Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 81411B WASPS App #: 4522

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 ☐ Installation Complete ☐ N/A-Sewer ☑

I. File Review:

Completed application	Yes ☑	No ☐		
ARGU review report	Yes ☑	No ☐	N/A ☐	
Signed permit	Yes ☐	No ☐		
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐	N/A ☐
GW-1 / GW-30	Yes ☐	No ☐		
Certificate of Completion	Yes ☐	No ☐		
Other related documentation	Yes ☐	No ☐	N/A ☐	

Comments: 3/29/10 - please fax to applicant for signature

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:

Application received date: _____ Well approval date: _____

Review performed by: _____ Date performed: _____

App. #: 4522

Septic Fee: 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 # 8141B

Well Fee: 550.00 Date: 2/16/2010 CRT[ ]

SEPTIC / TYPE APPLICATION: (•) N/A ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) N/A (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 227-028-98 ☐ **PO**

STREET ADDRESS:

CITY: Charlotte

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

General Comments:

WELL WILL SUPPLY IRRIGATION FOR TOWN HOME COMMUNITY

BUILDING INFORMATION:

TYPE OF BUILDING:

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

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

( ) HOUSE (H) (•) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS: 0

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: ☐ N/A

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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

( ) N/A (•) IRRIGATION ( ) POTABLE (Drinking Water) ( ) OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

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 REQ'RD BY OTHER AGENCY	( ) Yes (•) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (•) No	WASTEWATER OTHER THAN DOM. SEWAGE	( ) Yes (•) No
CHEMICAL/PETROLEUM STORAGE TANKS	( ) Yes (•) No	KNOWN UNDERGROUND CONTAMINATION	( ) Yes (•) No
WASTE STORAGE	( ) Yes (•) No	GROUNDWATER USE RESTRICTIONS/VARIANCES	( ) Yes (•) No

PROPERTY OWNER:

NAME: AVINGTON HOME OWNERS ASSOCIATIC
ADDRESS: P O BOX 11906
CITY: CHARLOTTE
STATE: NORTH CAROLINA ZIP: 28220
HOME PHONE: 704-844-2001 WORK:
MOBILE: 704-614-1209 FAX: 704-844-2001

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: FRANK JONES (HOA BOARD CHAIR)
ADDRESS: P O BOX 11906
CITY: CHARLOTTE
STATE: NORTH CAROLINA ZIP: 28220
HOME PHONE: 704-844-2001 WORK:
MOBILE: 704-614-1209 FAX: 704-844-2001

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☐ UNKNOWN

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☐ N/A

PRINT Update Go to Front Counter Duplicate

SC

814B

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4522

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ☒ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ N/A ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:** SEE ATTACHMENT 1
TAX PARCEL NUMBER: 227-028-98
STREET ADDRESS: Treverton Dr
CITY: Matthews
STATE: NC **ZIP:**
SUBDIVISION NAME: AVINGTON
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:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☒ OTHER Town House Community
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 SEPTIC 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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. **PROPOSED USE OF WELL:** ☐ N/A ☒ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☒ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

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 (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	
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES ☒ NO		KNOWN UNDERGROUND CONTAMINATION	☐ YES ☒ NO	
WASTE STORAGE	☐ YES ☒ NO		GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES ☒ NO	

* SEE ATTACHMENT 1

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1999 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**
NAME: AVINGTON HOMEOWNERS ASSOCIATION, INC
ADDRESS: PO BOX 11906
CITY: CHARLOTTE
STATE: NC ZIP: 28220-1906
HOME PHONE: 704.944.2001
WORK PHONE: -
MOBILE PHONE: 704.614.1209
FAX: 704.944.2001
LISTINGS FOR FRANK JONES AHOA BOARD MEMBER CHAIR, LARC

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

14. SEPTIC SYSTEM PERMIT APPLICATION:

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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 twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

AVINGTON HOME OWNERS ASSOCIATION, INC
BY: Frank Jones AHOA BOARD MEMBER 2.12.10

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ 550 (County Office) DATE FEE RECEIVED: 2/16/10

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 8141B

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Feb. 16. 2010 3:35PM No. 0347 P. 3

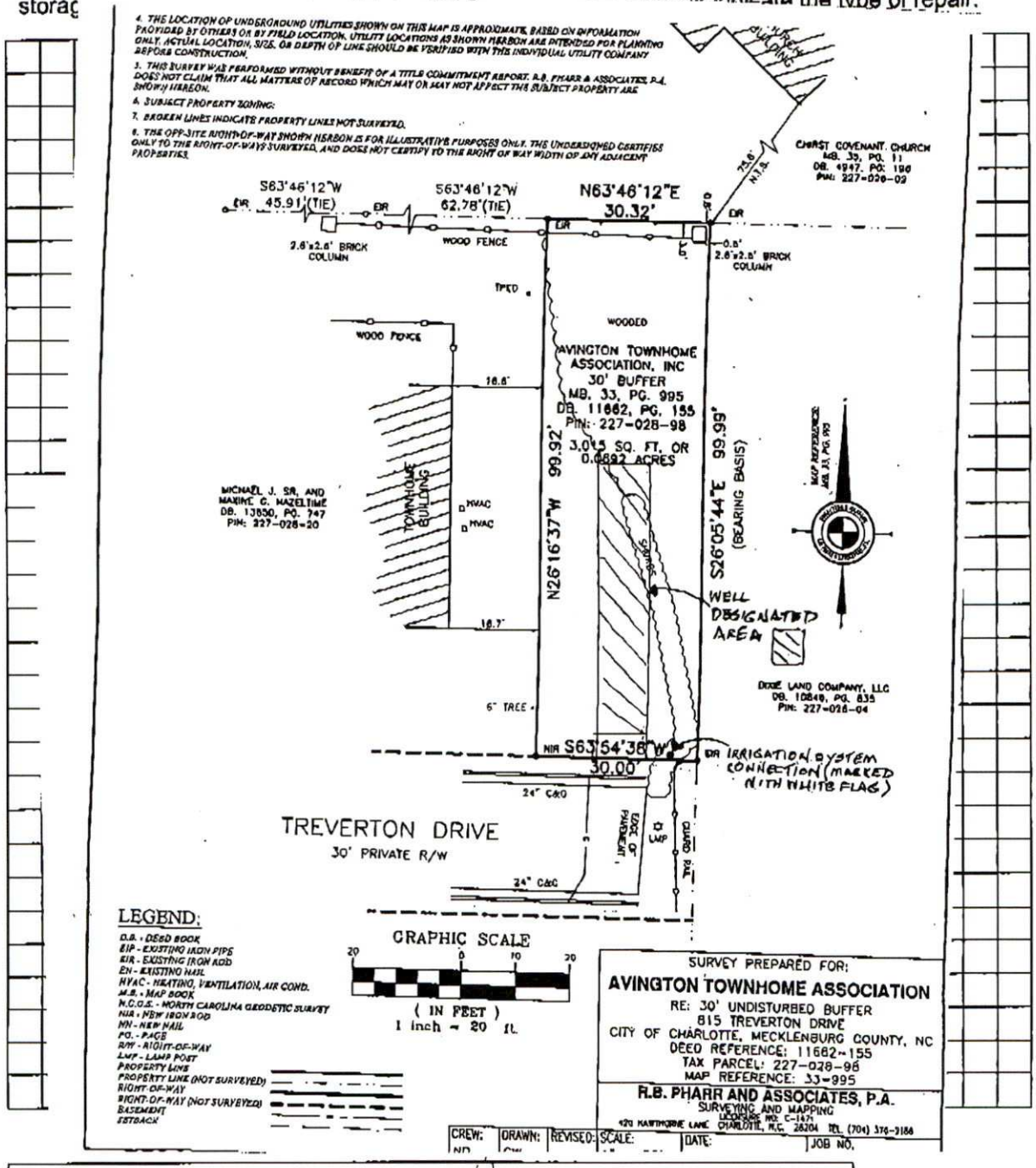
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

SEE ATTACHMENT 2

PROPOSED PLOT PLAN

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 storag[illegible] repair indicate the type of repair.



Owner/Agent Signature Pam A Jones for AHOA Board of Directors

Date 2.16.10

LBC 12/15/04

Feb. 16. 2010 3:35PM No. 0347 P. 4

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

WORK ORDER

Work Order Information

Work Order Number: **82162**
Work Order Type: **ARGU Well Review**
Submitted To: STUTTS, JACK
Date Initiated: 2/17/10 8:55:33 AM
Date Completed: 2/17/10 8:56:00 AM
Date Closed:
Unattached WO: N
Associated SR Number:

Priority: **3**
Status: IP

Initiated By: CALDWELL, SHAWNA
Completed By: CALDWELL, SHAWNA
Closed By:

Location

Address: **22702898**
Location: Located with PID#

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.

Comments

Create one work order per ARGU Review

By CALDWELL, SHAWNA: 2/17/10 8:56:47 AM
No ARGU review necessary, because no MPL sites within 1,500'

Hydrogeologist Permit Application Review

Application #: 4522
Permit File #: 8141B
Permit Type: New Well (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling Re-sampling Frequency: NONE

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

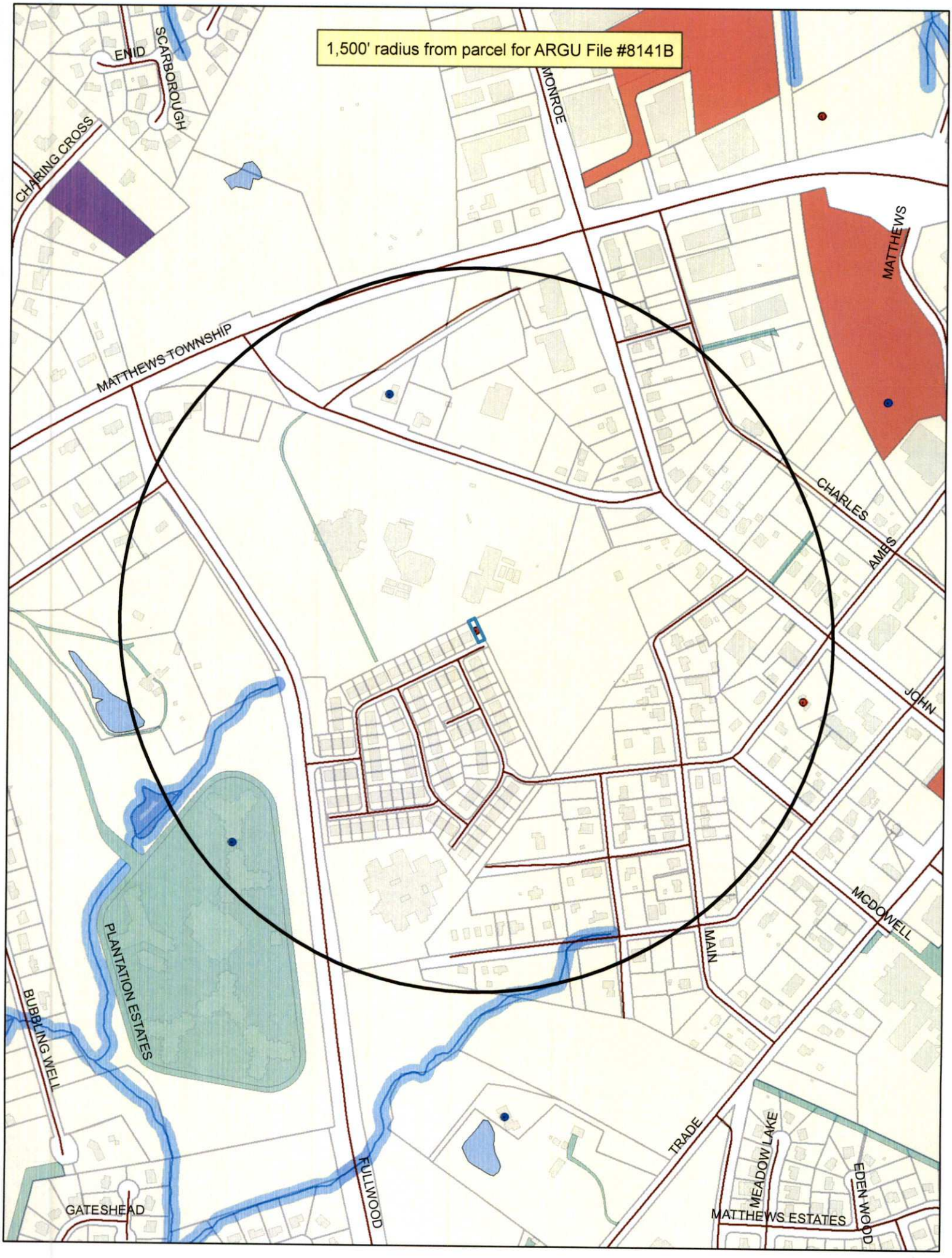
☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

None.

EHS Review | Update | Time Spent (hours): ☑ Change: 1.00

The application has been forwarded to Jc
Sellers for review.


1,500' radius from parcel for ARGU File #8141B
ENID
SCARBOROUGH
CHARING CROSS
MONROE
MATTHEWS
MATTHEWS TOWNSHIP
CHARLES
AMES
JOHN
MCDOWELL
MAIN
PLANTATION ESTATES
BUBBLING WELL
GATESHEAD
FULLWOOD
TRADE
MEADOW LAKE
EDEN WOOD
MATTHEWS ESTATES

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

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10004522 **File #:** 8141B **Tax Parcel #:** 227-028-98
Property Owner: AVINGTON HOME OWNERS ASSOCIATION INC
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 3/29/2010
Use of Well: Irrigation
Type of Facility Served by Well: Other Residential

Area of Regulated Groundwater Usage Restrictions Apply: YES
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 North Carolina Certified Well Contractor 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.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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. ☐ Casing to bedrock
☐ Initial water sample to be 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:
None.

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

Owner/Legal Agent: Print Name
Signature:

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

Grout Inspection
☐ Observed _____ _____
☐ Not Observed _____ _____
Initials Date

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10004522 **File #:** 8141B **Tax Parcel #:** 227-028-98
Property Owner: AVINGTON HOME OWNERS ASSOCIATION INC
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 3/29/2010
Use of Well: Irrigation
Type of Facility Served by Well: Other Residential

Area of Regulated Groundwater Usage Restrictions Apply: YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit

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- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for Arsenic, Barium, Cadmium, Chromium, Copper, Fluoride, Lead, Iron, Magnesium, Manganese, Mercury, Silver, Sodium, Zinc, and pH.
- 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. ☐ Casing to bedrock
☐ Initial water sample to be 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:
None.

Avington Home Owners Assoc. Inc.

Joshua R. Sellers R.S. Robert J. Meyer Pres
Authorized Agent: Print Name Owner/Legal Agent: Print Name
Joshua R. Sellers R.S. Robert J Meyer
Signature: Signature:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/16/10
Receipt #: 65678
Check / Auth #: CHECK 3211
Received By: WILSOLL

Amount: 550.00
Tendered: 550.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: AVINGTON TOWNHOMES
Attn: C/O HAWTHORNE MGMNT CO
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New PARCEL #227-028-98		1	550.00	550.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
35.00					

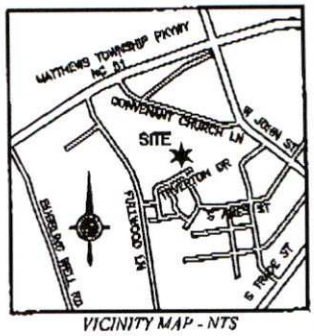
THIS IS TO CERTIFY THAT ON THE 20TH DAY OF JANUARY, 2010 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE RATIO OF PRECISION DOES NOT EXCEED AN ERROR OF CLOSURE OF ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED _____

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED MARCH 2, 2009 COMMUNITY PANEL NO: 371045 8000J

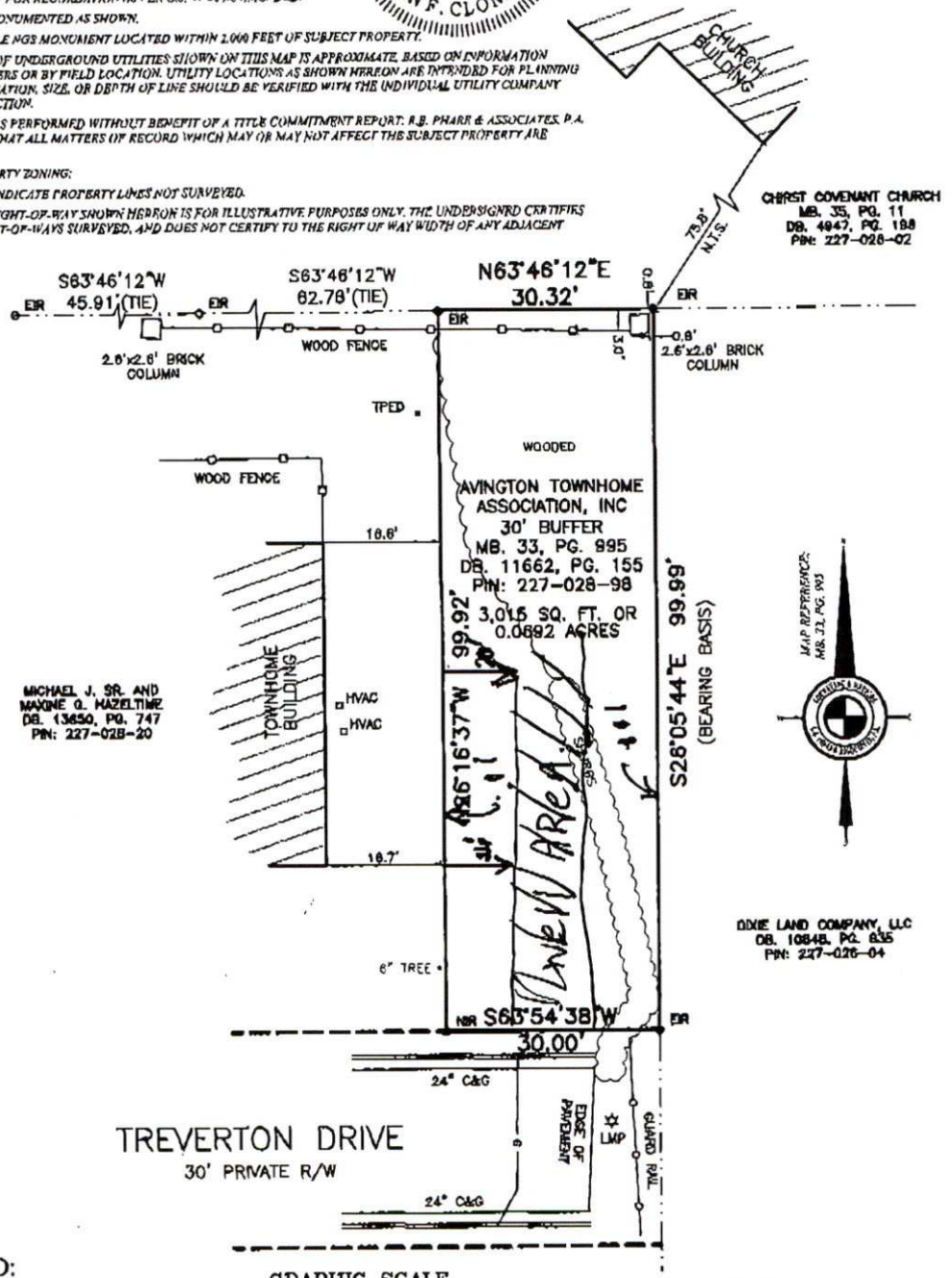
NORTH CAROLINA PROFESSIONAL SEAL L-4430 LAND SURVEYOR JUSTIN F. CLONINGER



VICINITY MAP - NTS

NOTES:

1. THIS PLAT IS NOT FOR RECORDATION AS PER G.S. 47-30 AS AMENDED.
2. ALL CORNERS MONUMENTED AS SHOWN.
3. NO RECOVERABLE NGS MONUMENT LOCATED WITHIN 2,000 FEET OF SUBJECT PROPERTY.
4. THE LOCATION OF UNDERGROUND UTILITIES SHOWN ON THIS MAP IS APPROXIMATE, BASED ON INFORMATION PROVIDED BY OTHERS OR BY FIELD LOCATION. UTILITY LOCATIONS AS SHOWN HEREON ARE INTENDED FOR PLANNING ONLY. ACTUAL LOCATION, SIZE, OR DEPTH OF LINE SHOULD BE VERIFIED WITH THE INDIVIDUAL UTILITY COMPANY BEFORE CONSTRUCTION.
5. THIS SURVEY WAS PERFORMED WITHOUT BENEFIT OF A TITLE COMMITMENT REPORT. R.B. PHARR & ASSOCIATES, P.A. DOES NOT CLAIM THAT ALL MATTERS OF RECORD WHICH MAY OR MAY NOT AFFECT THE SUBJECT PROPERTY ARE SHOWN HEREON.
6. SUBJECT PROPERTY ZONING:
7. BROKEN LINES INDICATE PROPERTY LINES NOT SURVEYED.
8. THE OFF-SITE RIGHT-OF-WAY SHOWN HEREON IS FOR ILLUSTRATIVE PURPOSES ONLY. THE UNDERSIGNED CERTIFIES ONLY TO THE RIGHT-OF-WAYS SURVEYED, AND DOES NOT CERTIFY TO THE RIGHT OF WAY WIDTH OF ANY ADJACENT PROPERTIES.



LEGEND:

D.B. - DEED BOOK
EIP - EXISTING IRON PIPE
EIR - EXISTING IRON ROD
EN - EXISTING NAIL
HVAC - HEATING, VENTILATION, AIR COND.
M.B. - MAP BOOK
N.C.G.S. - NORTH CAROLINA GEODETIC SURVEY
NIR - NEW IRON ROD
NN - NEW NAIL
PG. - PAGE
R/W - RIGHT-OF-WAY
LMP - LAMP POST
PROPERTY LINE
PROPERTY LINE (NOT SURVEYED)
RIGHT-OF-WAY
RIGHT-OF-WAY (NOT SURVEYED)
EASEMENT
SETBACK

GRAPHIC SCALE

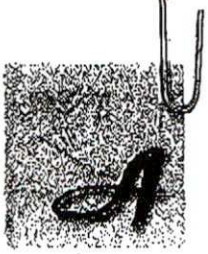
20 0 10 20

(IN FEET)
1 inch = 20 ft.

SURVEY PREPARED FOR:
AVINGTON TOWNHOME ASSOCIATION
RE: 30' UNDISTURBED BUFFER
815 TREVERTON DRIVE
CITY OF CHARLOTTE, MECKLENBURG COUNTY, NC
DEED REFERENCE: 11662-155
TAX PARCEL: 227-028-98
MAP REFERENCE: 33-995

R.B. PHARR AND ASSOCIATES, P.A.
SURVEYING AND MAPPING
LICENSURE NO: C-1471
420 HAWTHORNE LANE CHARLOTTE, N.C. 28204 TEL. (704) 376-2186

CREW:	DRAWN:	REVISED:	SCALE:	DATE:	JOB NO.
ND	CW		1" = 20'	JANUARY 20, 2010	75890



Well in Undisturbed Buffer

Avington Board of Directors

March 2, 2010

Administrative Amendment

APPROVED
TOWN OF MATTHEWS
Date 3-23-10
By Kathi Lynch for
Matthews Planning Board

Mr. Bill Sherrill
Matthews Town Hall
Matthews, NC 28105

Re: Administrative Amendment
Tax Parcel Number 227-028-98

Dear Mr. Sherrill:
The Avington Home Owners Association, Inc (AHOA) is a private community of 93 townhomes located off Fullwood Ln in Matthews.
The Board of Directors of the AHOA is requesting an Administrative Amendment to allow for a well to be drilled in an"undisturbed buffer" area on our property. Please see the attached survey for the exact location. The well is to be used solely to deliver water to an existing irrigation system.

The shaded area on the survey is the area that a well could be drilled, and meet all requirements for property line setbacks. A "T" connection to the existing irrigation system is marked appropriately on the survey.

Only a suitable cover for the pump and tank would be visible, and the Board will require the selected Bidder to provide such a cover. The Board will also consider adding shrubbery to further beautify the area. There have already been many plants and shrubs planted in this buffer as you can also see on the survey.

The Board has thoroughly looked at all possible locations in our community for the well, and this is the only site that provides easy access for the well driller, ongoing maintenance, and for easy connection to the irrigation system.

The Board hopes that this request will be granted. Should you have any questions, please contact me at 704.844.2001, 815 Treverton Dr, 28105, or Mr. Bob Meyer, President of the AHOA at 704.321.7081, 821 Treverton Dr, 28105. Thank you for all consideration.

Yours truly,

Frank Jones

Frank Jones,
Board Member and Chair, Landscaping and Architectural Review Committee

Attachment 1

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

Application for New Well

Avington Home Owners Association Inc

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 227-028-98

STREET ADDRESS: The designated area is the buffer area next to the last unit at 833 Treverton Drive, Matthews, NC 28105.

SUBDIVISION NAME: AVINGTON

LOT#: None—common area LOT SIZE (Acres): See Attachment 2

TOWNSHIP: 5-MATTHEWS

Avington Home Owners Association, Inc (AHOA) is a private community of 93 townhomes. Both domestic and irrigation system water is presently provided by CMUD.
The Avington Board of Directors of the AHOA is requesting a permit for a new well to supply the water requirements for the community's existing irrigation system.
The connection to the irrigation system has already been designated and prepared. See Attachment 2 for location.

9. **Buried Cables**. There are buried cables throughout the community, however to the best of the Board's knowledge and from engineering drawings available to it, there are none in the area designated for the well. See Attachment 2 for location.

Water Lines. There are irrigation system line and sprinkler heads located in some of the designated area. The Board will mark them prior to the beginning of the project. See Attachment 2 for approximate locations.

Contact for AHOA

Frank Jones, Member Board of Directors
Chair, Landscaping & Architectural Review Committee
815 Treverton Drive
Matthews NC 28105
704.844.2001 Home and FAX
704.614.1209 Mobile

Mullis
WELL DRILLING & GRADING
CHARLOTTE, NC

PO Box 691446
Charlotte, NC 28227

Ph: 704/545-5694
Fax: 704/545-9449

www.mulliswell.com

9-2-10

TO: Josh

From: Allison

fax-814-0874

Re: GWI for Avington HOA
permit # 10004522

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038, 2036

1. WELL CONTRACTOR:
John Mullis, Kelvin Belk
Well Contractor (Individual) Name
DL Mullis Well Drilling, Inc
Well Contractor Company Name
9200 Surface Hill Rd
Street Address
Charlotte NC 28227
City or Town State Zip Code
704 545-5694
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT# 1000 4522
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable)

3. WELL USE (Check One Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☑ Other ☐ (list use)
DATE DRILLED 7-26-10

4. WELL LOCATION:
Treverton Drive
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
CITY: Matthews COUNTY Mecklenburg
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
LATITUDE 35° 43' 800 " DMS OR 3x.xxxxxxxx DD
LONGITUDE 80° 43' 800 " DMS OR 7x.xxxxxxxx DD
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. FACILITY (Name of the business where the well is located.)
Avington Townhome Association
Facility Name Facility ID# (if applicable)
P.O. Box 11906
Street Address
Charlotte NC 28220
City or Town State Zip Code
Frank Jones
Contact Name
815 Treverton Drive
Mailing Address
Matthews NC 28105
City or Town State Zip Code
704 844-2001
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 825
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑
c. **WATER LEVEL** Below Top of Casing: 30 FT.
(Use "+" If Above Top of Casing)

d. **TOP OF CASING IS** 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. **YIELD (gpm):** 15 **METHOD OF TEST** Air
f. **DISINFECTION: Type** HTH **Amount** 1 pt
g. **WATER ZONES** (depth):
Top 165 Bottom 180 Top 530 Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top 0	Bottom 140 Ft.	6 5/8	.188	PVC
Top 0	Bottom 126 Ft.	8 7/8"	.188	Galvanized
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 0	Bottom 20 Ft.	portland	poured
Top	Bottom Ft.		
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top	Bottom Ft.		
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0'	40'	Red clay
40'	70'	Gray clay Mixed shell
70'	120'	Green limestone/gray granite
120'	140'	Blue/white speckle granite
140'	200'	Gray granite limestone
200'	400'	Black & gray granite.
400'	825'	

12. 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.

John M. Mullis
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

John Mullis
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing

Form GW-1b