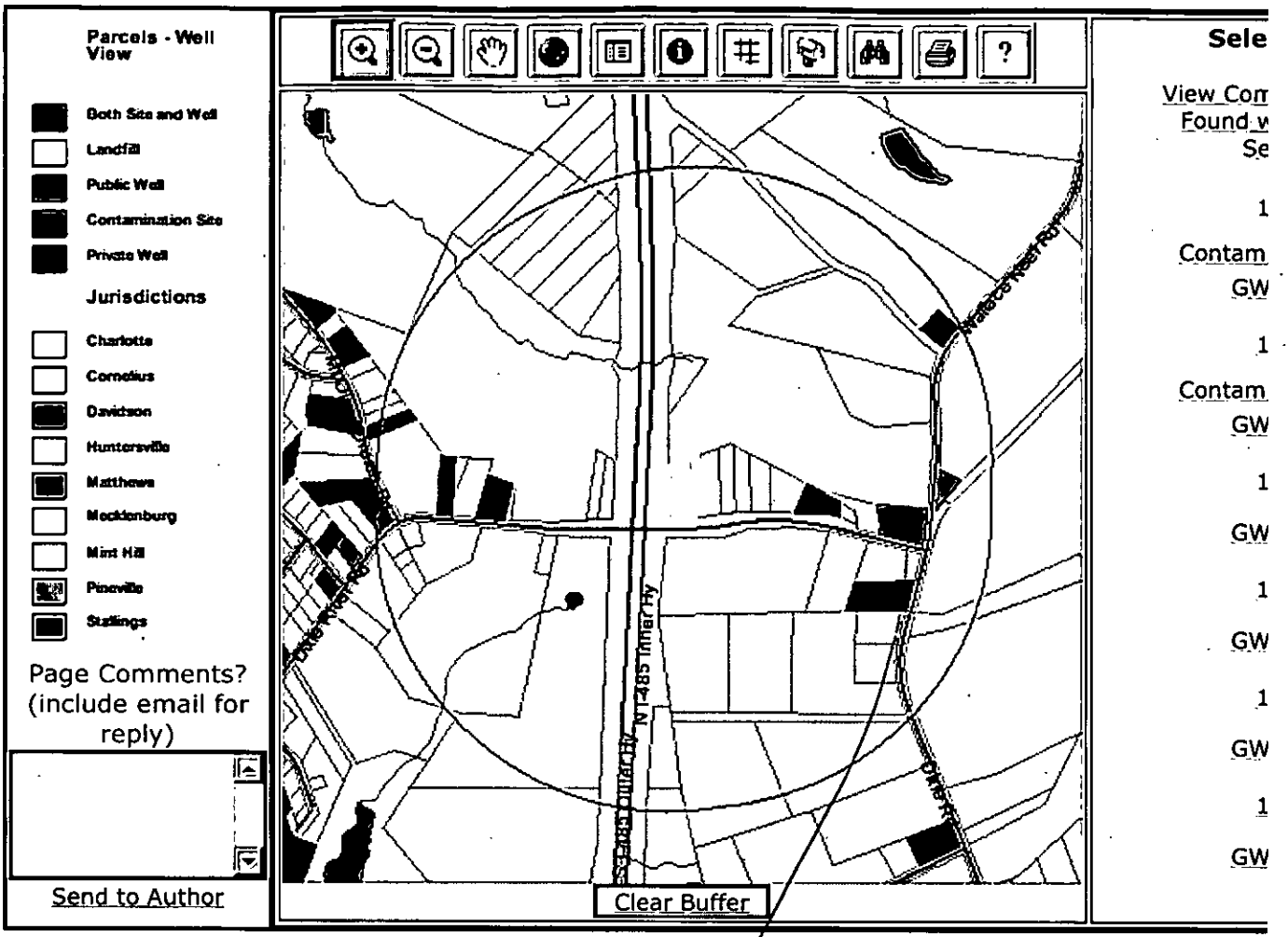
DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



Hardy Pantry #39
NCDENR Inc No. 23013
MPL# 981

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 11315410
Name: HANDY PANTRY #29
House No: 5806
Street Dir:
Street Name: WALLACE NEEL
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28208
NC Incident Number: 23013 EXIT Well Information System →

* Link to GIS Real Estate System

Rept. for ARGU Review
9521 Dixie River Rd., Charlotte, NC
PID# 113-154-01
File # 21662
Application#1827

Public water supplied by CMUD is currently available for this site.

1/22/07 (Mon.) - Received request for ARGU review for private well abandonment for WSW#2 located at 9521 Dixie River Rd., Charlotte, PID#113-154-01. According to the WIS, there are no wells registered at this property.

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MPL# 981 Handy Pantry #29
5806 Wallace Neal Rd., Charlotte, NC
PID# 113-154-10
NCDENR UST Section Inc. #23013
Source-petroleum USTs

File Review of MPL# 981:

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End.