

800 HAWFIELD RD

05306101

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

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#: 10001006 **Tax Parcel #:** 053-061-01
Property Owner: CITY OF CHARLOTTE
Job Location Address:800 HAWFIELD RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 6/16/2006
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 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:

Zach Pedersen

Authorized Agent: ~~Print~~ Name

Noah J. Hunt ES/RS

Signature:

Owner/Legal Agent: *Print Name*

Signature:

Scheduled for Abandonment on June 23rd (Friday) Code

GWS – RES. APP 12/04

Commercial

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

SEPTIC FEE:
DATE:
CR#:

WELL FEE:
DATE:
CR#:

NOT on the GIS FILE # 5981B

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

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

JOB LOCATION INFORMATION: Very end of Hawfield Road at new Sewer lift Station
TAX/PARCEL #: 053-061-01
STREET ADDRESS: 800 Hawfield Road
CITY: Charlotte
STATE: NC ZIP: 28214
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

BUILDING INFORMATION: 2 each
TYPE OF BUILDING: NONE

☐ 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: N/A

☐ 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 Abandonment

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: City of Charlotte
ADDRESS: 600 E 4th St
CITY:
STATE: ZIP: 28250
HOME PHONE: WORK PHONE: 704 336-2481
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Pizzagalli Construction Co.
ADDRESS: 800 Hawfield Road
CITY: Charlotte
STATE: NC ZIP: 28214 704-552-6056
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:
Allison Rader - Project Manager

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

*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

MCCALL BROTHERS INC.
Founded 1938
POST OFFICE BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 399-1506 • TELEFAX (704) 399-2505

FACSIMILE TRANSMITTAL

DATE: 6/16/06 FAX NO. 704 336-6894

TO: Mecklenburg County Groundwater & Wastewater

ATTENTION:

FROM: MIKE FLOYD OR SERVICE DEPARTMENT of McCall Bros.

NO. PAGES 2 (Including This One)

MESSAGE: This well is ~~S~~scheduled for abandonment next Friday (June 23rd). We will contact you on Thursday PM and advise of the time.

The site is 800 Hawfield Road (off Moores Chapel Road) and is site of new Long Creek Lift Station. The address is not on the Polaris System!!!
Site is very end of Hawfield at the New lift Station site!

9205T301

DC

File # 5981B

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Charlie Nichols CERTIFICATION # 3155

WELL CONTRACTOR COMPANY NAME McCall Bros. Inc. PHONE # (704) 399-1506

STATE WELL CONSTRUCTION PERMIT# (if applicable) _____ ASSOCIATED WQ PERMIT# (if applicable) 10000037

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

2. WELL LOCATION:
Nearest Town: Charlotte County Mecklenburg
500 Hawfield rd 28214
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting ☐Ridge ☐Slope ☐Valley ☑Flat (check appropriate box)

Latitude/longitude of well location _____ (degrees/minutes/seconds)

Latitude/longitude source: ☐GPS ☐Topographic map (check box)

3. OWNER: Mecklenburg county resources
Address 700 North Tryon St. suite 211
(Street or Route No.)
Charlotte N.C. 28202
City or Town State Zip Code
(704) 336-5103
Area code- Phone number

4. DATE DRILLED 5-9-05
5. TOTAL DEPTH: 1000 Ft
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
7. STATIC WATER LEVEL Below Top of Casing: 20 FT. (Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 20 METHOD OF TEST blow
10. WATER ZONES (depth): 260, 615
11. DISINFECTION: Type Chlorine Amount 12 lbs
12. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From +1.5	To 62	Ft.	8 in	1322	Galv
From	To	Ft.			
From	To	Ft.			

13. GROUT:

	Depth		Material	Method
From 0	To 62	Ft.	Neat cement	Tremie Grout
From	To	Ft.		

14. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

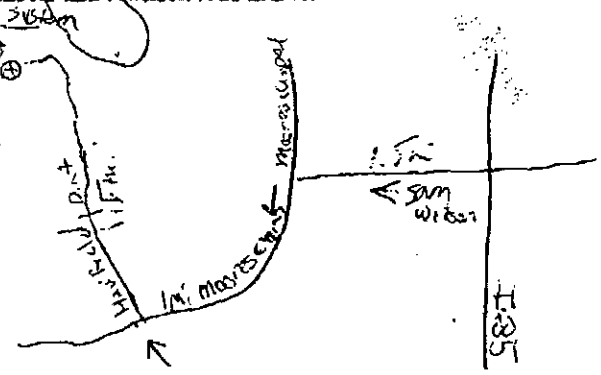
15. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

DEPTH From	To	DRILLING LOG Formation Description
0	55	Overburden
55	260	Grey granite
260	290	Dark blue Granite
290	615	Grey Granite
615	625	Dark blue Granite
625	1000	Grey white Granite

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



16. REMARKS: _____

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

Charlie Nichols 5-9-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days. GW-1 REV. 07/2001

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6684

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000037 **Tax Parcel #:** 053-061-01
Property Owner: Charlotte Mecklenburg Utilities
Job Location Address: 600 HAWFIELD RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 4/28/2004
Use of Well: Other
Type of Facility Served by Well:
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction 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.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- 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)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

DAVID L. CORNELIUS, RS 4/29/05
Authorized Agent: Print Name
Signature: 4/29/05

McCall Brothers Inc/J. Michael Floyd
Owner/Legal Agent: Print Name
Signature: 5/4/05

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: BUD MCCALL
MCCALL BROTHERS

Fax #: 704-398-2605

Phone #:

From: DAVID CORNELIUS
MCHD

Date: ~~11/30/05~~ 5/4/05

Number of pages transmitted: 2 (including coversheet)

Comments: PERMIT - 800 HANFIELD RD

PLEASE SIGN & FAX TO 704-336-6894

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

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 CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000037 **Tax Parcel #:** 053-061-01
Property Owner: Charlotte Mecklenburg Utilities
Job Location Address:800 HAWFIELD RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 4/28/2004
Use of Well: Other
Type of Facility Served by Well:
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:NO
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction 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.
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- 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)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

RAVIN L. CORNELIUS, RS 4/29/05
Authorized Agent: Print Name

Signature: 4/29/05

Owner/Legal Agent: Print Name

Signature:

GWS-COM. APP 12/04

on acct X 27070

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 # 5981B

WELL FEE: $400
DATE: 4/27/05
CHK#: 2070

Bridge

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 #:
TAX/PARCEL #: 05306101
STREET ADDRESS: 800 Hawfield Rd.
CITY: Charlotte
STATE: NC ZIP: 28214
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: Waste Water treatment Plant
☑ 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?: unknown
☐ 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 NA
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☑ YES	☐ NO

PROPERTY OWNER:

NAME: Charlotte-Mecklenburg Utilities
ADDRESS: 600 East 4th street
CITY: Charlotte
STATE: NC ZIP: 28250
HOME PHONE: 336-2211 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers Inc.
ADDRESS: P.O. BOX 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: 399-1506 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 4/27/05 Date

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

App. #: 37

Septic Fee: 0

Date:

CRT[ ]

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ONSITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
FILE # 5981B

Well Fee: 400.00

Date: 4/28/2004

CRT[ ]

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 #: 053-061-01

STREET ADDRESS: 800 HAWFIELD RD

CITY: CHARLOTTE

STATE: NC ZIP: 28214

LOT #: 0

TOWNSHIP:
Label

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS

[x] COMMERCIAL [ ] INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 0

NUMBER OF EMPLOYEES PER SHIFT: 0

NUMBER OF SHIFTS: 0

TYPE OF WASTEWATER:

[x] SEWAGE [ ] INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

[ ] TOILETS/URINALS [ ] HANDSINK/S

[ ] SHOWERS [ ] FLOOR DRAINS

[ ] OTHER

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWAER FLOW AND/OR A JUSTIFICATION FOR A SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [ ] PRIVATE WELL (P) [ ] SHARED WELL (S) [x] 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: Charlotte Mecklenburg Utilities

ADDRESS: 600 East 4th Street

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28250

HOME PHONE: 704-336-2211 WORK:

MOBILE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers Inc.

ADDRESS: P O Box 668710

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28266

HOME PHONE: 704-399-1506 WORK: 704-399-750

MOBILE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

Site Information:

Review Well | Update Site | Add We

Well Location

Address:	City:	State:	Zip Code:	Site Verified	Date
800 HAWFIELD RD	CHARLOTTE	North Carolina	28214	Pending	

Property Owner

Address:	City:	State:	Zip Code:	Exceeds 2L:	Soil
600 East 4th Street	Charlotte	NC	28250	False	False

Contact Information

Name:	Phone 1:	Phone 2:	E-mail:
Charlotte Mecklenburg Utilities	Home	Home	

Parcel ID:	Well Type:	Public Type:	Registrant:
053-061-01	Private water supply well	N/A	Representative

Rent/Own:	Have Concerns:	Want Testing:	Property Use:	Registered By:	
Own	False	False	Church	Public	☐ UST Priority Site

Total Wells:	0	Active Potable:	0	Inactive Potable:	0
Connections	0	Active Irrigation:	0	Inactive Irrigation:	0
Pop. Served	0	Active Geothermal:	0	Inactive Geothermal:	0
		Active Other:	0	Inactive Other:	0

Site Comments:

Supplies water to: ☑ Home ☐ Business ☐ Church ☐ Other

System Name:

Date Added:	Date Updated:	Updated By:
4/28/2005	N/A	N/A