

9401 GARRISON RD

14112139

5/23/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 4677 WASPS App #: 2319

Primary ES assigned to project: Jack Shultz

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 ☑

Items requiring correction/modification: _____

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 ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

Application received date: 5/12/07 ES assigned date: _____ Permit issued date: 5/18/07

Well approval date: 7/26/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 7/26/07

Fl.# 4677

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3112

1. WELL CONTRACTOR:

JASON CAIN
Well Contractor (Individual) Name

MACTEC ENGINEERING
Well Contractor Company Name

STREET ADDRESS 2801 Yorkmont Road, Ste 100

Charlotte NC 28208
City or Town State Zip Code

(704) - 357-8600
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) G-5

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 10002319

DWQ or OTHER PERMIT # (if applicable)

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

3. WELL LOCATION:

COUNTY Mecklenburg QUADRANGLE NAME Charlotte West
NEAREST TOWN: Charlotte
9401 Garrison Road Parcel # 141-121-39
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
☒ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate setting)

LATITUDE N 35. 1932
LONGITUDE W 80. 9650
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 N/A Vacant
STREET ADDRESS 9401 Garrison Road
Charlotte, NC
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Elmo Langley
STREET ADDRESS CDIA

5. WELL DETAILS:

a. Total Depth: 65 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 20.1 ft.
Measuring point is _____ ft. above land surface.

6. CASING: Length Diameter

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

7. DISINFECTION: 0.5 oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement 705 lb.
Water 45 gal.

Sand Cement
Cement _____ lb.
Water _____ gal.

Bentonite
Bentonite lb.
Type: ☐ Slurry ☐ Pellets
Water _____ gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
TREMMIE w/ BLACK POLY ROLL PIPE. BOTTOM 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 5/30/07

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:

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 6/13/07

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL — DATE 7/18/07
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113)

JASON CAIN
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

G-5

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#: 10002319 **File #:** 4677 **Tax Parcel #:** 141-121-39
Property Owner: CITY OF CHARLOTTE/AIRPORT
Job Location Address: 9401 GARRISON RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 5/18/2007
Use of Well:
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: NO

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:

Jack L. Stutts RS-12039
Authorized Agent: Print Name

Signature:

Elmo Langley
Owner/Legal Agent: Print Name

Signature:

topozone



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USGS Topo Maps

- 1:24K/25K Topo Maps
- 1:100K Topo Maps
- 1:250K Topo Maps
- (•) Automatic selection

Map Size

- Small
- Medium
- (•) Large

View Scale
1 : 50,000

Coordinate Format
DD.DDD

Map Datum
NAD27

☑ Show target
Email this topo map
Bookmark this topo map
Print this topo map

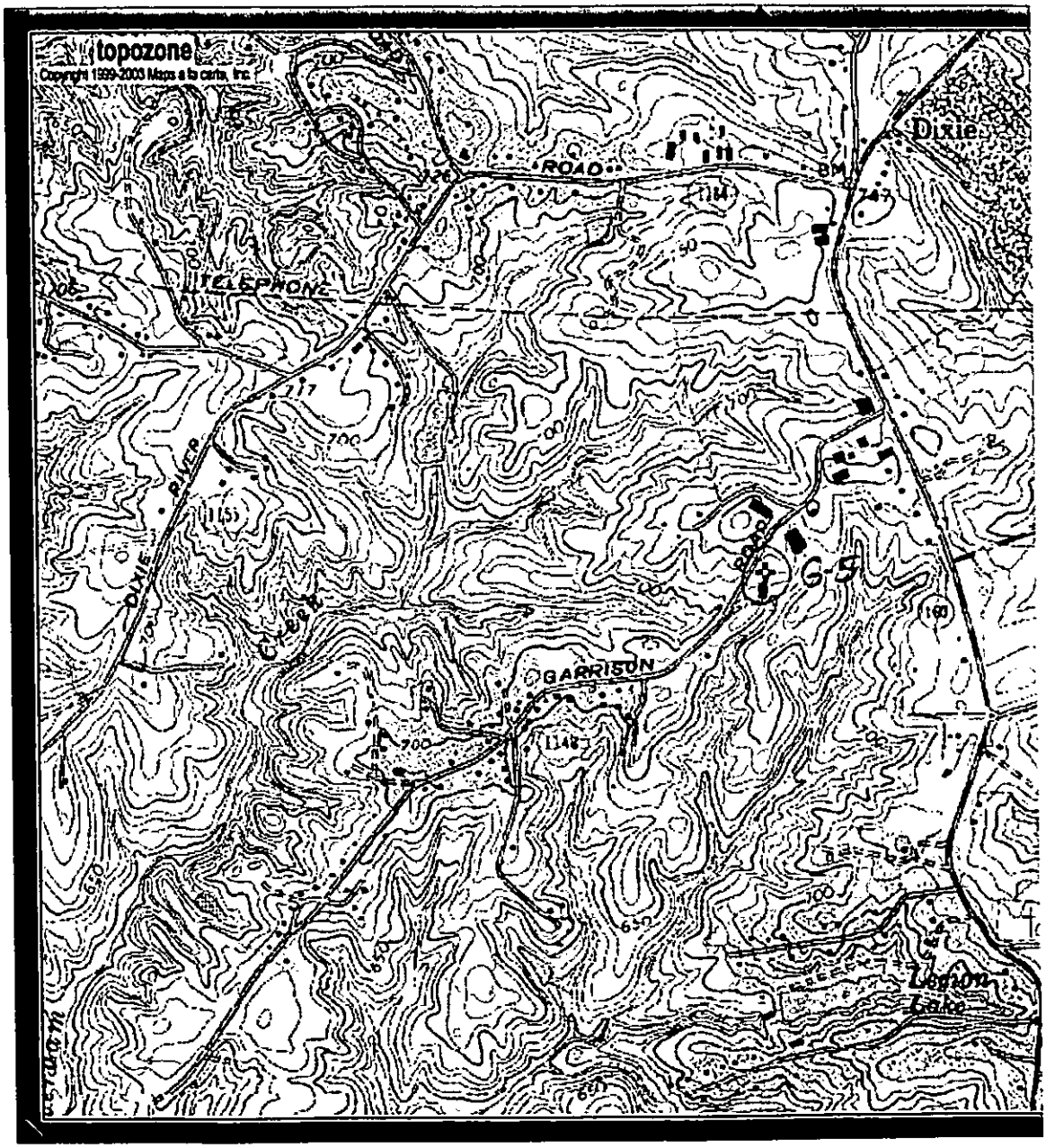
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USGS Charlotte West (NC) Topo

TopoZone Pro: View Aerial Photos, Download Unlimite

35.1932°N, 80.9650°W (NAD27)

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

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Type of Facility Served by Well:
Sewage System Type: None

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- ☐ 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:

Jack L. Stutts RS-I2039
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

FILE NUMBER: 4677 Revised On: January 3, 2007 APPLICATION NUMBER: 2319

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: 141-121-39
STREET ADDRESS: 9401 Garrison Road
CITY: Charlotte
STATE: NC ZIP:
LOT #: LOT SIZE (acres): 1.7
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: Former Commercial Building. To be developed as new runway area
☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: N/A
NUMBER OF EMPLOYEES PER SHIFT:
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)

☐ 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: City of Charlotte/Charlotte Douglas Int. Airport
NAME:
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: 704-357-8638

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.

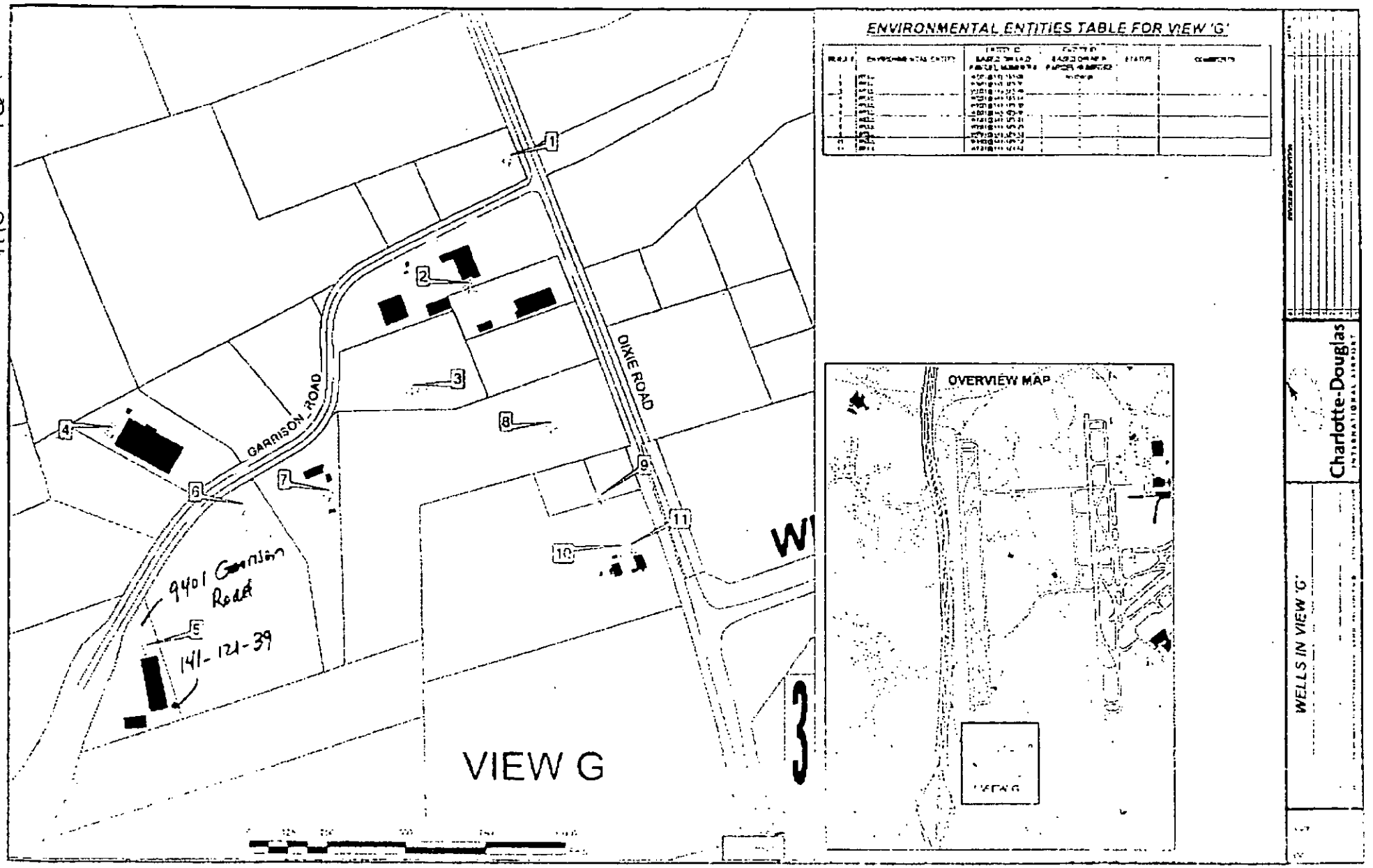
Property Owner's or Owner's Legal Representative Signature Date

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 5/18/07
Property Owner's or Owner's Legal Representative Signature Date

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

file # 4077



ENVIRONMENTAL ENTITIES TABLE FOR VIEW 'G'

MAP #	ENVIRONMENTAL ENTITY	TAX ID (PARCEL NUMBER)	OWNER (PARCEL OWNER)	STATUS	COMMENTS

WELLS IN VIEW 'G'

Charlotte-Douglas INTERNATIONAL AIRPORT

MAY 18 2007 12:37 FR TO 0215550001

GARRISON ROAD
DIXIE ROAD
9401 Garrison Road
141-121-39
VIEW G
OVERVIEW MAP
ENVIRONMENTAL ENTITIES TABLE FOR VIEW 'G'
WELLS IN VIEW 'G'
Charlotte-Douglas
INTERNATIONAL AIRPORT

file # 4677