


8836 MIDWOOD DR

11336155

1/11/2008

duponbj

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

**Groundwater & Wastewater Services**
**Well Project File & Data Review Worksheet**

GWS File #: 6994B WASPS App #: 1975

Primary ES assigned to project: Josh Sellers

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: 3/2/07 ES assigned date: 3/2/07 Permit issued date: 3/6/07

Well approval date: 4/19/07 Number of days to complete project: _____

Review performed by: Joel Stutz Date performed: 5/4/07

# WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3112

6994B

1. WELL CONTRACTOR:
JASON CAIN
Well Contractor (Individual) Name
MACTEC ENGINEERING
Well Contractor Company Name
STREET ADDRESS 7801 YORKMONT RD
CHARLOTTE NC 28208
City or Town State Zip Code
(704) 357-8600
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable) C-5
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable) 1000 1975
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: 8836 Midwood Drive
Land Parcel 113-361-55
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(Check appropriate setting)
LATITUDE N 35.2237
LONGITUDE W 80.9695
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 Former Residence
STREET ADDRESS
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME Elmo Langley
STREET ADDRESS CDIA

5. WELL DETAILS:
a. Total Depth: 30 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): ft.
Measuring point is ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ft. in.
b. Casing Removed: 0 ft. in.

7. DISINFECTION: 0.25oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:
Neat Cement: Cement lb. Water gal.
Sand Cement: Cement lb. Water gal.
Bentonite: Bentonite lb. Type: ☐ Slurry ☐ Pellets Water gal.
Other: Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Installed 3/4" vent pipe in well
Backfilled well with concrete
Filled vent pipe with grout

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 3/9/07

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 3/9/07 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.)

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.

Form GW-30

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 : 24,000

**Coordinate Format**

DD.DDD

**Map Datum**

NAD27

☑ Show target

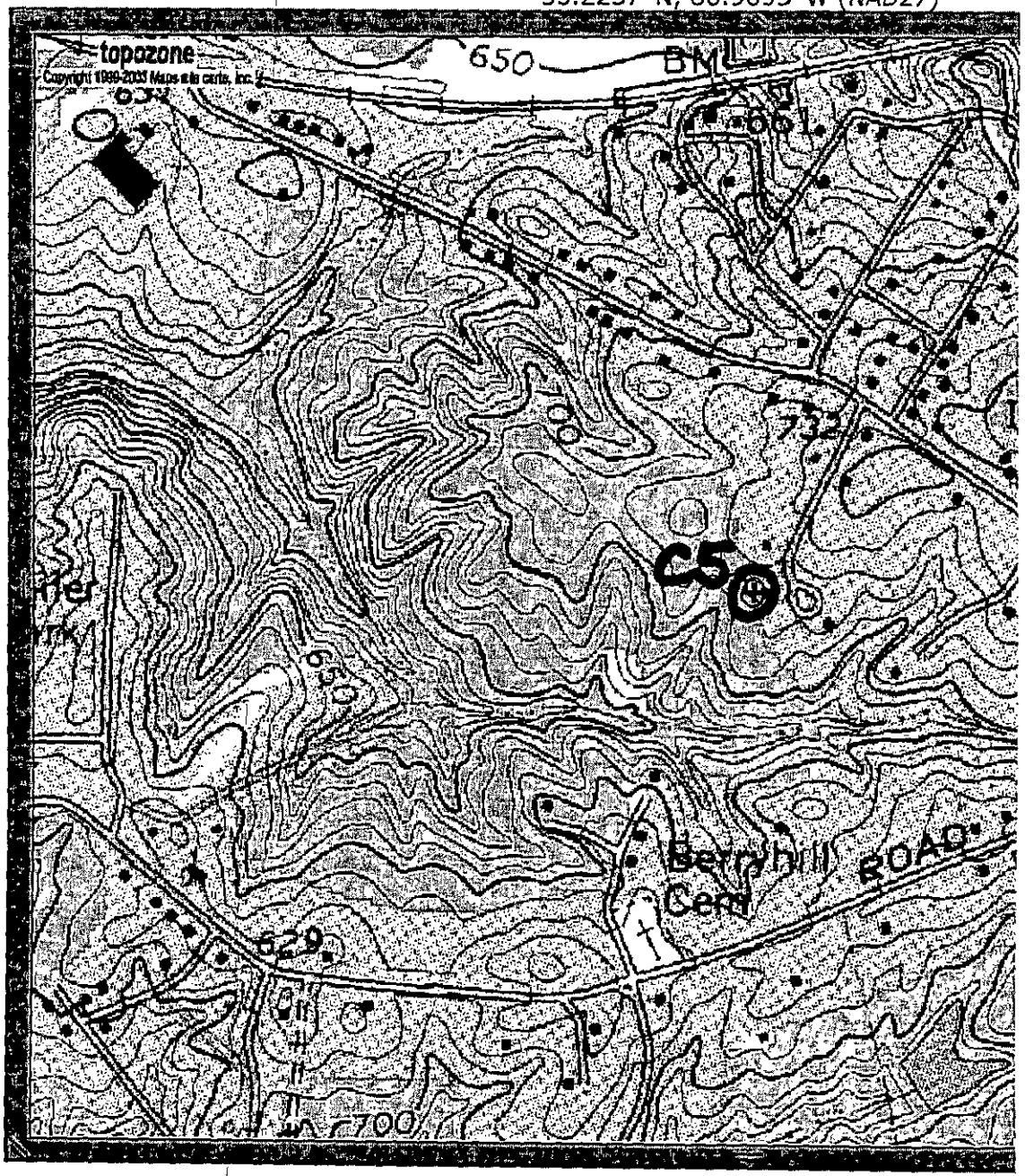
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## USGS Charlotte West (NC) Topo Map

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35.2237°N, 80.9695°W (NAD27)




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0 0.2 0.4 0.6 0.8

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C-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#:** 10001975 **Tax Parcel #:** 113-361-56
**Property Owner:** CHARLOTTE DOUGLAS INTERNATIONAL AIRPORT
**Job Location Address:** 8836 MIDWOOD DR
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28214
**Permit Issuance Date:** 3/6/2007
**Use of Well:**
**Type of Facility Served by Well:** House
**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:**

JOSHUA R. SELLERS R.S. ELMO LANGLEY

Authorized Agent: Print Name — Owner/Legal Agent: Print Name

Joshua R. Sellers R.S. Elmo Langley

Signature: Signature:

**Charlotte Douglas Int'l Airport New Runway Project - 2007 Water Well Abandonment Record** 1 of 8 C-5

FILE NUMBER: 69948 Revised On: January 3, 2007 APPLICATION NUMBER: 1975

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: _____ DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 113-361-55
STREET ADDRESS: 8836 Midwood Dr
CITY:
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:

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

4. BUILDING INFORMATION: No Building Structure on Site

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☒ OTHER None
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
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 NA

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:

NAME: Charlotte Douglas International Airport
ADDRESS: Aviation Director's Office
CITY: 5501 Josh Birminham Parkway
STATE: Charlotte, North Carolina 28208
HOME PHONE: 704-359-4000 WORK PHONE: 704-359-4916
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

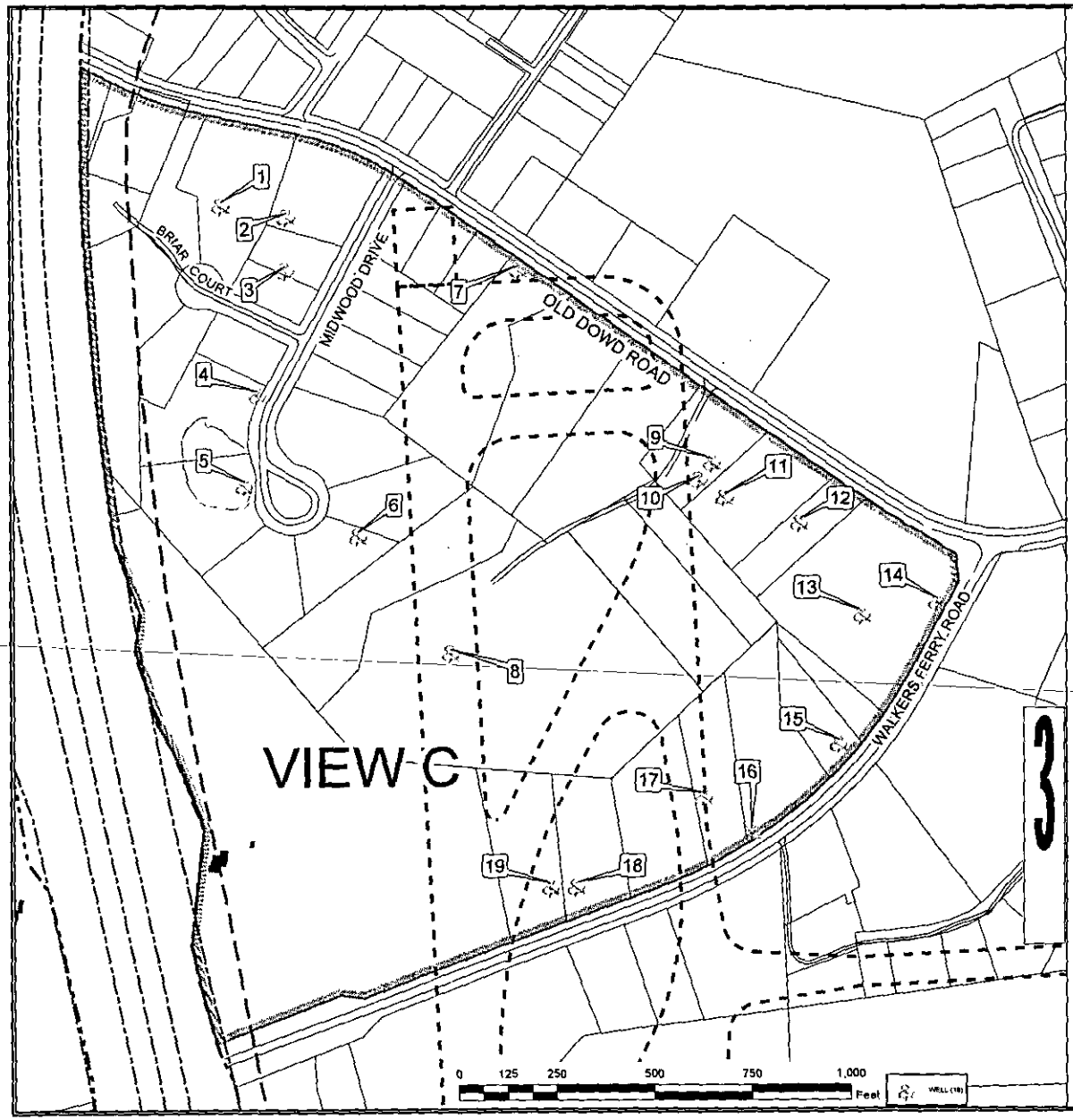
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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.

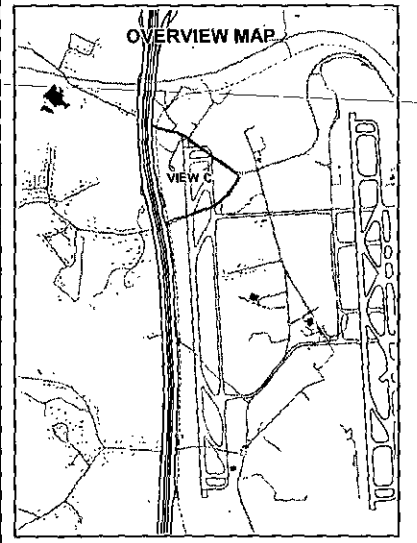
Master Engineering (Quinn Quirk) For City of Charlotte 1/31/2007
Property Owner's or Owner's Legal Representative Signature Date

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




## ENVIRONMENTAL ENTITIES TABLE FOR VIEW 'C'

| INDEX # | ENVIRONMENTAL ENTITY | ENTITY ID BASED ON OLD PARCEL NUMBERS | ENTITY ID BASED ON NEW PARCEL NUMBERS | STATUS | COMMENTS |
|---|---|---|---|---|---|
| 1 | WELL | WE01@113-125-34 | WE01@113-361-44 | | |
| 2 | WELL | WE01@113-125-33 | WE01@113-361-45 | | |
| 3 | WELL | WE01@113-125-32 | WE01@113-361-52 | | |
| 4 | WELL | WE01@113-126-27 | WE01@113-361-56 | | |
| 5 | WELL | WE01@113-126-29 | WE01@113-361-55 | | |
| 6 | WELL | WE01@113-125-24 | WE01@113-361-53 | | |
| 7 | WELL | WE01@113-125-14 | WE01@113-361-43 | | |
| 8 | WELL | WE01@113-125-13 | WE01@113-361-38 | | |
| 9 | WELL | WE01@113-125-10 | WE01@113-361-36 | | |
| 10 | WELL | WE02@113-125-10 | WE02@113-361-36 | | |
| 11 | WELL | WE01@113-125-09 | WE01@113-361-35 | | |
| 12 | WELL | WE01@113-125-08 | WE01@113-361-34 | | |
| 13 | WELL | WE02@113-125-07 | WE02@113-361-33 | | |
| 14 | WELL | WE01@113-125-07 | WE01@113-361-33 | | |
| 15 | WELL | WE01@113-126-05 | WE01@113-361-31 | | |
| 16 | WELL | WE01@113-125-04 | WE01@113-361-30 | | |
| 17 | WELL | WE01@113-125-40 | WE01@113-361-29 | | |
| 18 | WELL | WE01@113-125-02 | WE01@113-361-27 | | |
| 19 | WELL | WE01@113-125-01 | WE01@113-361-26 | | |




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REVISION DESCRIPTION | DATE

Charlotte-Douglas INTERNATIONAL AIRPORT

WELLS IN VIEW 'C'

DATE: FEBRUARY 25, 2009

FILE NAME: V:\...\ENVIRONMENTAL ENTITY MANAGEMENT - VIEW - SEPTIC ONLY.mxd

SHT.

OF