

9338 ARDREY WOODS DR

22937503

1/10/2008

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6573B WASPS App #: 930

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: Debra Howell

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: 6/1/06 ES assigned date: 6/1/06 Permit issued date: 6/20/06

Well approval date: 4/5/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 4/9/07

6573B

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: GWO-72482
Address: 9338 Ardrey Woods Drive
Charlotte, NC **Zip:** 28277
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:**
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Foster/Thep Hme

Collected By: DEBRA HOWELL **Date:** 3/14/2007 **Time:** 11:55:00 AM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	3/15/2007
Nitrate as N	3.21	mg/l	3/15/2007

RECEIVED
APR 13 2007
LUESA

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be < 1.0 mg/l and Nitrate-N < 10.0 mg/l

Sample Temperature on Receipt: 8.5 °C
Date Received: 3/15/2007 **Report Date:** 3/30/2007 **Reported By:** Debbie Moncol
Today's Date: 3/30/2007 **Reference:** 4070 **Login Batch** 07030033 **Sample Number:** AB54291

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: GWO - 72482 **County:** Mecklenburg

Address: 9338 Ardrey Woods Charlotte, NC **ZIP:** 28277

Source: Well **Type of Sampling Point:** Well head

Collected By: DH **Date:** 3/14/2007 **Time:** 11:55 AM

Signed By: Howell, Debra **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Absent

Sample No: AB00343 **Date Received:** 3/15/2007 **Time Received:** 8:10:00 AM

Date Reported: 3/16/2007 **Today's Date:** 3/16/2007

Comments:

Mecklenburg Co. Env. Health
ATTN: Howell, Debra
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier **05-16-21**

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

Close Print

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P.O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, NC 27611-8047

INORGANIC CHEMICAL ANALYSIS

Name of System:	GWO-72482	**Source of Water:**	Ground
Address:	9338 Ardrey Woods Drive Charlotte, NC 28277	**Source of Sample:** **Type of Sample:** **Type of Treatment:** **Type of Analysis:**	 Raw None Nitrate
County:	MECKLENB		
Report To:	Mecklenburg Co. Env. Health 700 North Tryon Street Charlotte, NC 28202	**Attn:** **Courier:**	 (704) 336-5101 05-16-21

Collected By: DEBRA HOWELL **Date:** 3/14/2007 **Time:** 11:55:00 AM
Location of Sampling Point: Well Head
Remarks:

Test Results

Parameters	Results	Units	Date Analyzed
Nitrate as N	3.21	mg/l	3/15/2007
Nitrite as N	<0.10	mg/l	3/15/2007

Date Received: 3/15/2007 **Report Date:** 3/29/2007 **Reported By:**
Today's Date: 4/5/2007 **Ref:** 4070 **Login Batch:** 07030033 **Sample Number:** AB542

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

6573B

WELL CONTRACTOR CERTIFICATION # 2226 229-375-03

1. WELL CONTRACTOR:
Richard Gibson
Well Contractor (Individual) Name
McCall Brothers
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire
Charlotte N.C. 28216
City or Town State Zip Code
(704) 399-1500
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) N-A
STATE WELL PERMIT#(if applicable) 10000930
DWQ or OTHER PERMIT #(if applicable) N-A
WELL USE (Check Applicable Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☑ Other ☐ (list use)
DATE DRILLED 10-9-06
TIME COMPLETED 4:00 AM ☐ PM ☐

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck.
9338 Audrey Woods
(Street Name, Numbers, Community Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 01.284
LONGITUDE 80° 48.840
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)

4. FACILITY - is the name of the business where the well is located.
FACILITY ID #(if applicable) N-A
NAME OF FACILITY Audrey Woods
STREET ADDRESS 9338 Audrey Woods
Charlotte NC 28277
City or Town State Zip Code
CONTACT PERSON Matt Kelly
MAILING ADDRESS 11301 Reames Rd.
Charlotte N.C. 28269
City or Town State Zip Code
(704) 400-3142
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 500 ft.
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 5 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1.5 FT. Above Land Surface*
*Top of casing terminated above below land surface may require a variance in accordance with 15A NCAC 2C .0118. CS.
e. YIELD (gpm): 60 METHOD OF TEST air lift
f. DISINFECTION: Type H-H Amount 2 cups
g. WATER ZONES (depth):
From 60 To 70 From 410 To 420
From 75 To 80 From ____ To ____
From 340 To 350 From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 45	Ft.	6	6.18	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 46	Ft.	Cement	Pump
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From ____	To ____	Ft.	____ in.	____ in.	
From ____	To ____	Ft.	____ in.	____ in.	
From ____	To ____	Ft.	____ in.	____ in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From ____	To ____	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	10	red clay sandy soil
10	30	gray rock not hard
30	40	slate type
40	50	hard rock
50	100	black rock rock
100	200	mix rock (Black)
200	300	mix stone
300	400	mix with granite
400	500	mix with granite

11. REMARKS: real good well

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

Richard Gibson 10-9-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Richard Gibson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1b
Rev. 7/05

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 CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000930 **File #:** 6573B **Tax Parcel #:** 229-375-03
Property Owner: ABM CROSLAND LANDSCAPE SERVICES
Job Location Address: 9338 ARDREY WOODS
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 6/20/2006
Use of Well: Irrigation
Type of Facility Served by Well:
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction 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.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- 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. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOCs) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Chris Sherrill RS, LSS
Authorized Agent: Print Name
Signature

McCall Brothers Inc
Owner/Legal Agent: Print Name
Signature: Joe McCall Jr

MCCALL BROTHERS INC. ACCOUNT # X27070 #930 FX TO- 704 336 6894 on acct X 7070

SEPTIC FEE: DATE: CRT [ ]

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

FILE # 6573B

WELL FEE: 400.00 DATE: 6/1/06 CRT [ ] JC

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 229-375-03
STREET ADDRESS: 9338 Andrey Woods DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28277
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION: Chris

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

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

WATER SUPPLY:
☐ MUNICIPAL (M) ☒ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☒ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☒ YES	☐ NO

PROPERTY OWNER: Prosland
NAME: A B M LANDSCAPE SERVICES
ADDRESS: 11301 REAMES Rd
CITY: CHARLOTTE
STATE: N.C. ZIP: 28269
HOME PHONE: WORK PHONE: 704-596-7004
MOBILE PHONE: 704-400-3142 FAX: 704-596-0599

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: McCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266 (704)
HOME PHONE: WORK PHONE: 399-1566
MOBILE PHONE: FAX: 398-2605

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

6573B

Crosland
well
9359 Ardrey Woods Drive
Ardrey Woods
Preliminary Subdivision Plan
8511 Carter Pross Rd
STOP
25
1
4.2

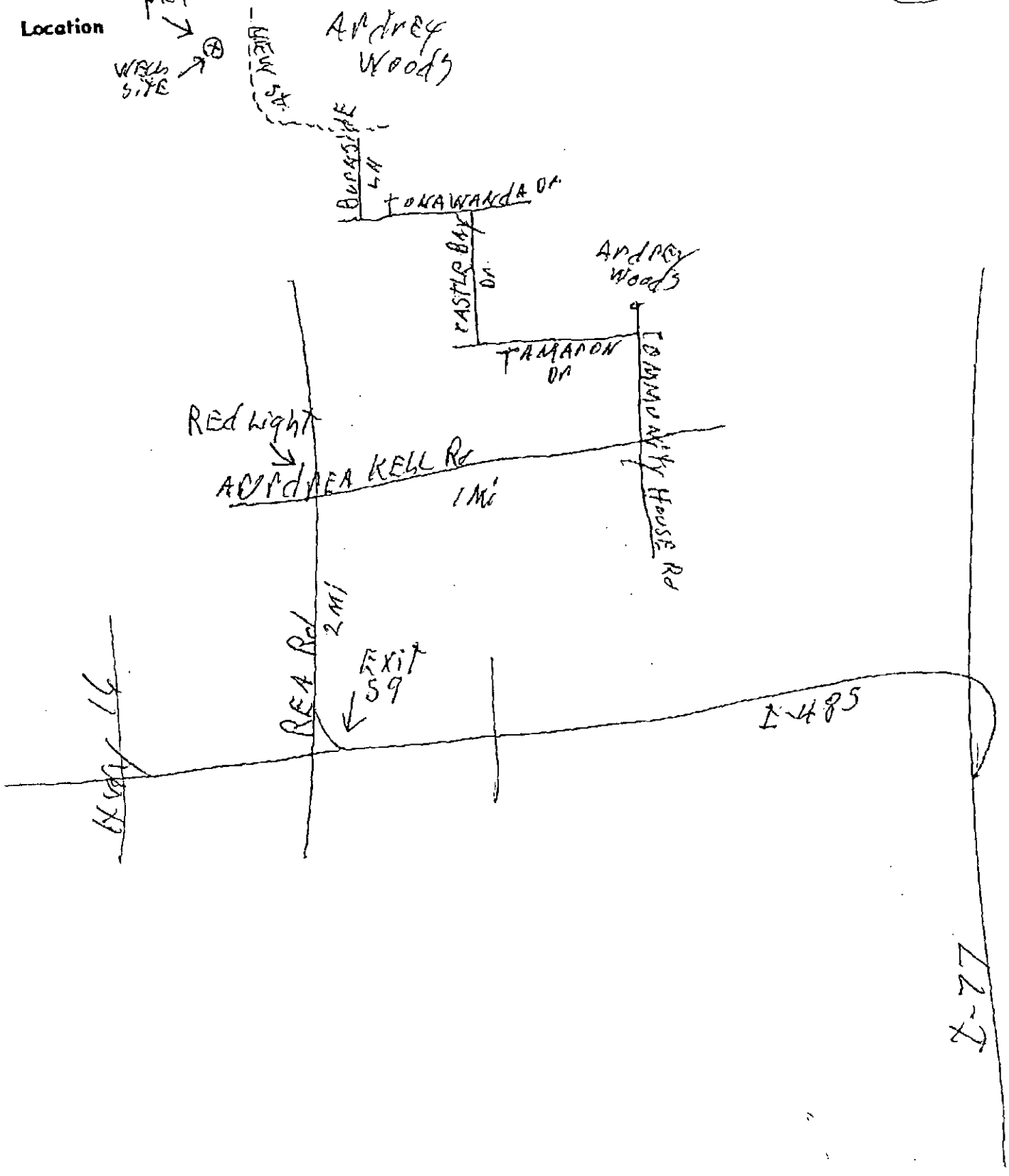
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO. 47032758

65738

Name ABM Landscape

Address

Location



U. N. M.

Salesman

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/01/06	**Amount:**	400.00
Receipt #:	44299	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X27070
Contractor: MCCALL BROS INC
Attn:
Address: P O BOX 668710
Address:
City/State/Zip: CHARLOTTE, NC 28266-8710

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 9338 Ardrey Woods Drive		1	400.00	400.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00	355.98	1,192.32			

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6573B WASPS App #: 1224

Primary ES assigned to project: Chris Skaith

Secondary ES assigned to project: Debra Howell

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: 8/18/06 ES assigned date: 8/19/06 Permit issued date: 8/24/06

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

Review performed by: _____ Date performed: _____

ATT Mike Corson

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5694

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001284 **File #:** 67178 **Tax Parcel #:** 229-375-03
Property Owner: CROSLAND ARDREY WOODS
Job Location Address: 9330 ARDREY WOODS DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 8/24/2006
Use of Well: Irrigation
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction 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.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- 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. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOCs) ☐ Semivolatile Compounds ☒ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☒ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

VERNON LASSITER
Owner/Legal Agent: Print Name

Signature:

App. #: 1284

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 # 6717B

Well Fee: 400.00

Date: 8/18/2006 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 #: 229-375-03 [ ] PO

STREET ADDRESS: 9330 ARDREY WOODS DR

CITY: Charlotte

STATE: NC ZIP: 28277

SUBDIVISION OR MOBILE HOME PARK NAME: ARDREYWOODS

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: 1

NUMBER OF BEDROOMS: 1

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

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: CROSLAND ARDREY WOODS

ADDRESS: 227 W TRADE STREET S800

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28202

HOME PHONE: WORK: 704-676-1577

MOBILE: FAX: 704-521-5181

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

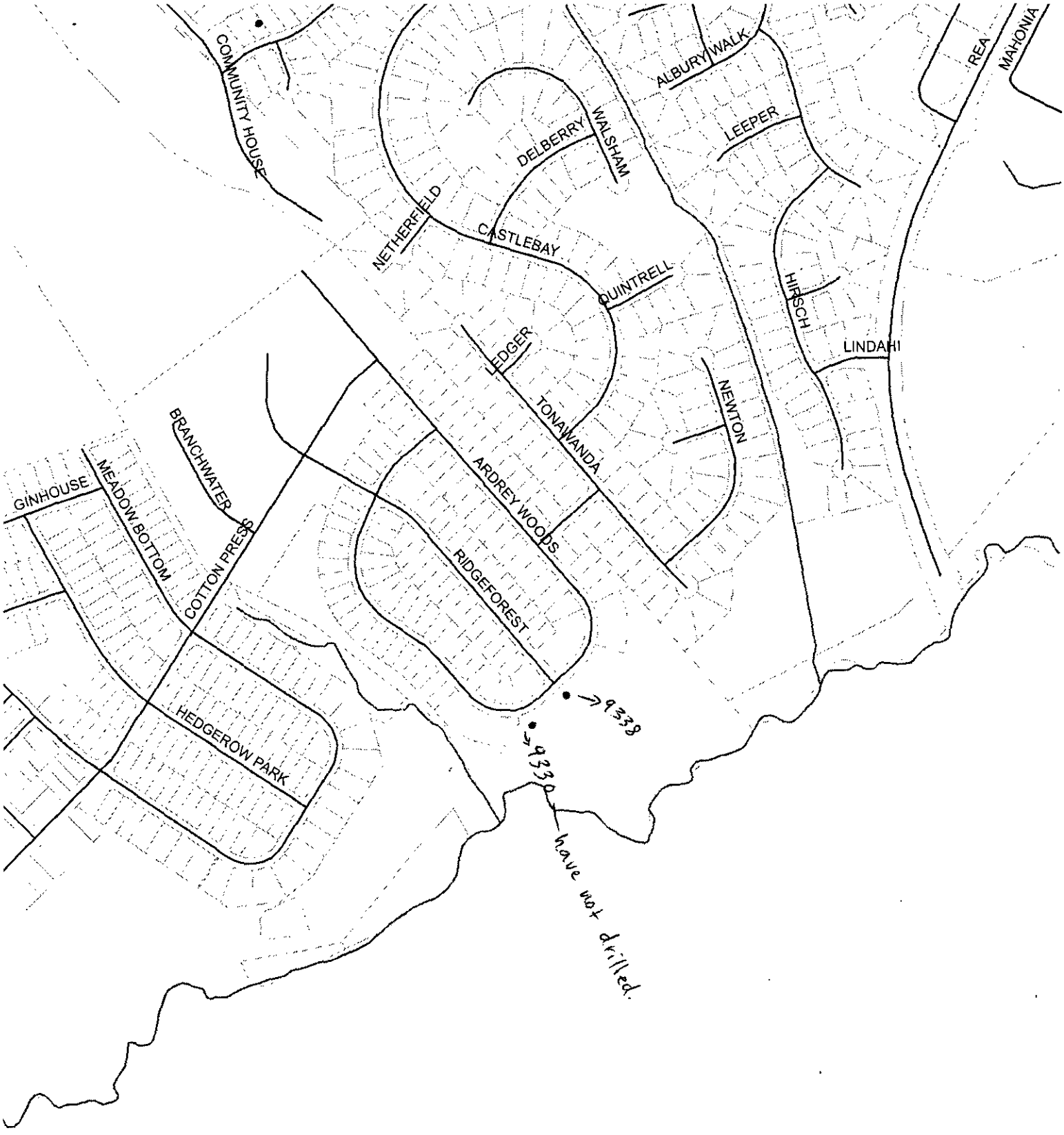
HOME PHONE: WORK:

MOBILE: FAX:

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


COMMUNITY HOUSE
ALBURY WALK
REA
MAHONIA
DELBERRY
WALSHAM
LEEPER
NETHERFIELD
CASTLEBAY
QUINTRELL
HIRSCH
LINDAHI
LEDGER
TONAWANDA
NEWTON
BRANCHWATER
ARDREY WOODS
GINHOUSE
MEADOW BOTTOM
COTTON PRESS
RIDGEFOREST
HEDGEROW PARK
9338
9330
have not drilled.