

9637 WADE ARDREY RD

5/31/2007

duponbj

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15953

File: 5410A Action 1

Parcel: 22903110 ☐ PC

Location: Wade Ardrey Road

Subdivision:

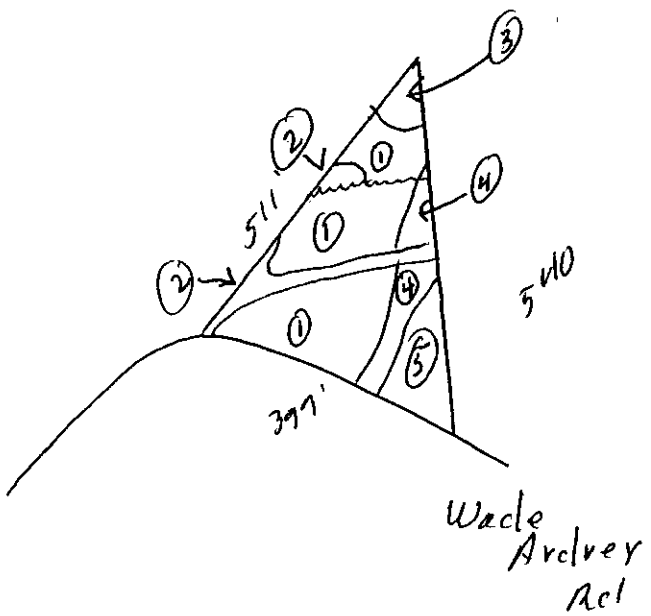
Lot: Block: Acres: 1.4

Owner: E. Lowell Mason
Address: P. O. Box 3007
Charlotte, NC 28210

Comments: _____

Described by: William R. Marks

Date: 1-31-89



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) complex slopes	(S) PS U 2-10%	(S) PS U 2-8%	(S) PS U 2-6%	S PS U
Texture	S (PS) U clay	S PS U —	S (PS) U clay	S PS (U) 2-1 clay	S PS (U) 2-1 clay	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U
Drainage	S (PS) U 736" To water	S PS U —	S (PS) U 736" To water	S (PS) U 736" To water	S PS (U) Perched water 20-36"	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS (U) 29-36"	S PS (U) 24-36"	S PS (U) 30-36"	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S (PS) U 736"	S (PS) U 736"	S (PS) U 736"	S PS U
Available Space	S (PS) U	S PS U —	S PS (U) Restricted	S PS (U) Restricted	S (PS) U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cec-1-1.4%	complex slopes	IVA Pacolet-1.4%	IVB Mecklenburg 1.4%	IVB Iredell 1.4%	
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

January 31st, 1989

E. Lowell Mason
P. O. Box 3007
Charlotte, NC 28210

RE: Property located at Wade Ardrey Road
FILE: 5410A
PARCEL: 22903110

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15953) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5410A

TC: 229-031-10

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: WADE ARDREY Rd.

② SUBDIVISION: ——— ③ LOT: ——— ④ BLOCK: ———

⑤ PARCEL REFERENCE: BOOK NO.: ——— PAGE NO.: ——— PARCEL NO.: 229-031-10

⑥ DEED REFERENCE: BOOK NO.: 4969 PAGE NO.: 681

OWNER

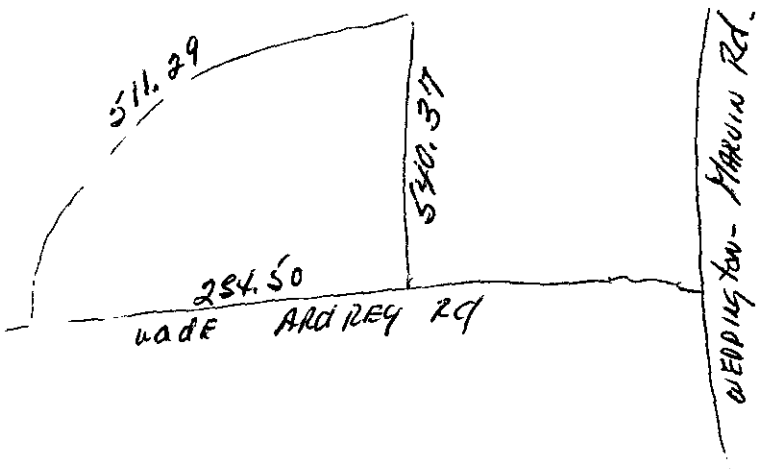
⑦ NAME: E LOWELL MASON (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. Box 3007

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28210

⑫ PHONE: (WORK) 399-7335 (HOME) 551-7067

⑬ Accurately diagram and dimension lot.



PLEASE CALL OWNER BEFORE GOING TO PROPERTY AND HE WILL MEET YOU THERE.
E.L.M.

⑭ The undersigned, 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: E L Mason

Date: 1-20-89

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

4303 0681

EXECUTOR'S DEED

THIS DEED, Made this 4th day of February, 1985, by and between MAY GRAY MASON, Executrix of the Estate of E. Lowell Mason, also known as E. L. Mason, of the County of Mecklenburg, State of North Carolina, Grantor, and E. LOWELL MASON (a son of the Grantor, of the County of Mecklenburg, State of North Carolina, Grantee;

PRESENTED FOR REGISTRATION
FEB 12 3:05 PM '85
CHARLES G. ABERNETHY
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

W I T N E S S E T H:

That the said Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain parcel of land situated in Providence Township, Mecklenburg County, North Carolina, and more particularly described as follows:

BEGINNING at an old spike in the center of Wade Ardrey Road (State Road #3630), a corner of E. L. Mason's land, and running thence with the center of said Road, South 86 degrees 19 minutes East, 220.84 feet to a tack; thence continuing with the center of the Road as it curves, having an arc with a radius of 254.50 feet (chord North 74 degrees 46 minutes East 172.15 feet) for a distance of 176.46 feet to a tack in the center of the Road, a new corner; thence, a new line, South 12 degrees 57 minutes West (passing an iron in the north edge of the Road at 41.10 feet) for a total distance of 511.29 feet to an iron, a new corner of E. L. Mason's old line; thence with Mason's new line, North 30 degrees 10 minutes 30 seconds West 540.37 feet to the BEGINNING, excepting and excluding, however, so much of the above-described property as was conveyed to John T. White and wife, by deed recorded in Book 3562, Page 182 of the Mecklenburg County Public Registry.

The property conveyed consists of approximately 1.4 acres on Wade Audrey Road and is currently designated as Tax Parcel 229-031-10.

Reference is made to deed of Stuart R. Childs, Commissioner, by which the property described above and certain other property was conveyed to E. L. Mason, said deed being recorded in Book 3189, Page 411 of the Mecklenburg County Public Registry, the property described above being a part of the First Tract, as described in said deed.

TO HAVE AND TO HOLD the aforesaid parcels of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

Grantor, as Executrix of the Estate of E. Lowell Mason, does covenant that she has not placed or suffered to be placed any presently existing lien or encumbrance on said property, and that she will warrant and defend title to the same against the lawful claims of all persons claiming by, through, under or on account of Grantor as Executrix of the Estate of E. Lowell Mason, insofar

FEE 6.50
6.50
CASH 6.50

8:20 #4856 000
02/12/85

Charlotte, N. C. 28246

as it is Grantor's duty to do so by virtue of the Grantor's office as Executrix, as aforesaid, and no further.

Title to the property hereinabove described is subject to the lien of the 1985 ad valorem taxes which are assumed by the Grantee.

IN WITNESS WHEREOF, Grantor has hereunto set her hand and seal, the day and year first above written.

May Gray Mason Executrix (SEAL)
May Gray Mason, Executrix of the
Estate of E. Lowell Mason

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, Brenda W. Napier, a Notary Public for said County and State, do hereby certify that MAY GRAY MASON, Executrix of the Estate of E. Lowell Mason, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 11th day of February, 1985.

My Commission Expires:
October 6, 1988

Notary Public

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Brenda W. Napier

a Notary Public of said
is certified to be correct. This 12 day of February 85
Charles E. Crowder, Register of Deeds, By: Mary A. Peeler DEPUTY

Recorded in Book 4969 Page 681
and Verified

5410A

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3505

1. WELL CONTRACTOR:
Joe Fornecker
Well Contractor (Individual) Name
McCall Brothers
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire
Charlotte NC 28216
City or Town State Zip Code
(704) 399-1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) N-A
STATE WELL PERMIT#(if applicable) 10002322
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 6-8-07
TIME COMPLETED 12:00 AM ☐ PM ☐

3. WELL LOCATION:
CITY: Charlotte COUNTY Mech.
9637 Wade Audrey Rd 28273
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 01.216'
LONGITUDE 80° 49.624'
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 Crest
STREET ADDRESS Wade Audrey
Charlotte NC 28273
City or Town State Zip Code
CONTACT PERSON Branden
MAILING ADDRESS 4700 Performance Rd
Charlotte NC 28214
City or Town State Zip Code
(704) 202-0323
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: 20 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 50 METHOD OF TEST Air Lift
f. DISINFECTION: Type H-W Amount 1 Cup
g. WATER ZONES (depth):
From 115 To 120 From ____ To ____
From 320 To 330 From ____ To ____
From 460 To 470 From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 43	Ft.	6	6¼	PVC
From ____	To ____	Ft.			
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Cement	grout
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	20	sandy soil mix
20	60	granite rock
60	100	granite rock
100	200	same
200	300	same
300	400	mix granite rock
400	500	mix granite

11. REMARKS:
seal 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.

Joe Fornecker 6-8-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Joe Fornecker
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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5410A WASPS App #: 2322

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: Permit issued to applicant before review.

Application received date: 5/18/07 ES assigned date: 5/18/07 Permit issued date: 5/31/07

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

Review performed by: _____ Date performed: _____

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 #: 10002322 **File #:** 5410A **Tax Parcel #:** 229-431-01
Property Owner: NORTH AMERICAN LAWN & LANDSCAPE
Job Location Address: 9637 WADE ARDREY RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 5/31/2007
Use of Well: Irrigation
Type of Facility Served by Well: Other Residential
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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 (VOC's) ☐ 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:

Owner/Legal Agent: Print Name
Signature:

Rept. for ARGU Review
9637 Wade Ardrey Rd., Charlotte, NC
PID# 229-431-01
File # 5410A
Appl. #2322

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

05/22/07 (Monday) - Received request for ARGU review for new well installation at 9637 Wade Ardrey Rd., Charlotte, PID#229-431-01. According to the WIS, there are no existing wells at this property.

05/22/07 (Tuesday) - Conducted ARGU Review. Identified no MPL sites or contamination sites within 1,500' of the subject parcel.

Based on review of review of our files, the permit for a new well installation at PID# 229-431-01, 9637 Wade Ardrey Rd. is approved. No ARGU buffer applies to this well location, so the well requires installation 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.

Parcels - Well View

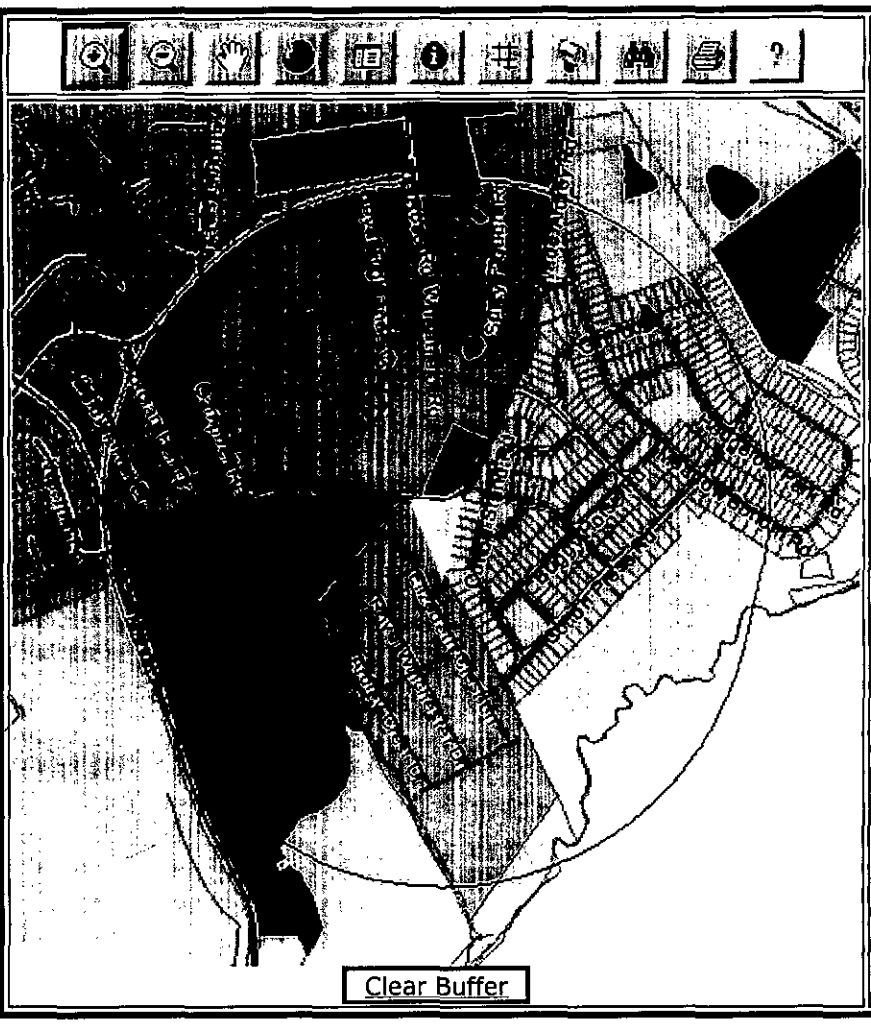
- Both Site and Well
- Landfill
- Public Well
- Contamination Site
- Private Well

Jurisdictions

- Charlotte
- Cornelius
- Davidson
- Huntersville
- Matthews
- Mecklenburg
- Mint Hill
- Pineville
- Stallings

Page Comments? (include email for reply)

Send to Author



Clear Buffer

Sele

View Corr
Found_v
Se

GI

Environme

GWS Regis

GI

GWS Regis

Environme

Environme

WORK ORDER

Workorder No: 73238
Description ARGU Well Review
Submitted To: STUTTS, JACK
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 5/25/07 3:20:58 PM
Projected Start Date: 5/22/07
Projected Finish Date: 5/25/07 3:21:00 PM
Actual Start Date: 5/22/07
Actual Finish Date: 5/25/07 3:21:00 PM
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 9450
Entity Location: 9450

SITE INFORMATION

Workorder Address: 9637 WADE ARDREY RD
and/or
General Location:
Town: CITY

Contact: (from Service Request)

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

ACTIVITY

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.

Comment:
Create one work order per ARGU Review
By CALDWELL, SHAWNA: 5/25/07 3:22:09 PM
Based on review of review of our files, the permit for a new well installation at PID# 229-431-01, 9637 Wade Ardrey Rd. is approved. No ARGU buffer applies to this well location, so the well requires installation 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 #: 2322
Permit File #: 5410A

Permit Type: New Well (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: new well

Based on review of our files, the permit for a ~~private well abandonment~~ at PID# 229-431-01, 9637 Wade Ardery Rd., Charlotte, NC is approved. No MPL sites exist within 1,500 feet of the well site, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water ...

EHS Review | Update | Time Spent (hours): ☐ Change: 2.50

The application has been forwarded to Chris Sherrill for review.

Counted in WASPS
by JLS 5-22-07

App. #: 2322

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 # 5410A

Well Fee: 400.00

Date: 5/18/2007 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 #: 229-431-01 [ ] PO

STREET ADDRESS: 9637 WADE ARDREY RD

CITY: Charlotte

STATE: NC ZIP: 28277

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: 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

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: NORTH AMERICAN LAWN & LANDSCAPE

ADDRESS: 4200 PERFORMANCE ROAD

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROTHERS INC

ADDRESS: 6700 BROOKSHIRE BLVD

CITY:	CHARLOTTE	CITY:	CHARLOTTE
STATE:	NORTH CAROLINA ZIP: 28214	STATE:	NORTH CAROLINA ZIP: 28216
HOME PHONE:	WORK: 704-399-1506	HOME PHONE:	WORK: 704-399-1506
MOBILE:	FAX: 704-398-2605	MOBILE:	FAX: 704-398-2605

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

HILL NUMBER: 5410A

Revised On: January 3, 2007

APPLICATION NUMBER 2322

RECEIPT #: _____
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 # 4000
DATE 5/18/07
X27070 JKA

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PROPOSAL

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 22943101
STREET ADDRESS: 9637 Wade Avrey Rd.
CITY: Charlotte
STATE: NC ZIP: 28277
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:

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

4. BUILDING INFORMATION

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MULTI-FAMILY
☐ DOUBLE WIDE ☐ MODULAR HOME
☐ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH FOOTING
☐ CRAWL SPACE ☐ BASEMENT WITHOUT FOOTING

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 _____
RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:

NAME: North American Lawn & Landscape
ADDRESS: 4200 Performance Rd.
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: McCall Brothers Inc
ADDRESS: 6700 Executive Blvd
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE: 357-1501
MOBILE PHONE: FAX: 596-2605

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. This permit is valid for a period of 12 months from the date of issuance.

Joe McCallum 5-15-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UNSCALED SITE PLAN SUBMITTED

WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO. 47e32782

No. North American Lumber

Address

Location

