

17628 TROLLEY CROSSING WY

00535534

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 #: 6955B WASPS App #: 1915

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: waiting for abandonment record 2/20/07 JLS

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: 2/14/07 ES assigned date: 2/14/07 Permit issued date: 2/23/07

Well approval date: 6/25/07 Number of days to complete project: _____

Review performed by: JLS Date performed: 6/26/07

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

App 1915
FL 69553

1. WELL CONTRACTOR:
Peter FLOREA
Well Contractor (Individual) Name
McCALL BROS. INC.
Well Contractor Company Name
STREET ADDRESS 6700 BROOKSHIRE BLVD.
CHARLOTTE, NC 28216
City or Town State Zip Code
(704) - 399-1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation
Other (list use)

3. WELL LOCATION:
COUNTY MECK QUADRANGLE NAME
NEAREST TOWN: Huntersville
17828 Trolley Crossing Way
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE N 35° 27.099'
LONGITUDE W 80° 50.870'
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 and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)
FACILITY ID #(if applicable)
NAME OF FACILITY
STREET ADDRESS
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME DAVID Hughes
STREET ADDRESS 1100 S. TRYON ST
CHARLOTTE NC 28203
City or Town State Zip Code
(704) - 737-9577
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 40 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 15 ft.
Measuring point is Ø ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ____ ft. ____ in.
b. Casing Removed: ____ ft. ____ in.

7. DISINFECTION: 3 oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:
Neat Cement: Cement 94 lb. Water 7 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:
Pumped Portland from mixer via tremmy line

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 2-19-07

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.

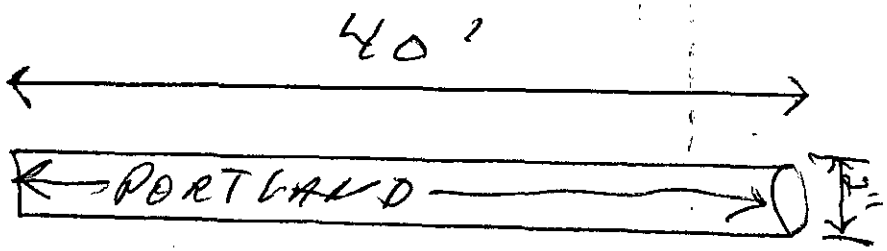
Peter Florea 3-8-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

PRINTED NAME OF PERSON ABANDONING THE WELL
GARY WALKER

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


40'
PORTLAND



MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: McCall Bros. Fax #: (704) 398-2605

From: _____ Phone #: (704) 399-1506

From: MCHD Date: 02-23-07

TO: _____

Number of pages transmitted: 2 (including coversheet)

Comments: Please sign and fax to (704) 336-6894
Permit not valid until signed & returned.

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

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☐ 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 CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10001915 **Tax Parcel #:** 005-355-34
Property Owner: DR HORTON
Job Location Address: 17628 TROLLEY CROSSING WAY
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 2/23/2007
Use of Well:
Type of Facility Served by Well: House
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: YES

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

McCall Brothers, Inc. — Owner/Legal Agent: Print Name
Joe McCalpine — Signature:

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

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City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
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Use of Well:
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Sewage System Type: None

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  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

Joshua R. Sellers R.S.
Authorized Agent: Print Name

Owner/Legal Agent: Print Name

JOSHUA R. SELLERS R.S.
Signature:

Signature:

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

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To: McCall Bros. Fax #: (704) 398-2605

Phone #: (704) 399-1506

From: MCHD Date: 02-23-07

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Office #: (704) 336-5103 • Fax #: (704) 336-6894

********** -COMM. JOURNAL- ********** DATE FEB-23-2007 ***** TIME 13:58 *********

MODE = MEMORY TRANSMISSION START=FEB-23 13:57 END=FEB-23 13:58

FILE NO.=981

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	a	97043982605	002/002	00:00:30

-MECKLENBURG CO GWS -

********** - - ***** - 704 336 6894- **********

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

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Office #: (704) 336-5103 • Fax #: (704) 336-6894

MCCALL BROTHERS, INC. ACCOUNT #X2 1010

SEPTIC FEE
DATE
OR #

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

GW'S - WELL APP. #
TAX: 104-326-64

WELL FEE
DATE
OR #

FILE # _____

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 #: 005-355-34

STREET ADDRESS: 17628 Traley Crossing Way

CITY: Huntersville

STATE: NC ZIP:

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:

TYPE OF BUILDING:

☐ 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:

☐ 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

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: DR Horton
ADDRESS: 1100 S. Tryon St. Suite 100
CITY: Charlotte
STATE: NC ZIP: 28208
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-737-9577 FAX: 800-933-3179

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 704 3991506
MOBILE PHONE: FAX: 704 3982605

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.

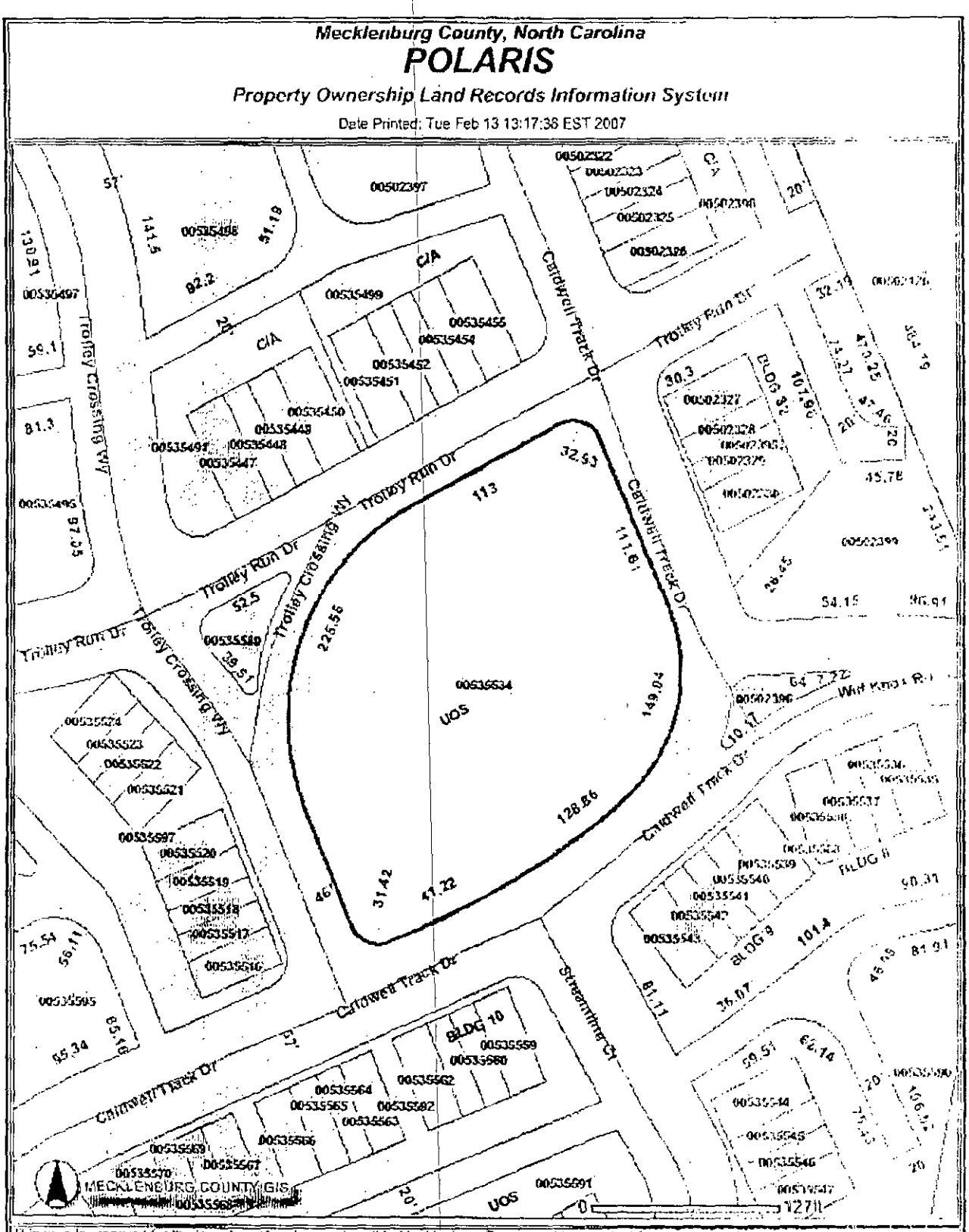
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

"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 214
CHARLOTTE, NC 28202



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tie maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

WORK ORDER

Workorder No: 72108
Description ARGU Well Review
Submitted To: CORBITT, LISA
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: CLOSED

Initiated Date: 2/16/2007 3:20:06 PM
Projected Start Date: 2/14/2007
Projected Finish Date: 2/16/2007 3:20:00 PM
Actual Start Date: 2/14/2007
Actual Finish Date: 2/16/2007 3:20:00 PM
Date Closed: 2/20/2007 11:55:38 AM

Entity Type: ARGU_WELLS
Facility ID: 8801
Entity Location: 8801

SITE INFORMATION

Workorder Address: 17628 TROLLEY CROSSING WAY
and/or
General Location:
Town: HUNT

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:
1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comment:
Create one work order per ARGU Review
By CALDWELL, SHAWNA: 2/16/07 3:21:49 PM
Based on review of our files, the permit for a private well abandonment at PID# 005-355-34, 17628 Trolley Crossing Way, Huntersville, NC is approved. The well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

WORK ORDER

Workorder No: 72108
Description ARGU Well Review
Submitted To: CORBITT, LISA
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 2/16/07 3:20:06 PM
Projected Start Date: 2/14/07
Projected Finish Date: 2/16/07 3:20:00 PM
Actual Start Date: 2/14/07
Actual Finish Date: 2/16/07 3:20:00 PM
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 8801
Entity Location: 8801

SITE INFORMATION

Workorder Address: 17628 TROLLEY CROSSING WAY
and/or
General Location:
Town: HUNT

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

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Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 18508212
Name: ALICE GADDY GRIFFIN
House No: 1322
Street Dir:
Street Name: REMBRANDT
Street Type: CR
City: CHARLOTTE
State: NC
Zip: 282114046
NC Incident Number: 27712 EXIT Well Information System →

* Link to GIS Real Estate System

Hydrogeologist Permit Application Review

Application #: 1915

Permit File #: 6955B

Permit Type: Abandonment (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

EHS Review | Update

The application has been forwarded to Jeremy Michelone for review.

Comment:
Create one work order per ARGU Review
By CALDWELL, SHAWNA: 2/16/07 3:16:02 PM

Based on review of our files, the permit for a private well abandonment at PID# 221-064-25, 237 Main St., Pineville, NC is approved. The well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

App. #: 1915

Septic Fee: 0.00

Date: CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6955B

Well Fee: 0.00

Date: 2/14/2007 CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE ( ) NEW WELL ( ) MAJOR REPAIR (•) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 005-355-34 [ ] PO

STREET ADDRESS: 17628 TROLLEY CROSSING WAY

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 06

General Comments:

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 1

NUMBER OF BEDROOMS: 1

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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

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: DR HORTON

ADDRESS: 1100 S TRYON ST S100

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28208

HOME PHONE: WORK:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROTHERS INC

ADDRESS: P O BOX 668710

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28266

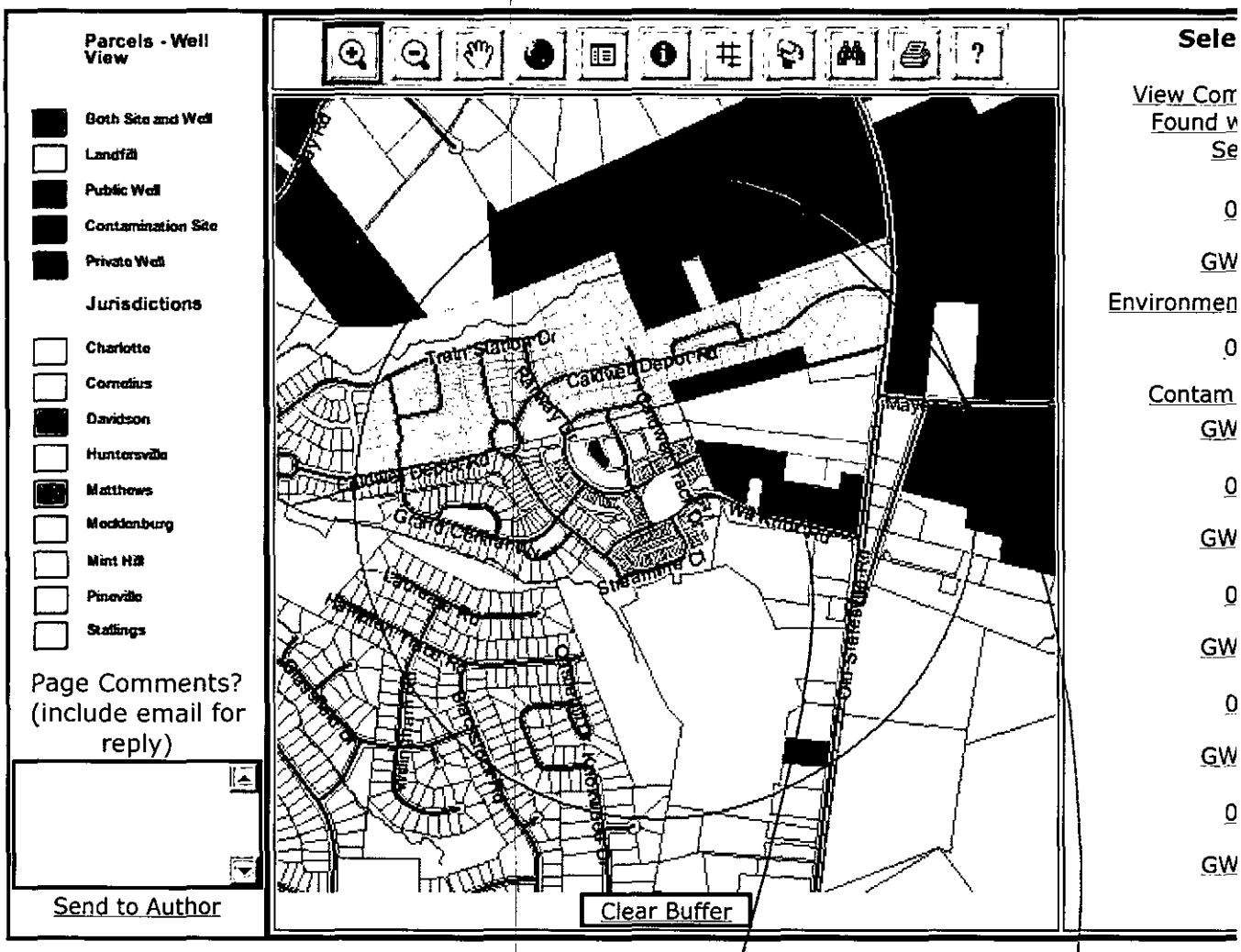
HOME PHONE: WORK: 704-399-1506

MOBILE:	704-737-9577	FAX: 800-933-3179	MOBILE:		FAX: 704-398-2605

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT | Update | Go to Front Counter | Duplicate



MPL#1342

MPL# 1833

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 00502125
Name: CRESCENT EMC
House No: 18019
Street Dir:
Street Name: OLD STATESVILLE
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28269
NC Incident Number: 19031 EXIT Well Information System

APS solvents detected during UST CAP imp.
UST# 6888
High risk UST release
system not operating - monitoring

* Link to GIS Real Estate System

MPL 1033

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 00502103
Name: KNOX PROPERTY
House No: 11205
Street Dir:
Street Name: WILL KNOX
Street Type: RD
City: CHARLOTTE
State: NC
Zip:
NC Incident Number: 27965 EXIT Well Information System →

* Link to GIS Real Estate System

MPL 1342

Rept. for ARGU Review
17628 Trolley Crossing Way, Huntersville, NC
PID# 005-355-34
File # 6955B
Appl. #1915

Public water supplied by CMUD is currently available at this site.

2/14/07 (Wed.) - Received request for ARGU review for private well abandonment for a WSW located at 17628 Trolley Crossing Way, Huntersville, PID#005-355-34. According to the WIS, there are no existing wells at this property.

2/16/07 (Fri.) - Conducted ARGU Review. Identified 2 MPL sites within 2,000' of the subject parcel.

MPL# 1342 Knox Property
11205 Will Knox Rd., Charlotte, NC
PID# 005-021-03
NCDENR UST Section Inc. #27965
Release from farm gasoline UST

File Review of MPL# 1342:

NCDENR UST database indicates a clean UST closure.

No MPL investigation.

This property is within 1,000' of the subject site.

MPL# 1033 Crescent EMC
18019 Old Statesville Rd.
PID# 005-021-25
NCDENR UST Section Inc. #6888 and NCDENR AP Section Inc. #19031
Source-regulated/commercial petroleum UST/unknown

File Review of MPL# 1033:

NCDENR UST database indicates an active GW incident, remediation system not operational, monitoring plume. NCDENR AP database indicates solvents detected during UST investigation.

MPL investigation completed in 2001. Seventeen WSWs were located within 1500' and three wells were sampled with no detections. There was no record of the referenced WSW in the MPL file.

This property is within 1,500' of the subject site.

Based on review of our files, the permit for a private well abandonment at PID# 005-355-34, 17628 Trolley Crossing Way, Huntersville, NC is approved. The well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.

End.