

8500 TREXLER AV

11310504

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 #: 6974B WASPS App #: 1958

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: 2/26/07 ES assigned date: 2/26/07 Permit issued date: 2/27/07

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

Review performed by: [signature] Date performed: 5/4/07

WELL ABANDONMENT RECORD

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

6976B

WELL CONTRACTOR CERTIFICATION # 3112

1. WELL CONTRACTOR:

JASON CAIN
Well Contractor (Individual) Name

MACTEC ENGINEERING
Well Contractor Company Name

STREET ADDRESS 2801 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) B-22

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 10001958

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: 8500 Trexler Avenue

Land Parcel 113-105-04

(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. 22731

LONGITUDE W 80. 96555

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 and4b. (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: 122 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: 2 oz

(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 and 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.

Jason Cain 3/9/07

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Elmo Langley

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.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

B-22

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

Permit#: 10001958 **Tax Parcel #:** 113-105-04
Property Owner: CHARLOTTE DOUGLAS INTERNATIONAL AIRPORT
Job Location Address: 8500 TREXLER AVE
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 2/27/2007
Use of Well:
Type of Facility Served by Well: Other Residential
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 B. Sellers R.S. — Authorized Agent: Print Name
Joshua B. Sellers R.S — Signature:

Elmo Langley — Owner/Legal Agent: Print Name
Elmo Langley — Signature:

Charlotte Douglas Int'l Airport New Runway Project - 2007 Water Well Abandonment Record 5 of B-22

FILE NUMBER: 697HG Revised On: January 3, 2007 JAM APPLICATION NUMBER: 1958

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: #113-105-04
STREET ADDRESS: 8500 Trexler Pkwy
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: Mactec - Jimmy Jordan
ADDRESS: 2801 Yorkmont Rd S100
CITY: Clt
STATE: NC ZIP: 28202
HOME PHONE: WORK PHONE: 357-8600
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

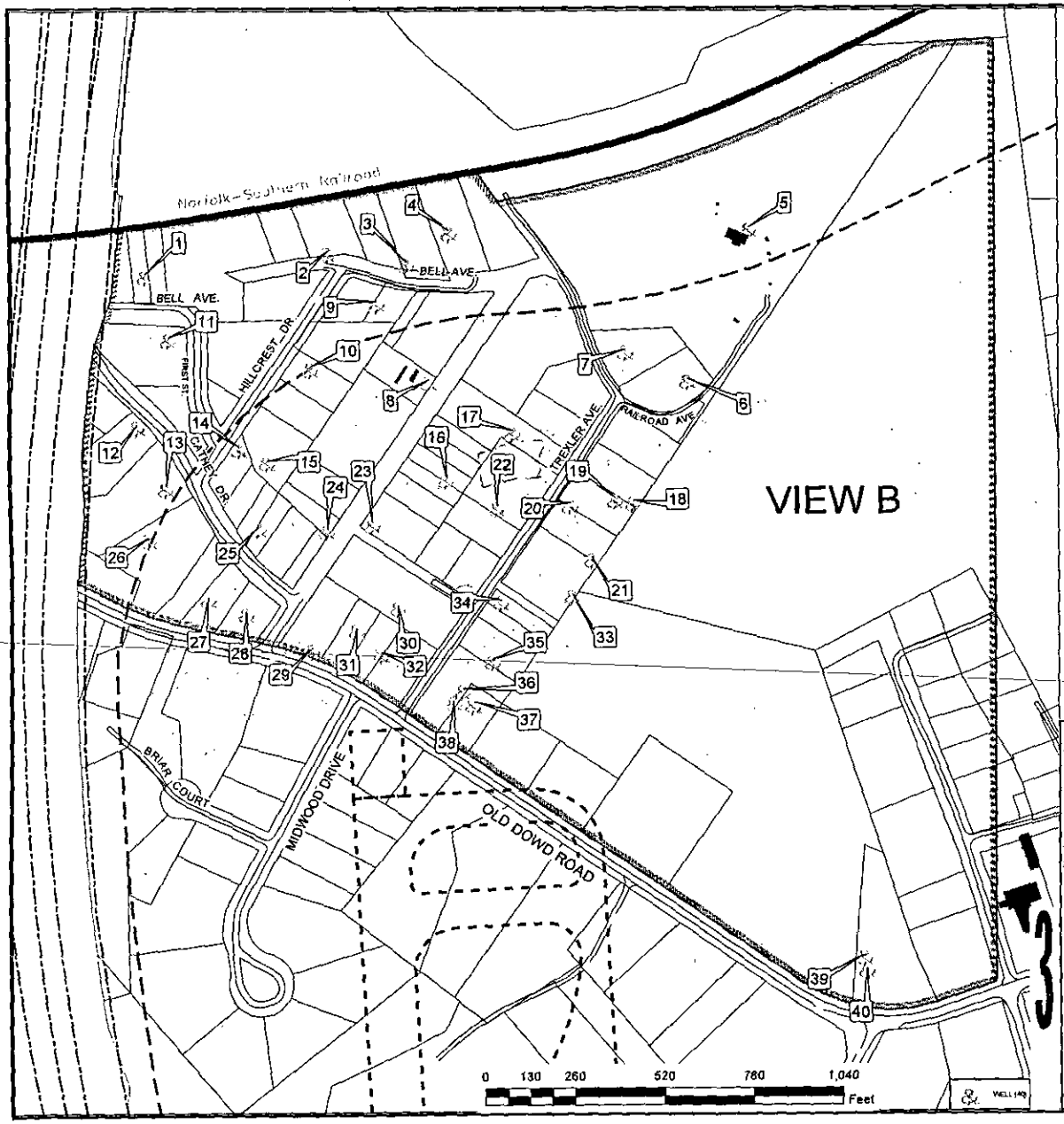
14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein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

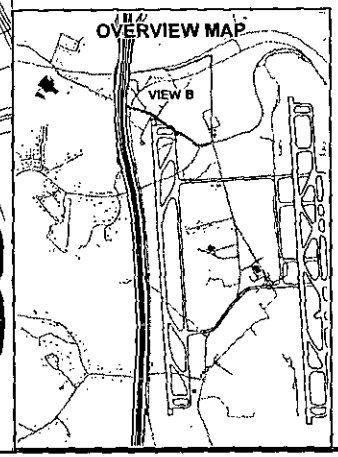
Mactec Engineering (Jimmy Jordan) For City of Charlotte 1/31/2007
Property Owner's or Owner's Legal Representative Signature Date

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



ENVIRONMENTAL ENTITIES TABLE FOR VIEW 'B'

INDEX #	ENVIRONMENTAL ENTITY	ENTITY ID	PARCEL ID	STATUS	COMMENTS
1	WELL	WE01@113-101-13	113-101-13		
2	WELL	WE01@113-101-09	113-101-09		
3	WELL	WE01@113-101-14	113-101-14		
4	WELL	WE01@113-101-10	113-101-10		
5	WELL	WE01@113-091-19	113-091-19		
6	WELL	WE01@113-091-20	113-091-20		
7	WELL	WE01@113-091-01	113-091-01		
8	WELL	WE01@113-103-10	113-103-10		
9	WELL	WE01@113-103-12	113-103-12		
10	WELL	WE01@113-103-18	113-103-18		
11	WELL	WE01@113-102-01	113-102-01		
12	WELL	WE01@113-111-25	113-111-25		
13	WELL	WE01@113-111-22	113-111-22		
14	WELL	WE01@113-103-01	113-103-01		
15	WELL	WE02@113-102-15	113-102-15		
16	WELL	WE01@113-105-12	113-105-12		
17	WELL	WE01@113-105-05	113-105-05		
18	WELL	WE01@113-106-02	113-106-02		
19	WELL	WE01@113-106-03	113-106-03		
20	WELL	WE02@113-106-09	113-106-09		
21	WELL	WE01@113-106-04	113-106-04		
22	WELL	WE01@113-105-04	113-105-04		
23	WELL	WE01@113-105-15	113-105-15		
24	WELL	WE01@113-103-07	113-103-07		
25	WELL	WE01@113-102-04	113-102-04		
26	WELL	WE01@113-111-23	113-111-23		
27	WELL	WE01@113-111-08	113-111-08		
28	WELL	WE01@113-111-09	113-111-09		
29	WELL	WE01@113-104-01	113-104-01		
30	WELL	WE01@113-104-05	113-104-05		
31	WELL	WE01@113-104-02	113-104-02		
32	WELL	WE01@113-104-03	113-104-03		
33	WELL	WE01@113-106-05	113-106-05		
34	WELL	WE01@113-107-01	113-107-01		
35	WELL	WE01@113-107-03	113-107-03		
36	WELL	WE01@113-107-04	113-107-04		
37	WELL	WE01@113-107-05	113-107-05		
38	WELL	WE01@113-107-04	113-107-04		
39	WELL	WE01@113-091-08	113-091-08		
40	WELL	WE02@113-091-09	113-091-09		



DATE

REVISION DESCRIPTION

Charlotte-Douglas INTERNATIONAL AIRPORT

WELLS IN VIEW 'B'

DATE APRIL 7, 2004

FILE NAME: V:\...\ENVIRONMENTAL ENTITY MANAGEMENT - VIEW B - WELLS ONLY.MXD

SHT.

OF