

7829 BABE STILLWELL FARM RD

00915342

8/20/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 13806 WASPS App #: 2885

Primary ES assigned to project: Kim Garrett

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 ☐

Comments: # Items requiring correction/modification: _____

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 ☐	

Comments: # Items requiring correction/modification: _____

10/26/07 - Fax to applicant for Signature

Application received date: 10/15/07 ES assigned date: _____ Permit issued date: 10/22/07

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: 1/11/08

Kim Garrett

FILE NUMBER: 18806

Revised On: August 31, 2007

APPLICATION NUMBER: _____

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: 10/19/07

~~1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN~~ N/A

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 009-153-42
STREET ADDRESS: 7829 BABE STILLWELL FARM RD.
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: —
LOT #: — LOT SIZE (acres): 8.13
TOWNSHIP:
☐ 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 N/A
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):

8A. RANK: N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☒ OTHER ABANDONMENT

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	

10. PROPERTY OWNER:
NAME: ARTERRA-BIRKDALE, LLC
ADDRESS: 16735-A CRANLYN ROAD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: — WORK PHONE: 704/654 5874
MOBILE PHONE: 704/654 5874 FAX: 704/307 2270

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: N/A
ADDRESS: —
CITY: —
STATE: — ZIP: —
HOME PHONE: — WORK PHONE: —
MOBILE PHONE: — FAX: —

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

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.

N/A —
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. 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 12 months from the date of issuance.

10/12/07
Property Owner's or Owner's Legal Representative Signature Date

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

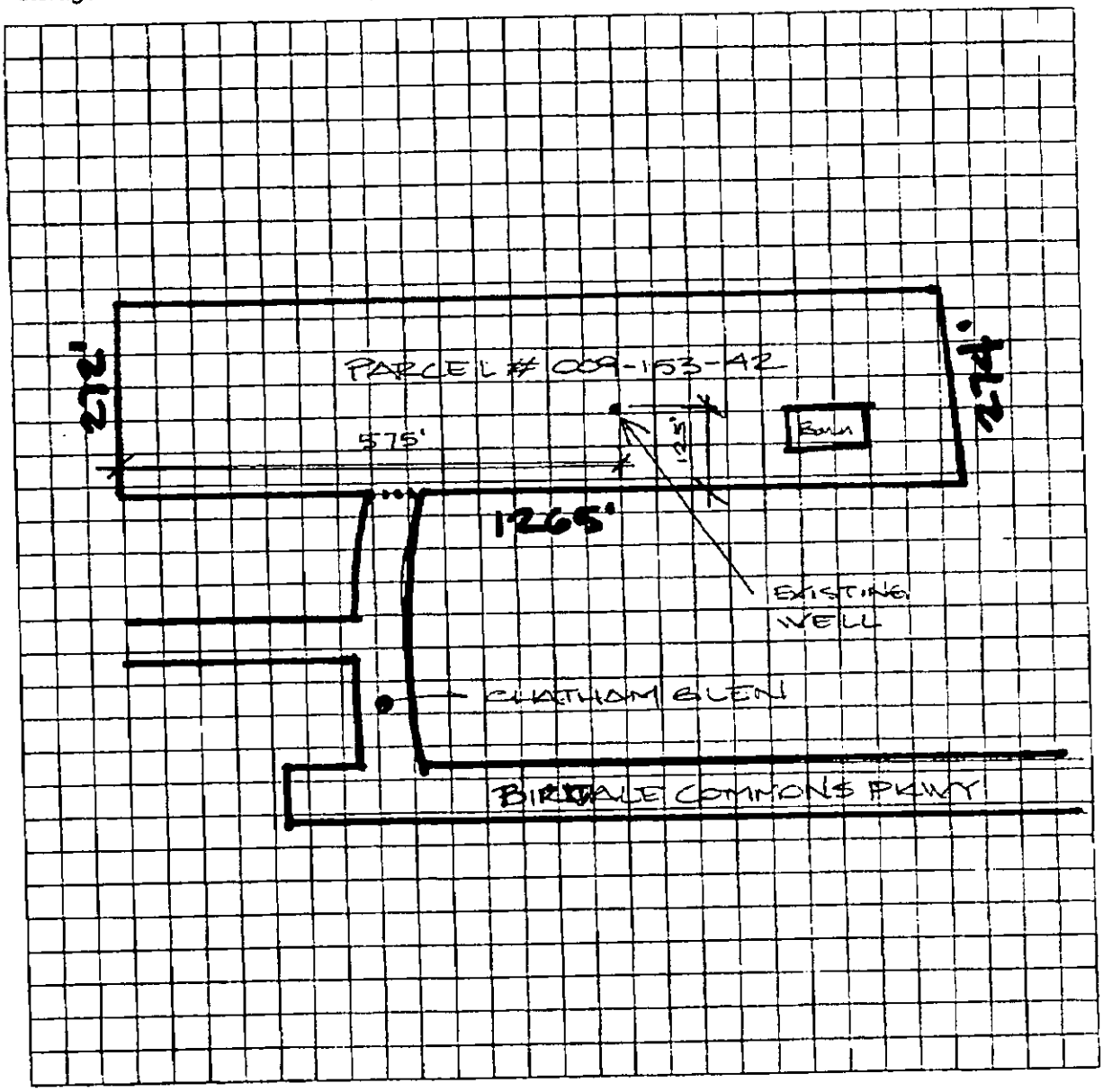
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

* This is for Well Abandonment

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature _____

Date 10/12/07

LBC 12/15/04

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5094

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

Permit#: 10002885 **File #:** 18806 **Tax Parcel #:** 009-153-42
Property Owner: ARTERRA- BIRKDALE, LLC
Job Location Address: 7829 BABE STILLWELL FARM RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 10/22/2007
Use of Well:
Type of Facility Served by Well: Other Residential
Sewage System Type: None

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:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: JAMES HARMON Print Name

Signature: 10/24



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ISSI Operations Center Staff

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

WELL ABANDONMENT RECORD

WELL CONTRACTOR [illegible]
WELL CONTRACTOR CERTIFICATION # 2475

1 WELL USE (check Applicable Box): Residential [X] 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: Birkdale County: [illegible]
7924 Bob Stallings Farm Rd
Huntersville N.C. 28078
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3 OWNER: Arterra-Birkdale LLC.

4 ADDRESS: 16735 Crandyn Rd Suite A Huntersville, N.C. 28078

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

6. TOTAL DEPTH: 210 DIAMETER 6"

7 CASING REMOVED:
feet: N/A diameter: ____

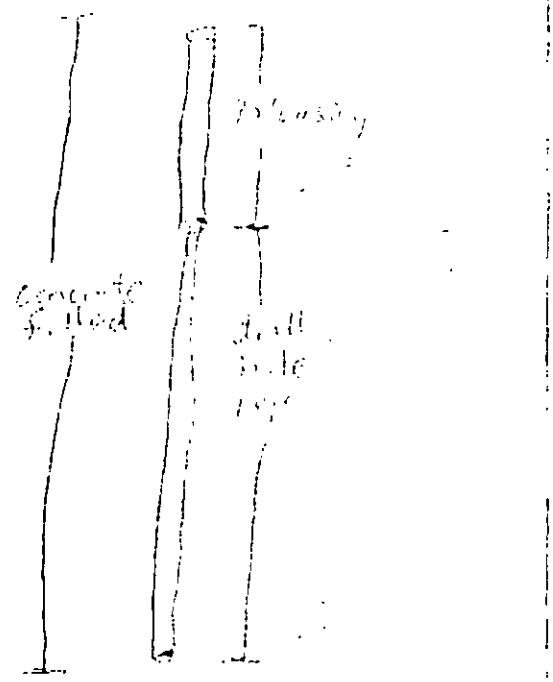
8 DISINFECTION: HTH Loop
(Amount of 70% Hypochlorite used)

9. SEALING MATERIAL:
Neat Cement: bags of cement ____ gallon of water ____
Sand Cement: bags of cement ____ gallons of water ____
Other: Type material Concrete Amount 1 yard

10 EXPLAIN METHOD EMPLACEMENT OF MATERIAL:
Poured by hand

11 DATE WELL ABANDONED 11-5-07

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



I do hereby certify that this well was abandoned in accordance wit 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 [illegible] Date 11-5-07

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

Attention: Kim Garrett
704 336 6544



Crescent

- DESIGN > BUILD -

October 16, 2007

Ms. Gwen Craig
Mecklenburg County
704/336-5103
Fax/336-6894

Re: Well Abandonment - Parcel #009-153-42

Copies	No.	Date	Transmittal Description
1	25152	10/16/07	Application for Well Abandonment

If you have any questions, don't hesitate to call me at 704/654-5874.

Sincerely,
Crescent Design-Build, Inc.

James Harmon
Project Director