


6628 DANBROOKE PARK DR

13720103

1/2/2008

duponbj

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

# Mecklenburg County
## Health Department

**MEMORANDUM**

TO: Susan Uzzell
Accountant III
FROM: Sylvia D. Daniel, R.S.
Program Chief
DATE: April 5, 1999
REF: 6628 Danbrooke Park/File #2870B
SUBJECT: Refund

---

(Mr./Mrs./Co.) Sun Life/Four Seasons paid $50.00 for an addition to use the existing septic system on February 22, 1999.

A refund should be issued for fifty dollars $50.00 because this residence is connected to city sewer. This office will not provide any services.

Please make check payable to: Sun Life/Four Seasons
3911 E. Independence Boulevard
Charlotte, NC 28205

#50.00 cash
VLW
2-22-99

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 28208

Date: 2-22-99

PERSON FILING APPLICATION:
NAME: SunLife / Four Seasons (last) (first) (mi)
ADDRESS: 3911 E. Independence PHONE: (__) 535-3471
CITY: Charlotte STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-201-03
STREET ADDRESS: 6628 Danbrooke Pk

ZONING:

PROPERTY OWNER:
NAME: Hedemus, Otmar (last) (first) (mi)
ADDRESS: 6628 Danbrook Pa PHONE: (704) 543-7271
CITY: Mint Hill STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Sunroom
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Marilyn Royce Date: 2/22/99

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WATER : 122791

# PROPOSED PLOT PLAN

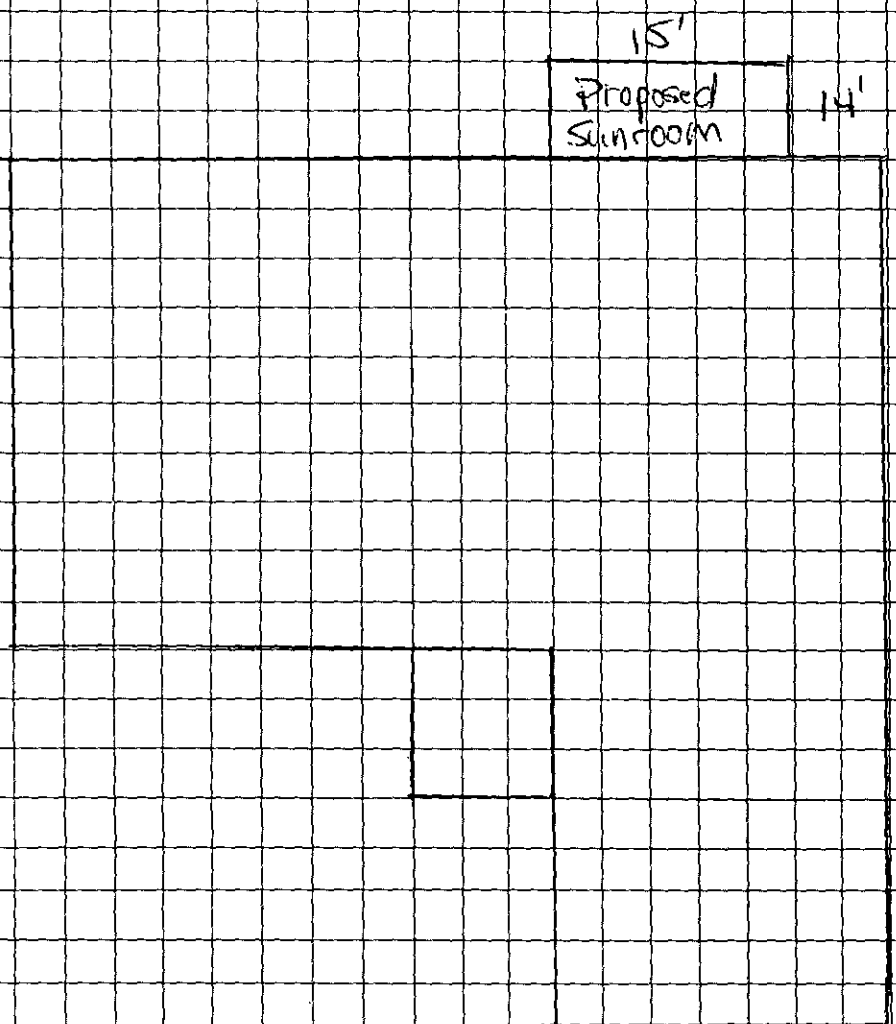
COPY

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2870B

TC: 137-201-03

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.




Dan Brook

Marilyn Boyce
OWNER/AGENT SIGNATURE

DATE 2/22/99

APPROVAL DATE _____

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 28693 WASPS App #: 3757

Primary ES assigned to project: Debra Howell

Secondary ES assigned to project:

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 ☐ |

Comments: # Items requiring correction/modification: _____

**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 ☐ | |

Comments: # Items requiring correction/modification: _____

Application received date: 2/12/08 ES assigned date: _____ Permit issued date: 2/19/08

Well approval date: 2/21/08 Number of days to complete project: _____

Review performed by: Jodi L. Stutts Date performed: 3/7/08

# WELL ABANDONMENT RECORD

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

**WELL CONTRACTOR CERTIFICATION #** 2216

**1. WELL CONTRACTOR:**

Kavin Morris
Well Contractor (Individual) Name

Ford Environmental Services, LLC
Well Contractor Company Name

STREET ADDRESS 122 S Linwood Ave

Charlotte NC 28208
City or Town State Zip Code

704-309-0105
Area code - Phone number

**2. WELL INFORMATION:**

SITE WELL ID # (if applicable) NA

STATE WELL PERMIT # (if applicable) NA

COUNTY WELL PERMIT # (if applicable)

DWQ or OTHER PERMIT # (if applicable) NA

WELL USE (Check applicable use): ☐ Monitoring ☑ Residential

☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural

☐ Recovery ☐ Injection ☐ Irrigation

☐ Other (list use)

**3. WELL LOCATION:**

COUNTY Meck QUADRANGLE NAME

NEAREST TOWN: Charlotte

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

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other

(Check appropriate setting)

LATITUDE __ __ _____

LONGITUDE __ __ _____

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 and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY Former Todd Residence

STREET ADDRESS 2507 Sam Wilson Rd

Charlotte NC 28214
City or Town State Zip Code

**4b. CONTACT PERSON/WELL OWNER:**

NAME Sykes Industrial Solutions - Charlotte One LLC

STREET ADDRESS PO Box 739 Tampa FL 33637

**5. WELL DETAILS:**

a. Total Depth: 305 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): 120 ft.

Measuring point is 1 ft. above land surface.

**6. CASING:**

| | Length | Diameter |
|---|---|---|
| a. Casing Depth (if known): | 148 ft. | 6 in. |
| b. Casing Removed: | NO ft. | NO in. |

**7. DISINFECTION:** 2½ cups

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

**8. SEALING MATERIAL:**

| Neat Cement | Sand Cement |
|---|---|
| 20 bags Cement 1880 lb. | Cement lb. |
| Water 200 gal. | Water gal. |

**Bentonite**

Bentonite 40 lb. 5 bags

Type: ☐ Slurry ☑ Pellets

Water gal.

**Other**

Type material NO

Amount NO

**9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:**

Pumped from Botton to Top

**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** 2-7-08

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.

Kavin Morris 2-7-08

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.)

Kavin Morris

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.**
**Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617. Phone No. (919) 733-7015 ext 568.**

Form GW-30
Rev. 5/06

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5193
Fax: (704) 336-6894

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

**Permit#:** 10003267 **File #:** 28698 **Tax Parcel #:** 055-211-31
**Property Owner:** Sykes Industrial Solution, LLC
**Job Location Address:** 2507 SAM WILSON RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28214
**Permit Issuance Date:** 2/19/2008
**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:**

Debra Howell R.S.
Authorized Agent: Print Name

Debra Howell R.S.
Signature:

Elliott Ford
Owner/Legal Agent: Print Name

Elliott Ford
Signature:

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#:** 10003257 **File #:** 2869B **Tax Parcel #:** 055-211-31
**Property Owner:** Sykes Industrial Solution, LLC
**Job Location Address:**2507 SAM WILSON RD
**City/ETJ:**CHARLOTTE **State:** NC **Zip Code:** 28214
**Permit Issuance Date:** 2/19/2008
**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:**

Debra Howell R.S.
Authorized Agent: Print Name

Debra Howell R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

5 C+hw DH

FILE NUMBER: 28698 Revised On: August 31, 2007 APPLICATION NUMBER: 3257

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: N/A DATE: 2/18/08

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: 055-211-36
STREET ADDRESS: 2507 Sam Wilson Rd
CITY: Char
STATE: NC ZIP: 28214
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 1
TOWNSHIP: Char.

☒ 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 ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1
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 (SEPTIC) 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: Sykes Industrial Solutions, LLC
ADDRESS: P.O. Box 739
CITY: Tampa
STATE: FL ZIP: 33637
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Elliott Ford III
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: 634 1670 FAX: 394-8963

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.

Elliott Ford 2-18-08
Property Owner's or Owner's Legal Representative Signature Date

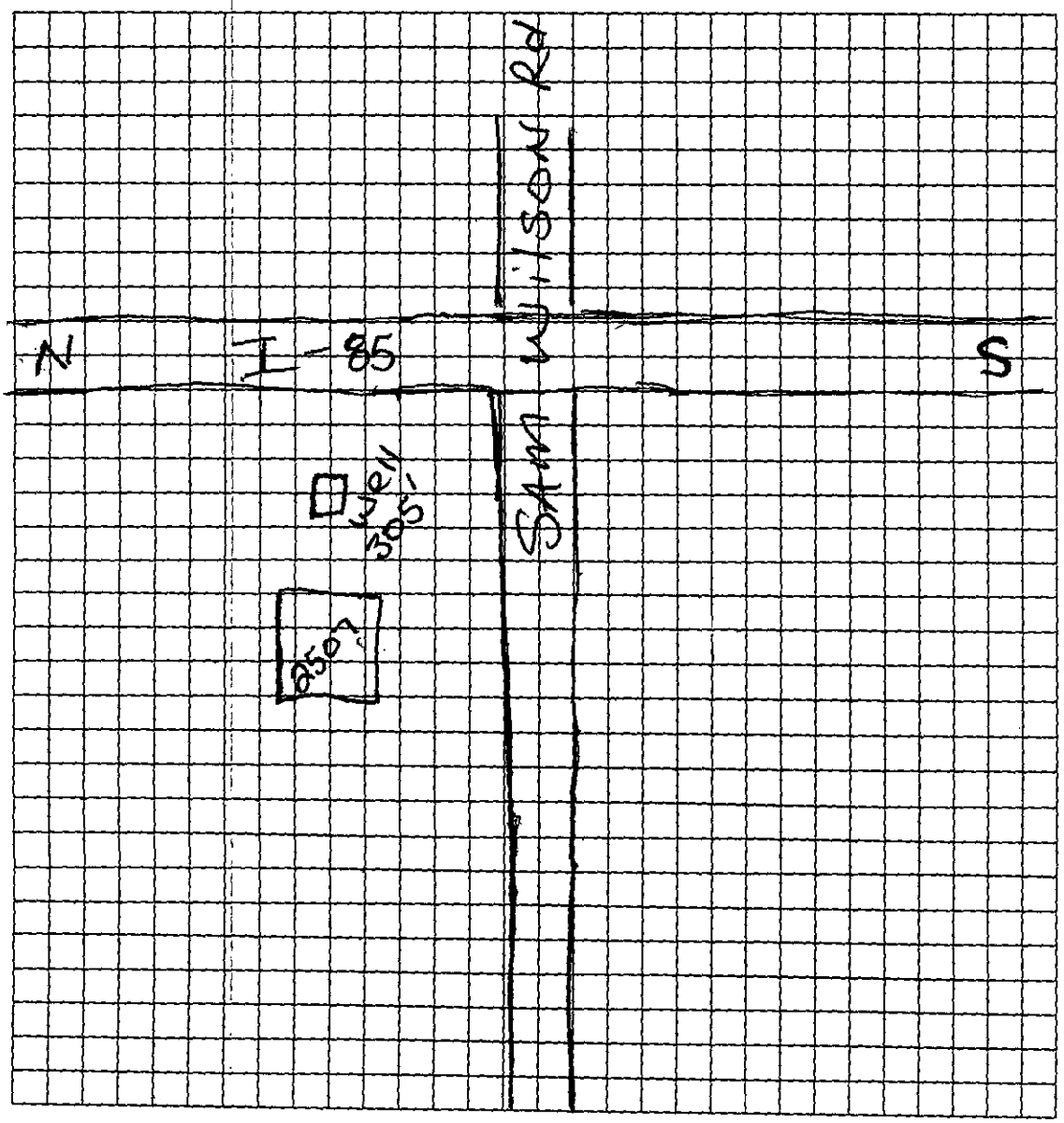
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County
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 #_____
Date_____

# PROPOSED 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. If this a repair indicate the type of repair.




| | |
|---|---|
| Owner/Agent Signature | Elliott Rice |
| Date | 2-18-08 |

LBC 12/15/04

**Groundwater & Wastewater Services**
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

# WORK ORDER

## Work Order Information

Work Order Number: **75713**
Work Order Type: **ARGU Well Review**
Submitted To: STUTTS, JACK
Date Initiated: 2/27/08 3:53:08 PM
Date Completed: 2/27/08 3:53:00 PM
Date Closed:
Unattached WO: N
Associated SR Number:

Priority: **3**
Status: IP
Initiated By: CALDWELL, SHAWNA
Completed By: CALDWELL, SHAWNA
Closed By:

## Location

Address: **2507 SAM WILSON ROAD**
Location:

## 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: 2/27/08 3:54:09 PM
Based on review of our files, the permit for a private well abandonment at PID# 055-211-31, 2507 Sam Wilson Rd., Charlotte, NC is approved. Records do not indicate sampling or impact to a WSW at the subject parcel, 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 #: 3257
Permit File #: 2869B

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 Debra Howell for review.

App. #: 3257

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 #** 2869B

Well Fee: 0.00

Date: 2/18/2008 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 #: 055-211-31 [ ] PO

STREET ADDRESS: 2507 SAM WILSON RD

CITY: Charlotte

STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

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: 2

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:

[x] 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: Sykes Industrial Solution, LLC

ADDRESS: P O Box 739

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: Elliott Ford III

ADDRESS: unknown

| | | | |
|---|---|---|---|
| CITY: | Tampa | CITY: | Charlotte |
| STATE: | FLORIDA ZIP: 33637 | STATE: | OHIO ZIP: 28200 |
| HOME PHONE: | WORK: | HOME PHONE: | WORK: |
| MOBILE: | FAX: | MOBILE: | 704-634-1670 FAX: 704-394-8963 |

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

**Rept. for ARGU Review**
**2507 Sam Wilson Rd., Charlotte, NC**
**PID# 055-211-31**
**File # 2869B**
**Application#3257**

02/19/08 (Tues.) - Received request for ARGU review for private well abandonment for a WSW located at 2507 Sam Wilson Rd., Charlotte, PID#055-211-31. According to EDMS, there is not an existing well at this property.

02/19/08 (Tues.) - Conducted ARGU Review. Identified 3 MPL sites within 1,500' of the subject parcel.

MPL# 1351 Sam Wilson Road Tanker Spill
West Pointe Dr., Charlotte, NC
PID# 055-231-02
NCDENR UST Section Inc. #?
Source-tanker spill

No record of WSW sampling at the subject site was noted in the file review.

The subject site is within 1,000' of this MPL site.

MPL# 905 Texaco-Sam Wilson Road
2624 Sam Wilson Rd., Charlotte, NC
PID# 053-141-01
NCDENR UST Section Inc. #?
Source-?

MPL investigation completed in 2003. Ten wells located and 3 sampled for VOCs with no detections.

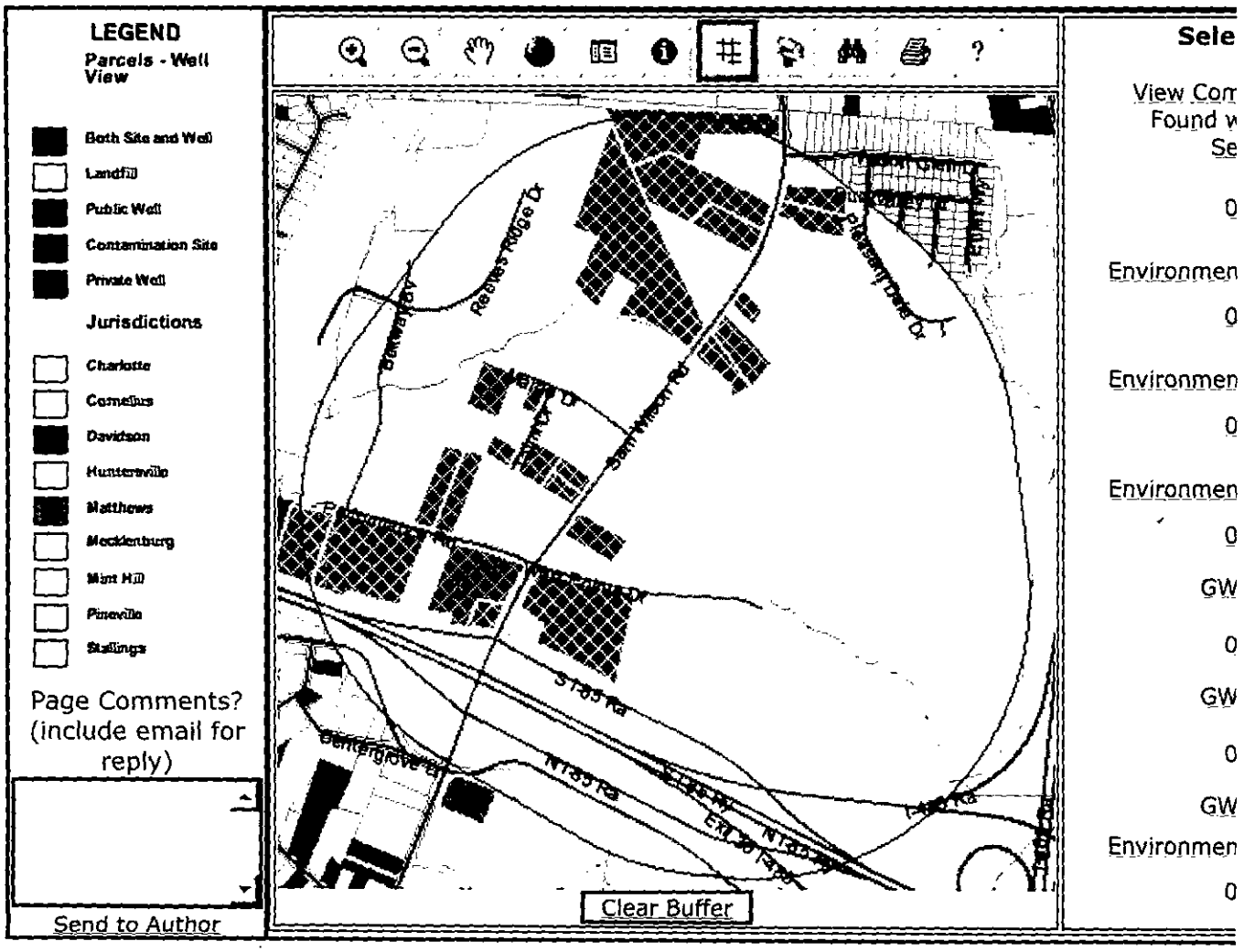
The subject site is within 1,000' of this MPL site.

MPL# 781 WJZY TV46/TV55
3501 Performance Rd., Charlotte, NC
PID# 053-141-03
NCDENR UST Section Inc. #?
Source-?

MPL investigation completed in 2003. Nine wells located and 3 sampled for VOCs with no detections.

The subject site is within 1,500' of this MPL site.

Based on review of our files, the permit for a private well abandonment at PID# 055-211-31, 2507 Sam Wilson Rd., Charlotte, NC is approved. Records do not indicate sampling or impact to a WSW at the subject parcel, 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.


LEGEND
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
Clear Buffer
Sele
View Com
Found v
Se
0
Environmen
0
Environmen
0
Environmen
0
GW
0
GW
0
GW
Environmen
0

**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:** 05523102
**Name:** SAM WILSON ROAD TANKER SPILL
**House No:**
**Street Dir:**
**Street Name:** WEST POINTE
**Street Type:** DR
**City:** CHARLOTTE
**State:** NC
**Zip:**
**NC Incident Number:** 0 EXIT Well Information System →

* Link to GIS Real Estate System

**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:** 05314103
**Name:** WJZY TV46/TV55
**House No:** 3501
**Street Dir:**
**Street Name:** PERFORMANCE
**Street Type:** RD
**City:** CHARLOTTE
**State:** NC
**Zip:** 28214
**NC Incident Number:** 0 EXIT Well Information System

* Link to GIS Real Estate System

**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:** 05314101
**Name:** TEXACO-SAM WILSON RD
**House No:** 2624
**Street Dir:**
**Street Name:** SAM WILSON
**Street Type:** RD
**City:** CHARLOTTE
**State:** NC
**Zip:** 28214
**NC Incident Number:** 0 EXIT Well Information System →

* Link to GIS Real Estate System