

11600 JOHNSON-DAVIS RD

02302215

7/12/2007

duponbj

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

State of North Carolina
Department of Environment, Health, and Natural Resources
Mooresville Regional Office

James G. Martin, Governor
William W. Cobey, Jr., Secretary

Albert F. Hilton, Regional Manager

MEMORANDUM

TO: William Marlin, Soil Scientist
Kelly Randall, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn, Regional Soil Specialist
Division of Environmental Health

SUBJECT: Soil/Site Evaluation of Wilton Meaders lot on Johnson Davis Road, I.D. # 023-022-15

DATE: January 6, 1992

On December 11, 1991 you and I conducted a soil/site evaluation of the above named property to determine its suitability for the installation of a ground absorption sewage treatment and disposal system to serve a three bedroom house. The site is a tract of a little less than one acre. There are houses on this lot. One house is occupied by Mr. Meaders, and one house is unoccupied and in very bad repair. There is a large drainage feature near the rear property line. Water must be obtained from an on-site well. Mr. Meaders was present during the evaluation. Auger borings were used to evaluated the lot.

The soil depth ranges from 10 inches to 20 inches. Saprolite was found at 10 inches plus in 40 percent of the borings. The soil texture ranges from loam to clay loam in the surface horizons, and clay in the subsurface horizons. The soil structure was massive in some of the borings. The clay has expansive mineralogy.

This site is unsuitable for the installation of a conventional ground absorption sewage treatment and disposable system due to:

1. Unsuitable Topography and Landscape Position Section .1940
   Gullies and depressions
2. Unsuitable Soil Characteristics Section .1941
   Massive soil structure and expansive clay mineralogy
3. Insufficient soil depth Section .1943
   Soil depths less than 36 inches

919 North Main Street, Mooresville, N.C. 28115 • Telephone 704-663-1699 • FAX 704-663-6040

An Equal Opportunity Affirmative Action Employer

4. Insufficient available space Section .1945
   Not enough space for the initial system and a repair system

This site can not be reclassified to Provisionally Suitable under Rule .1956 Modifications to Septic Tank Systems or Rule .1957 Alternative Sewage Systems (soil depths of at least 24 inches for items 2 and 3).

These options are available to Mr. Meaders:

1. He may purchase other suitable or provisionally suitable property to install the sewage systems on.
2. Mr. Meaders may acquire an easement from another property owner to install the systems on, if a suitable or provisionally suitable site is located.
3. The applicant may contact the Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 to discuss any options available through this division.
4. The owner may pursue a system through Section .1957 (c) of the Rules. Data must be provided to you that insures:
   a. The effluent will receive adequate treatment.
   b. The effluent will not contaminate the surface or ground water.
   c. The effluent will not be exposed to people, animals, or vectors.
5. The owner has the right to appeal this denial under G.S. 130-24 if requested within sixty (60) days of the date of the denial.

If there are any questions concerning this evaluation, I can be reached through the Mooresville Regional Office.

Mecklenburg County
Health Department

November 15th, 1991

Wilton Meaders
11526 Johnson Davis Road
Huntersville, NC 28078

RE: Property located at 11600 Johnson Davis Road,Huntersvill
FILE: 7234A
PARCEL: 023-022-15

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 12343) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12343

File: 7834-A Action 3

Parcel: 023-022-15 EPC

Location: 11600 JOHNSON DAVIS RD

Subdivision:

Lot: Block: Acres: ± 1.0

Owner: WILTON MEADERS
Address: 11526 JOHNSON DAVIS RD
HUNTERSVILLE NC 28078

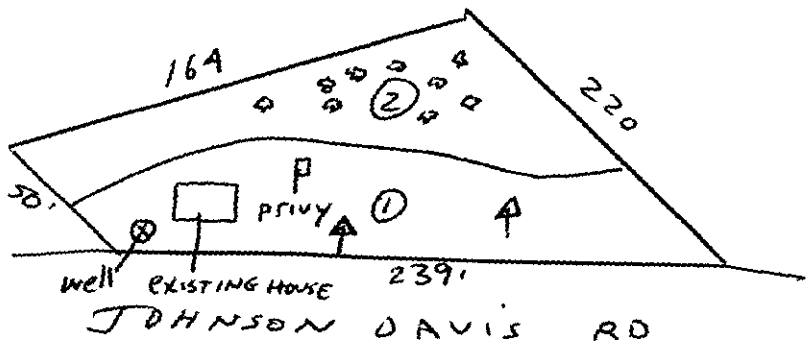
Comments: 100% REPAIR

Described by: Kelly Randall

Date: 11-13-91

***** 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	S PS (U) DEPRESSION	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) EXPANDING CLAY	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U BLOCKY	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-20"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIMITED	S PS U	S PS U	S PS U	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
Soil Group/Series	ENON LIKE MECKLENBURG	DEPRESSION				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
Ck# 378
10-25-91
NB

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

(OFFICE USE ONLY)

FILE: 7834A

TC: 023-022-15

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11600 Johnson Davis Rd Huntersville NC

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 022 PARCEL NO.: 15

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

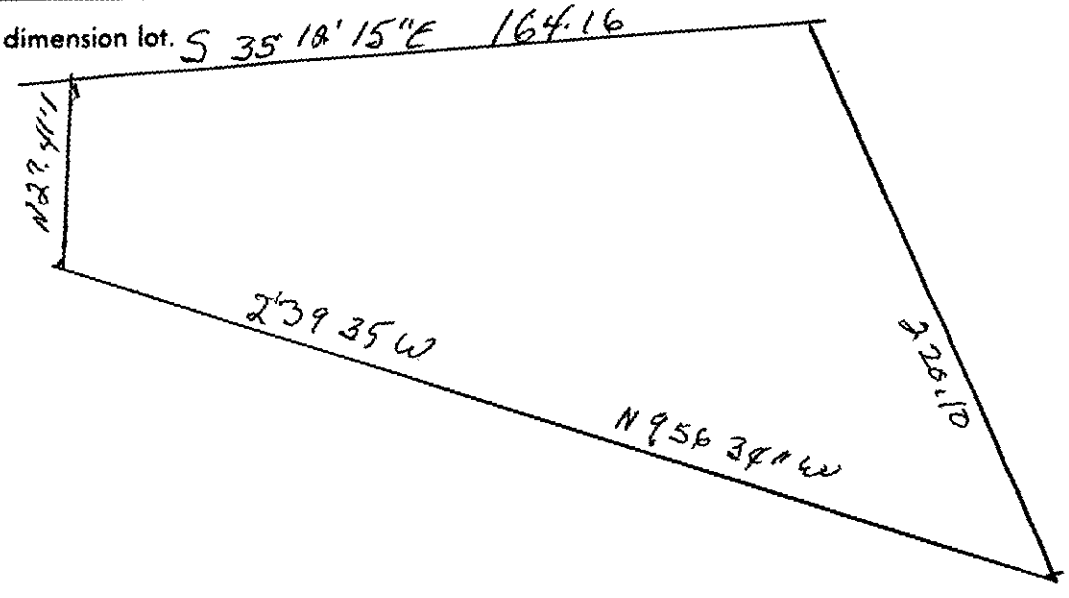
⑦ NAME: Wilton (FIRST) + Edwina (MIDDLE) Meadows (LAST)

⑧ MAILING ADDRESS: 11526 Johnson Davis Rd

⑨ CITY: Huntersville ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) 588-2912 (HOME) 875-6115

⑬ Accurately diagram and dimension lot.



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: Wilton R Meadows Jr

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

Date: 10-25-91

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

FREIGHT ISOTANKS, INC. ACCOUNT # A2410

GWS – RES. APP 12/04
704-336-6894 FAX

SEPTIC FEE
DATE
CHK #

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

WELL FEE
DATE
CHK #

FILE # 7833A

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 229-031-03
STREET ADDRESS: 9733 WADE AVERY RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28277
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

1964

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
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: SAME
ADDRESS: 9751 SOUTHERN PINE BLVD.
CITY: CHARLOTTE
STATE: NC ZIP: 28273
HOME PHONE: WORK PHONE: 523-4726
MOBILE PHONE: FAX: 525-3953

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROTHERS INC.
ADDRESS: PO BOX 668710
CITY: CHARLOTTE
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 394-1506
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

McCALL BROTHERS INC.

POST OFFICE BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 399-1506 • TELEFAX (704) 398-2005

Founded 1938

FACSIMILE TRANSMITTAL

DATE: 12-02-05 FAX NO. (704) 336-6894

TO: MECKLENBURG COUNTY

ATTENTION: GROUNDWATER SECTION

FROM: JOE MCALPINE

NO. PAGES 2 (Including This One)

MESSAGE: WELL PERMIT APPLICATION

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#: 10000218 **Tax Parcel #:** 22903103
Property Owner: S & ME
Job Location Address: 9733 WADE ARDREY RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 12/8/2005
Use of Well: Potable
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: 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.

Other Conditions of This Permit:

Chris Sherrill, RS, LSS
Authorized Agent Print Name

Chris Sherrill
Signature:

Gary Bridgers
Owner/Legal Agent: Print Name

Gary Bridgers
Signature:

From: Shawna Caldwell
To: Christopher Sherrill
Date: 12/8/05 10:59:10 AM
Subject: WSW Abandonment Permit Appl. #218

For File #7833A Application for well abandonment for PID #229-031-03, I reviewed our files and the well can be abandoned according to Mecklenburg Co. GW Well Regulations for water supply well abandonment with no special conditions.

Shawna W. Caldwell, P.G.
Hydrogeologist
Mecklenburg County Government
Groundwater and Wastewater Services
Water and Land Resources
Land Use and Environmental Services Agency
700 North Tryon Street
Charlotte, NC 28202
GWS Phone: 704.336.5500 GWS Fax: 704.336.4391
Direct Line: 704.432.4232 Cell: 704.622.5168
caldwsw@co.mecklenburg.nc.us

McCALL BROTHERS INC.
Founded 1938

POST OFFICE BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 399-1506 • TELEFAX (704) 398-2605

Chris

LETTER OF TRANSMITTAL

TO: Mecklenburg County Health Dept
Groundwater & Wastewater Services
700 North Tryon Street Suite 211
Charlotte, NC 28202

DATE: December 28, 2005

REFERENCE: Well Construction Records (WCR)
Well Abandonment Records (WAR)

GENTLEMEN:

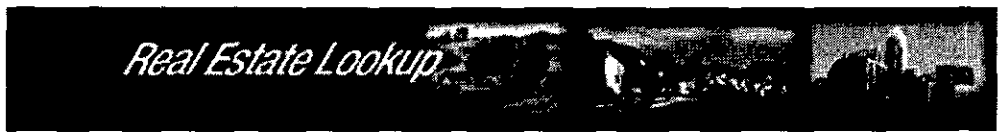
We are sending you the following:

__X__ Attached
_____ Under Separate Cover By

_____ Other Well Construction Records - Well Abandonment Records

COPIES	DATE	DESCRIPTION
1	12/12/05	Well Abandonment Record; 9733 Wade Ardery Rd. Charlotte, NC; Crosland Land Co. for S&ME
1	12/14/05	Well Construction Record; 9300 Harris Corners Pkwy. Charlotte, NC; Twin Lakes Business Group
1	12/23/05	Well Construction Record; 9300 Harris Corners Pkwy. Charlotte, NC; Twin Lakes Business Group

SIGNATURE: Heather Moore
Heather Moore



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
22903103	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
JEBARA ALAIN	375 TRAMWAY DR	MURITAS CA 99999

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreag
WADE ARDREY RD	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	CAROLINA	5.12

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Jun 29 2004	350000	700.0000		IMP	17418 - 580	WARRANTY D	17418-580	WINCHESTER,RUTH B
Oct 22 1987	0			IMP	05627 - 670		05627-670	

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	5.12	SMAC	W901	

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1964	9733 WADE ARDREY RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2180	1380	CRAWL SPACE	FACE BRICK -	AVERAGE 04	

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC	1 - FP3	AC-CENTRAL		3	1		1

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1380
1	CARPORT - FINISHED	378
1	UTILITY - UNFINISHED	72
1	PORCH - SCREENED - UNFINISHED	350

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 24%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1964	TERRACE	1	4X5	
1	1964	SHED	1	20X32	

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	242900	0
Jan 5 1998	1998	Countywide Revaluation	205190	
Jan 2 1991	1991	Countywide Revaluation	127190	

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR McCall Brothers, Inc.
WELL CONTRACTOR CERTIFICATION # 2212
5003264

1. WELL USE (Check Applicable Box): Residential ☒ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use: _____

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Charlotte County MECKLENBURG
9733 Wade Audrey Rd, Charlotte, NC
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Crosland Land Company

4. ADDRESS: _____

5. TOPOGRAPHY: draw, slope, hilltop, valley, (flat)
(circle one)

6. TOTAL DEPTH: _____ DIAMETER _____

7. CASING REMOVED:

feet	diameter

8. DISINFECTION: HTH 1 cup
(Amount of 70% hypochlorite used:)

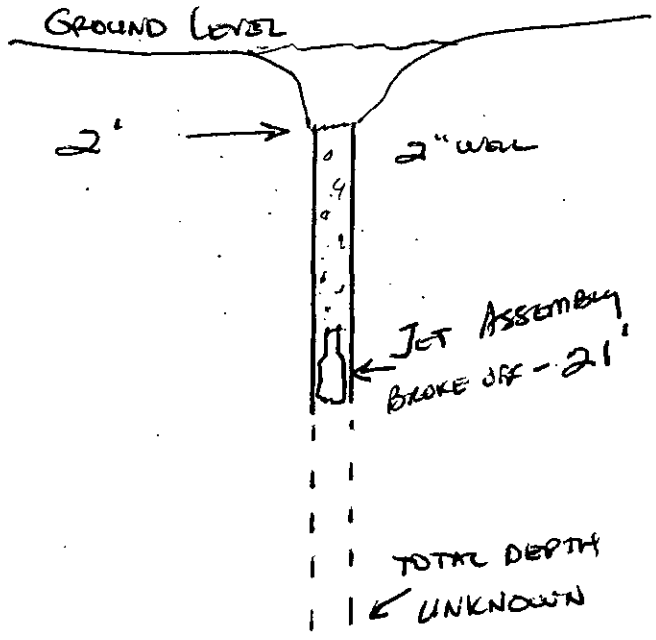
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 1	bags of cement 5
gallons of water 7	gallons of water

Other
Type material _____
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Mixed and Poured

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



11. DATE WELL ABANDONED 12-12-05

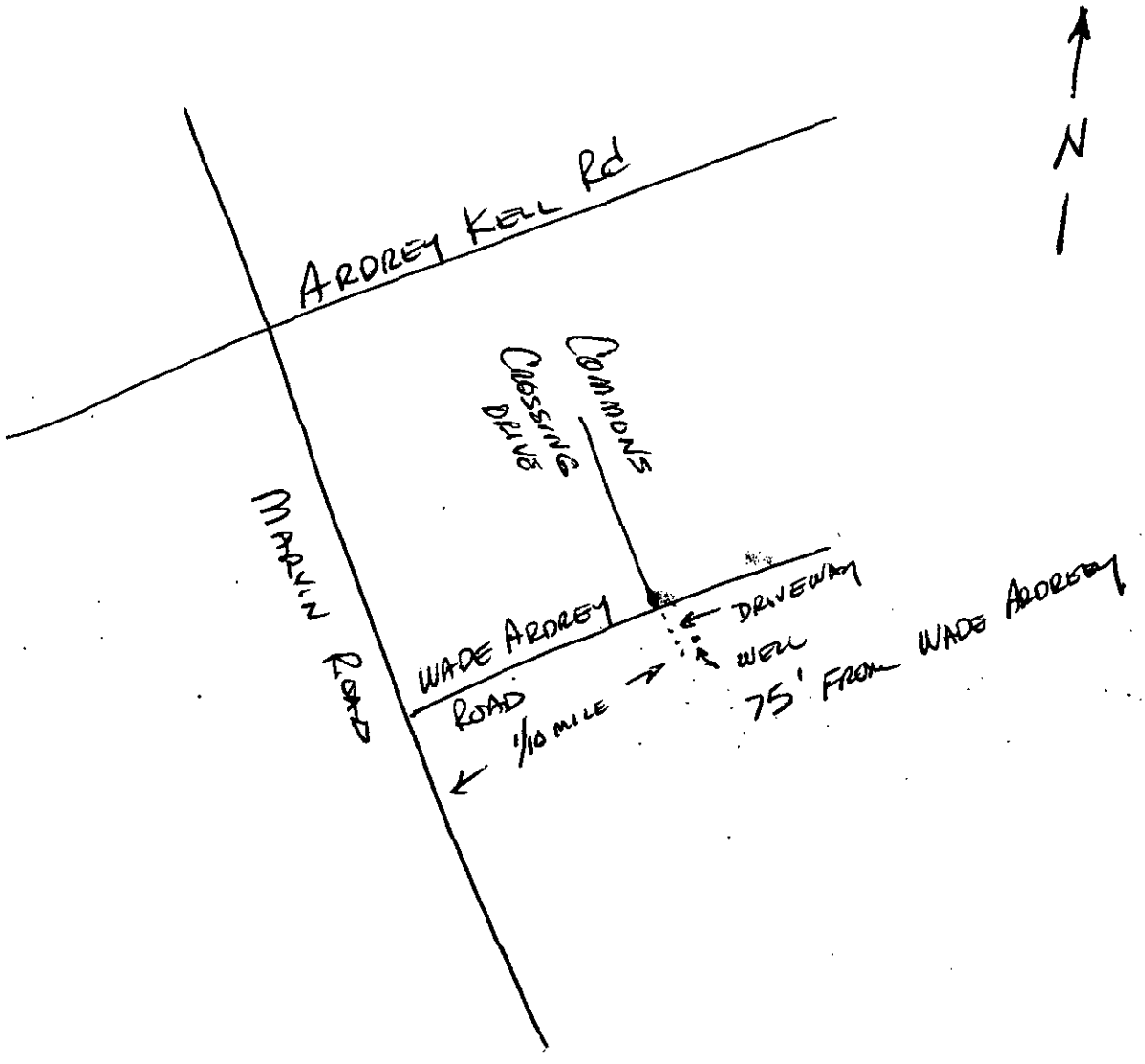
I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Gary B Bridges Date 12-12-05

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99


N
ARDREY KELL Rd
COMMONS CROSSING BLVD
MARVIN RD
WADE ARDREY ROAD
1/10 MILE
DRIVEWAY
WELL
75' FROM WADE ARDREY

MCCALL BROTHERS, INC. ACCOUNT # A2110

GWS – RES. APP 12/04
704-336-6894 FAX

SEPTIC FEE
DATE
CR#

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

WELL FEE
DATE
CR#

Appt 2/8 FILE # 7833A

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR CMS

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 229-031-03
STREET ADDRESS: 9733 WADE ARDERY RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28277
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

1964

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
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: SAME
ADDRESS: 9751 SOUTHERN PINE BLVD.
CITY: CHARLOTTE
STATE: NC ZIP: 28273
HOME PHONE: WORK PHONE: 523-4726
MOBILE PHONE: FAX: 525-3953

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROTHERS INC.
ADDRESS: PO BOX 668710
CITY: CHARLOTTE
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 399-1506
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

McCALL BROTHERS INC.
Founded 1938

POST OFFICE BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 399-1506 • TELEFAX (704) 398-2605

FACSIMILE TRANSMITTAL

DATE: 12-02-05 FAX NO. (704) 336-6894

TO: MECKLENBURG COUNTY

ATTENTION: GROUNDWATER SECTION

FROM: JOE MCALPINE

NO. PAGES 2 (Including This One)

MESSAGE: WELL PERMIT APPLICATION