

3803 HIGH RIDGE RD

22708232

10/7/09

thomatc

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

Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-6103
Fax: (704) 336-6894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10004282 **File #:** 12611 **Tax Parcel #:** 227-082-32
Property Owner: ADAM LEVY
Job Location Address: 3803 HIGH RIDGE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28270
Permit Issuance Date: 7/7/2009
Use of Well: Potable
Type of Facility Served by Well: House
Project Type: Major Repair

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 or 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. — Authorized Agent: Print Name
Joshua R. Sellers R.S. — Signature:

Kim Levy — Owner/Legal Agent: Print Name
Kim Levy — Signature:

Jul 20 09 03:24p Kim Levy (704)246-6926 p.1

HP LaserJet 4100 MFP

Meck. County LUE-South
7048140874
07/20/2009 14:33

Fax Call Report

Job	Date/Time	Type	Identification	Duration	Pages	Result
1574	07/20 14:32	Send	7042466926	00'45	2	OK

Mecklenburg County
LUESA Department South Office
1311 Matthews-Mint Hill Road
Matthews, NC 28105
Phone: (704) 814-0435
Fax: (704) 814-0874

Mecklenburg County
LUESA SOUTH

Fax

To: Adam Levy
From: Joshua R. Sellers
Fax: 704-246-6926
Date: 7-7-09
Phone:
Pages including Cover: 2
Re: Repair Permit
CC:

☐ Urgent ☐ For Review ☐ Please Comment ☑ Please Reply ☐ Please Recycle

Comments:
Please sign! Fax Back to
704-814-0874

pd. $100.00
CK#3809
7/6/09 VM 12611

J S
4282

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☒ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 227-082-32
STREET ADDRESS: 3803 HIGH RIDGE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28270
SUBDIVISION NAME: PROVIDENCE PLANTATION
LOT #: 9, BLOCK A LOT SIZE (acres): 1979
TOWNSHIP: PROVIDENCE
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ 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 (SEPTIC) 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
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☐ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☐ NO
WASTE STORAGE	☐ YES	☐ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☐ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1979 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:
NAME: ADAM LEVY
ADDRESS: 3803 HIGH RIDGE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28270
HOME PHONE: 704 246 6926
WORK PHONE: 704 909 5810
MOBILE PHONE: 704 617 3036
FAX: 704-246-6926 (CALL first)

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

AL (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

_____ 6/30/09
Property Owner's / Owner's Legal Representative Signature — Date

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ 150 DATE FEE RECEIVED: 7/6/09

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 12611

APPLICATION ID NUMBER ASSIGNED: 4282

COMMENTS:

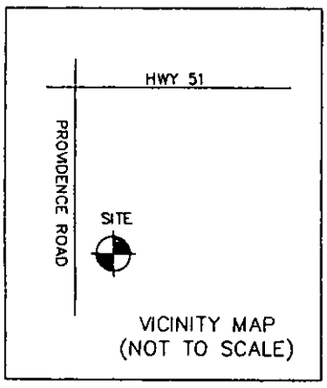
Please mail permit to 3803 High Ridge Rd 28270 704-
or Fax 246-6926
but you must call first if Faxing.

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

Revised on: 7/1/08

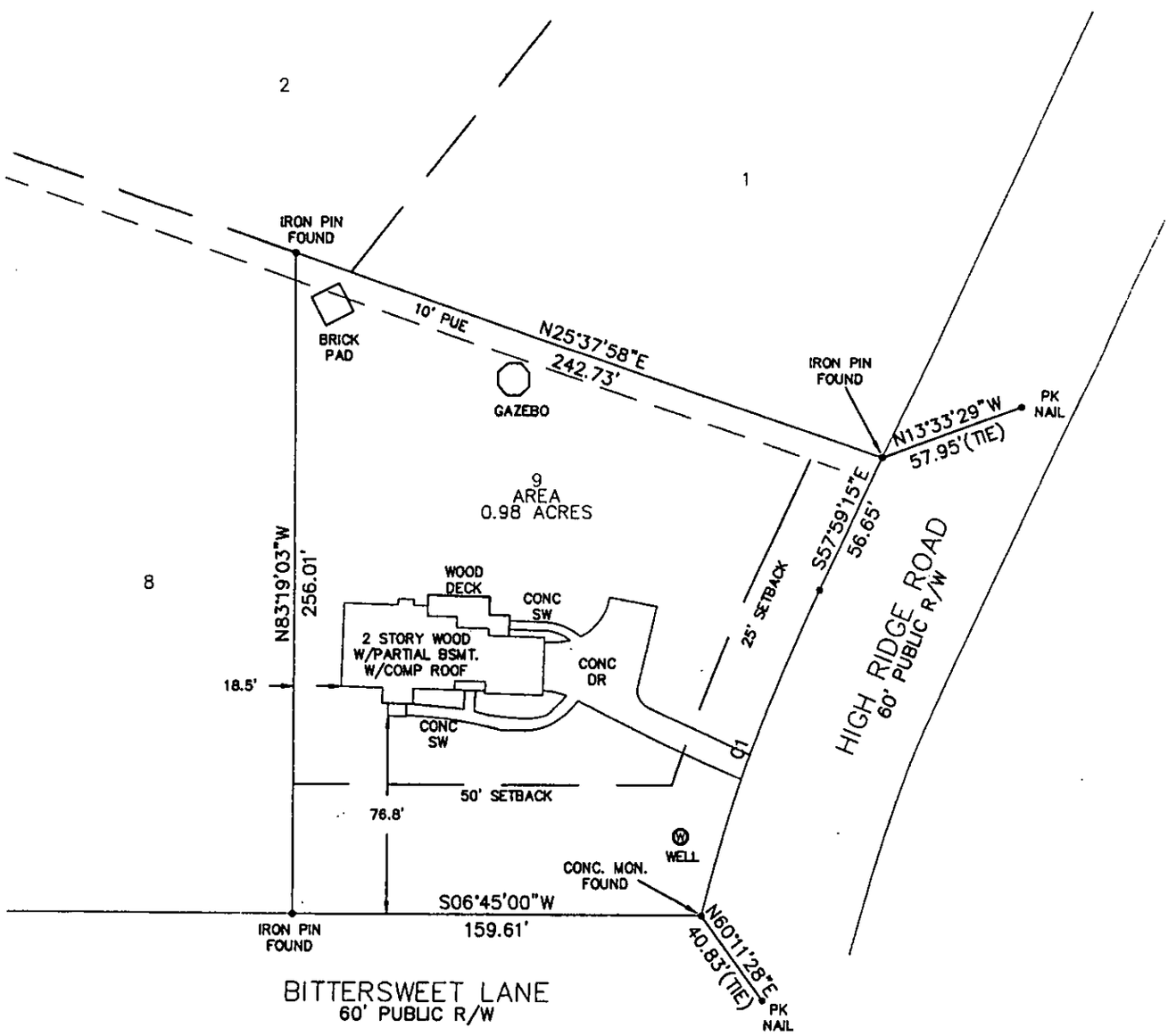
THIS IS TO CERTIFY THAT ON THE 16th DAY OF JUNE, 2008 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON.

SIGNED _____
JOHN D. SKIDMORE III, NCPLS



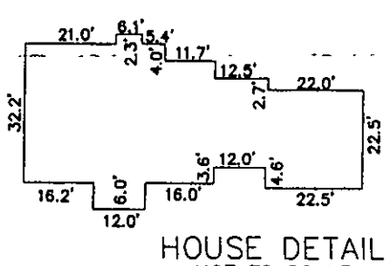
NOTES:
- AREA BY COORDINATE METHOD
- ERROR OF CLOSURE 1:10,000
- THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET
- THIS MAP IS NOT INTENDED TO MEET G.S. 47-30 AND IS NOT TO BE RECORDED AS A PLAT
- SUBJECT PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT OF WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON
- IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED





CURVE TABLE				
CURVE	LENGTH	RADIUS	DIRECTION	CHORD
C1	134.41	685.26	S63°23'43"E	134.20

M.B. 18, PG. 116



HOUSE DETAIL
NOT TO SCALE

PHYSICAL SURVEY

3803 HIGH RIDGE ROAD
LOT 9, BLOCK A
PROVIDENCE PLANTATION
PROVIDENCE TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA

TO BE DEEDED TO: ADAM S. AND KIMBERLY A. LEVY

SCALE 1" = 60'	D.B. PG.
TAX No.	DRAWN BY: BDS
MAP BOOK 18 PAGE 116	DRAWING 08-091

SKIDMORE SURVEYING, INC.
5343 HIGHWAY 74 WEST
MONROE, N.C.
704-289-4855

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/06/09	**Amount:**	100.00
Receipt #:	63483	**Tendered:**	100.00
Check / Auth #:	CHECK 3809	**Returned:**	100.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: CASH CUST (LAST NAME FIRST)
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0754	Private Well, Major Repair 3803 HIGH RIDGE ROAD		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
225.00	145.00	40.00			