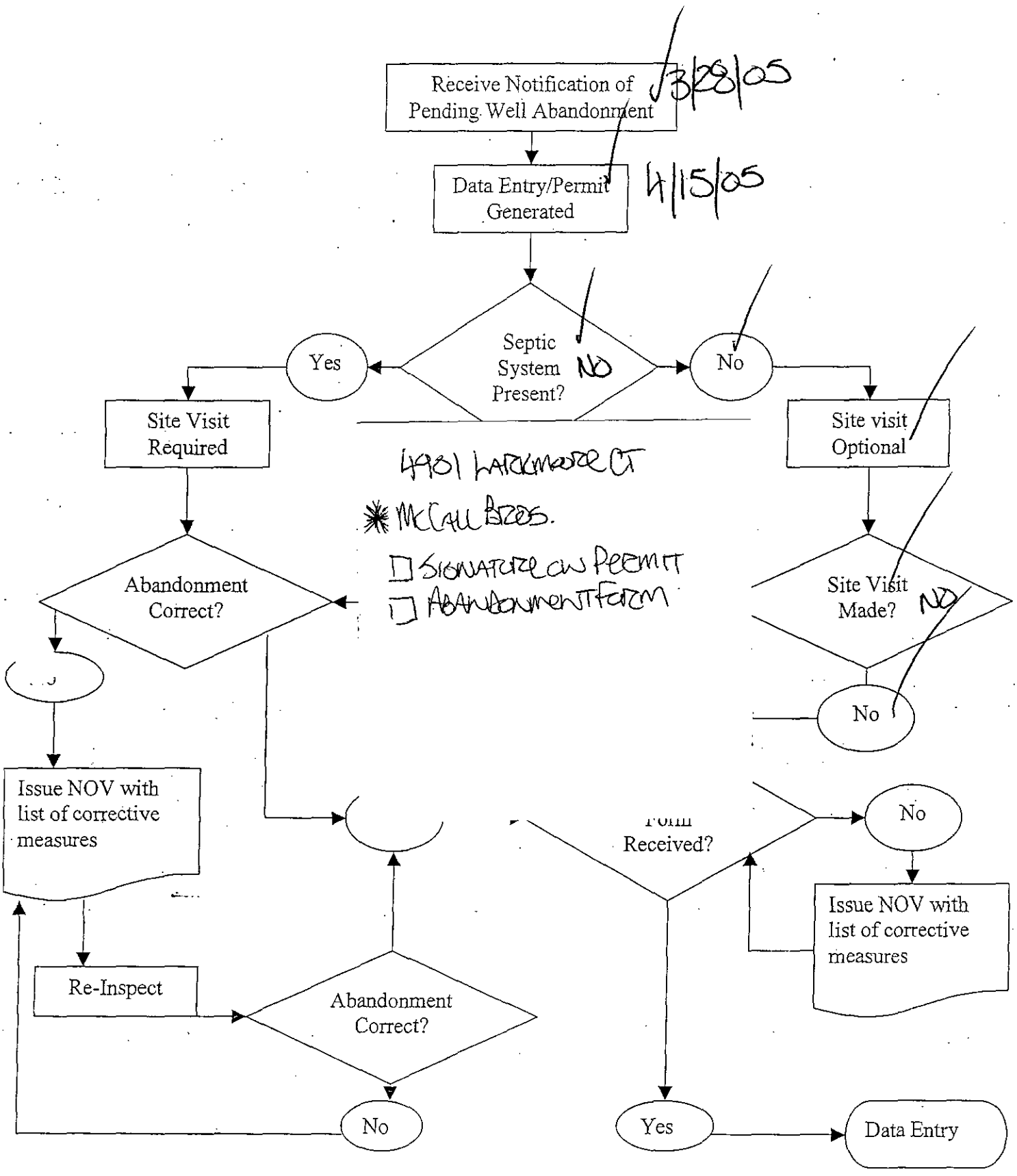


4901 LARKMOORE CT

1/9/2008

duponbj

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

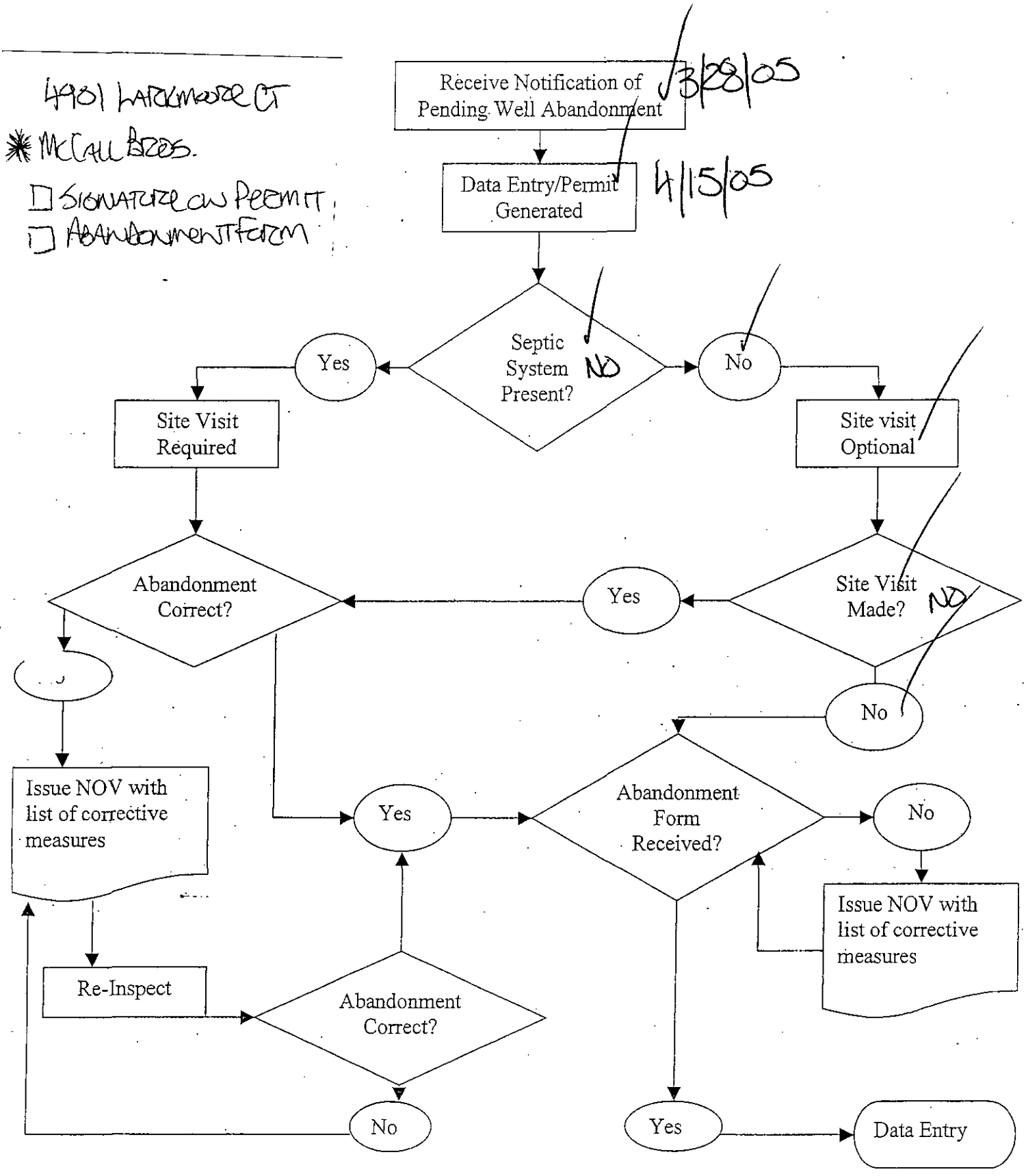

Receive Notification of Pending Well Abandonment
3/28/05
Data Entry/Permit Generated
4/15/05
Septic System Present?
NO
Yes
No
Site Visit Required
Site visit Optional
4901 LARKMOOR CT
* MCCALL BROS.
☐ SIGNATURE ON PERMIT
☐ ABANDONMENT FORM
Abandonment Correct?
Site Visit Made?
NO
No
Issue NOV with list of corrective measures
Re-Inspect
Abandonment Correct?
No
Form Received?
No
Issue NOV with list of corrective measures
Yes
Data Entry

4981 LARKMOOR CT

* MCCALL BROS.

☐ SIGNATURE ON PERMIT

☐ ABANDONMENT FORM



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#: 10000024 **Tax Parcel #:** 14101140
Property Owner: FIRST INDUSTRAIL BUILDING
Job Location Address:4901 LARKMOORE CT
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28208
Permit Issuance Date: 4/15/2005
Use of Well:
Type of Facility Served by Well:
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 Certified Well Contractor that is currently registered with the Department 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:

DAVID H. COCHELIUS, RS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

GWS- COM. APP 12/04

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

FILE # 5955B

SEPTIC FEE
DATE
CASH

WELL FEE
DATE
CASH

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

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

JOB LOCATION INFORMATION

PROJECT TRACKING #: 141-011-40
TAX/PARCEL #:
STREET ADDRESS: 4901 LARK MOORE CT
CITY: CHARLOTTE
STATE: NC ZIP: 28208
LOT #: 13
TOWNSHIP:

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

BUILDING INFORMATION:

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

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:

NAME: First Industrial Building
ADDRESS: Ant Land
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX :

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Southern Site Development
ADDRESS: 9500 STATESVILLE RD
CITY: Charlotte, N.C.
STATE: ZIP: 28269
HOME PHONE: WORK PHONE: 704-688-2570
MOBILE PHONE: FAX :

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 3-28-05 Date

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

Well Abandonment Activity Tracking

Permit #: 10000024

1. Application & Review

- [x] Complete application on file — 3/28/20(
- [ ] Site Plan and other appropriate documentation submitted
- [ ] Registered Well Driller. Certification Number: John K. - 2214 — 4/15/20(
- [ ] Temporary Abandonment
- [x] Permanent Abandonment — 4/15/20(
- [x] Abandonment Permit Issued — 4/15/20(

○ Yes ◉ No — Septic system on site

2. Inspection

○ Yes ○ No — On site inspection

[ ] Observed	[ ] Driller	Valid permit on site with registered driller

Temporarily Abandoned

[ ] Observed	[ ] Driller	Watertight cap (cannont be removed easily by hand)
[ ] Observed	[ ] Driller	Well cover

Well Contractor Identification Plate

- [ ] Plate installed securely on well cassing
- [ ] Information not obscured
- [ ] Information accurately completed

Permanent Abandonment

[ ] Observed	[ ] Driller	Well free from obstruction
○ Yes ○ No		Water from a known contamination zone
[ ] Observed	[ ] Driller	Disinfected
[ ] Observed	[ ] Driller	Properly sealed

3. Documentation

- [ ] Well Abandoment Record received

4. Approval

- [ ] Abandonment approval granted
- [ ] Abandonment approval denied

5. Additional Comments / Observations