

18605 BLUFF POINT RD

00104126

7/9/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 14256 WASPS App #: 2423

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: 6a 7/2/07 - faxed to Francis well daily SLs

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: 6/25/07 ES assigned date: 7/2/07 Permit issued date: 7/2/07

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

Review performed by: _____ Date performed: _____

********** -COMM. JOURNAL- ********** DATE JUL-02-2007 ***** TIME 13:27 *********

MODE = MEMORY TRANSMISSION START=JUL-02 13:26 END=JUL-02 13:27

FILE NO.=312

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	8	97047361929	003/003	00:00:35

-MECKLENBURG CO GWS -

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



MECKLENBURG COUNTY

Land Use & Environmental Services Agency
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: Francis Well Drilling
Michael Francis

Fax #: 704-736-1929
Phone #: 704-506-9373

From: Mecklenburg County
Groundwater & Wastewater Services

Date: 07/02/2007

Number of pages transmitted: 3 (including coversheet)

Comments:
Well abandonment permit for 186005 Bluff Point Rd.

Please sign and fax back.

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

Attention: Jeremy Michelone

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2473 14256

1. WELL CONTRACTOR:
Michael Francis
Well Contractor (Individual) Name
Francis Well & Pump Co.
Well Contractor Company Name
STREET ADDRESS 1501 Mt Zion Ch. Rd
Iron Station N.C. 28080
City or Town State Zip Code
704. 394-9952
Area Code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable) n/A
STATE WELL PERMIT # (if applicable) n/A
COUNTY WELL PERMIT # (if applicable) 1000:2423
DWQ or OTHER PERMIT # (if applicable) n/A
WELL USE (Check applicable uses) Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation
Other (list uses)

3. WELL LOCATION:
COUNTY Meck QUADRANGLE NAME:
NEAREST TOWN Cornelius 28031
18605 Bluff Pt. Rd
(Street Road Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LANDSCAPE:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)

LATITUDE N 35° 27.303
LONGITUDE W 80° 53.595
(May be in degrees, minutes, seconds, or in 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 only if the well is located at a facility. Do not complete if well ownership information only.)
FACILITY ID # (if applicable) n/A
NAME OF FACILITY
STREET ADDRESS
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME Elizabeth Slater
STREET ADDRESS 10620 Bailey Rd.
Cornelius N.C. 28031
City or Town State Zip Code
704. 763. 6713
Area Code - Phone number

5. WELL DETAILS:
a. Total Depth: 90' ft Diameter 2" in
b. Water Level Below Measuring Point: 10 ft
Measuring point: 1 ft above/below land surface

6. CASING: Length Diameter
a. Casing Depth (if known) 80' ft 2" in
b. Casing Removed 3' ft 2" in

7. DISINFECTION: 1 cup HTH
(Amount of bleach, HTH, or other used per volume in well)

8. SEALING MATERIAL:

Neat Cement
Cement ____ lb
Water ____ gal

Sand Cement
Cement 56.0 lb
Water 42. gal

Bentonite
Bentonite ____ lb
Type: Slurry Pellets
Water ____ gal

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Slowly by hand

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens or open borehole in the well, gravel interval, intervals of casing, portions sealed, and depth and types of fill materials used.

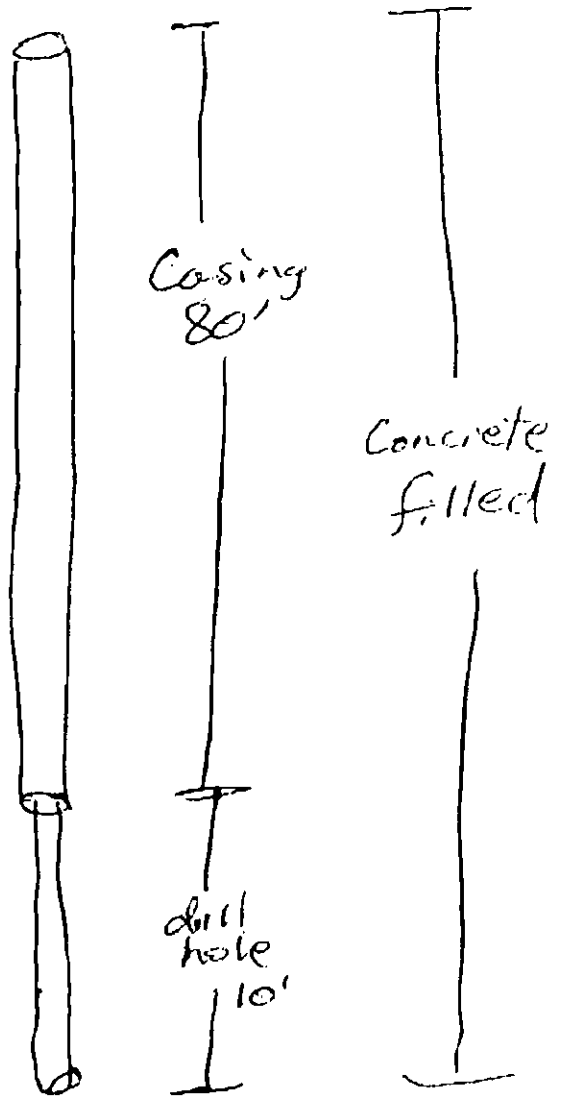
11. DATE WELL ABANDONED 7-6-07

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.

Michael Francis 7-6-07
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 02C.)
Michael Francis
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. 704 336 6894
Mail: Information Management, 1617 Mail Service Center - Raleigh, NC 27699-1617. Phone No. (919) 733-7015 ext 568.


Casing
80'
drill
hole
10'
Concrete
filled

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#: 10002423 **File #:** 14256 **Tax Parcel #:** 001-041-26
Property Owner: ELIZABETH SLATER
Job Location Address: 18605 BLUFF POINT RD
City/ETJ: CORNELIUS **State:** NC **Zip Code:** 28031
Permit Issuance Date: 7/2/2007
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
Authorized Agent: Print Name

Joshua R. Sellers R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

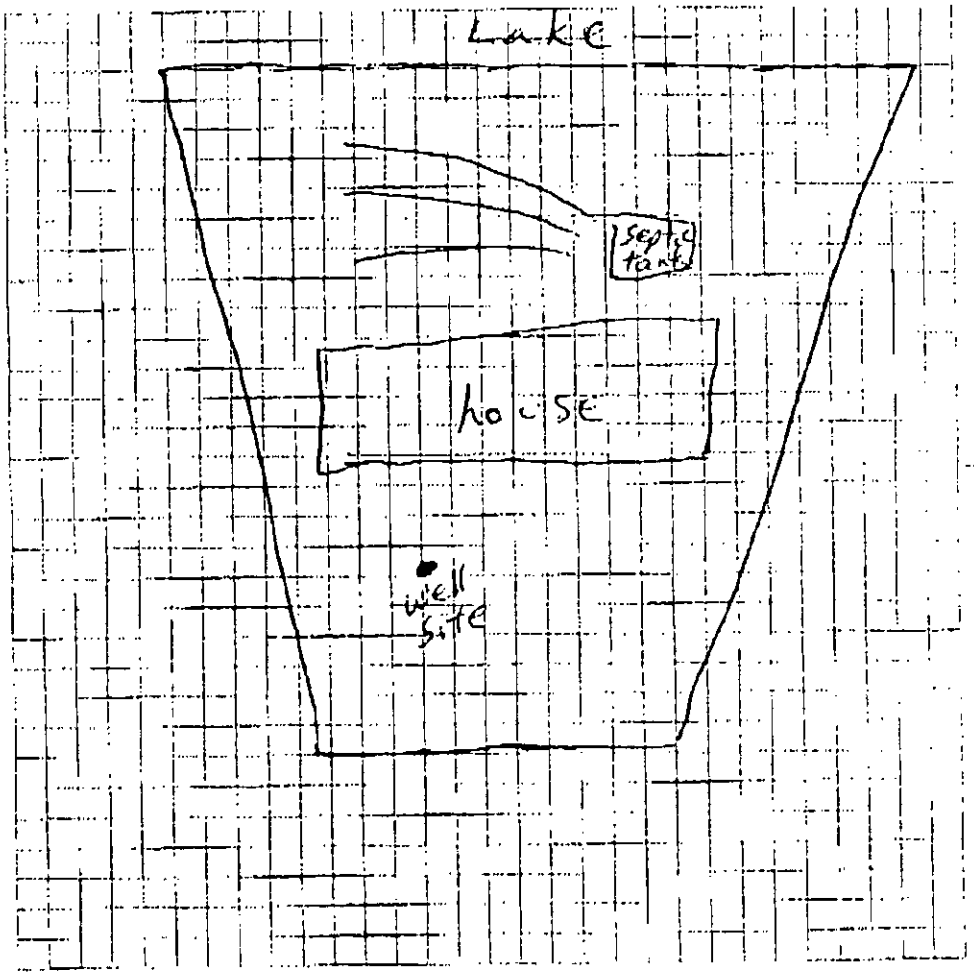
3 of 3

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St. Suite 214
Charlotte, NC 28202
Phone: (704) 336-5133
Fax: (704) 336-5994

File #
Date

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 storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair



Owner/Agent Signature Michael Francis

Date 6-20-07

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

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To:	Francis Well Drilling Michael Francis	Fax #: Phone #:	704-736-1929 704-506-9373
From:	Mecklenburg County Groundwater & Wastewater Services	Date:	07/02/2007

Number of pages transmitted: 3 (including coversheet)

Comments:
Well abandonment permit for 186005 Bluff Point Rd.

Please sign and fax back.

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

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

1979

KG

FILE NUMBER: 14256

Revised On: January 1, 2007

APPLICATION NUMBER: 2423

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

1. SEPTIC TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ REPAIR

2. WELL TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ REPAIR

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 001-041-26
STREET ADDRESS: 18605 Bluff Pt Rd
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION NAME:
LOT # 12 LOT SIZE (acres):
TOWNSHIP:
☐ 1 MECKLENBURG ☒ 2 CORNELIUS ☐ 3 HUNTERSVILLE
☐ 4 CHARLOTTE ☐ 5 PINEVILLE ☐ 6 MINT HILL
☐ 7 DAVIDSON ☐ 8 MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE
☐ SINGLE MOBILE HOME ☐ MANUFACTURED HOME
☐ DUPLEX ☐ MULTI-FAMILY
☒ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE: 2000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITHOUT PLUMBING

COPY

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: N/A
NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A

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 (MOST DESIRED = 1, LEAST DESIRED = 5)
☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTIC ☐ INNOVATIVE ☐ SUPPLEMENTAL ☐ 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 SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATERLINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER FLOW GREATER THAN 3,000 GPD	☐ YES ☒ NO

10. PROPERTY OWNER
NAME: Elizabeth Slater
ADDRESS: 18605 Bluff Pt Rd
CITY: Cornelius
STATE: N.C. ZIP: 28031
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 763 6713 FAX:

11. OWNER'S LEGAL REPRESENTATIVE (IF APPLICABLE)
NAME: Michael Francis
ADDRESS: 1501 Mt Zion Ch Rd
CITY: Iron Station
STATE: NC ZIP: 28080
HOME PHONE: WORK PHONE: 704 - 506 - 9373
MOBILE PHONE: FAX: 704 - 736 - 1929

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 this 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 marking the site accessible so that a complete site evaluation can be performed. This permit is valid for either 60 months or is non-expiration depending upon the documentation submitted; complete site plan = 60 months; complete plat = non-expiration.

Michael Francis 6-21-07
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 marking the site accessible so that a complete site evaluation can be performed. This permit is valid for a period of [illegible] months from the date of issuance.

Michael Francis 6-21-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SUPPLY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UNSCALED SITE PLAN SUBMITTED

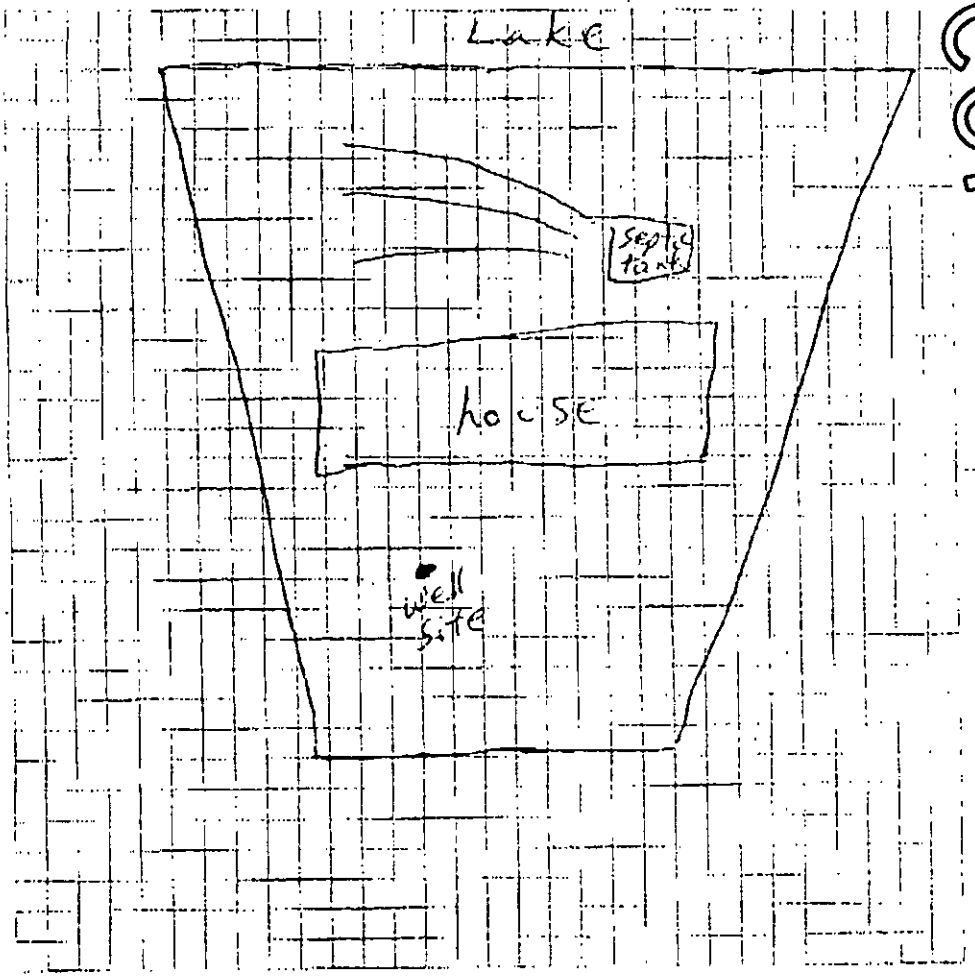
3 of 3

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St. Suite 214
Charlotte, NC 28202
Phone (704) 336-5103
Fax (704) 336-5594

File #
Date

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 storage tanks. Name all roads adjoining the property. If this is repair indicate the type of repair



COPY

Owner/Agent Signature Michael Francis
Date 6-26-07

Page 1 of 3

To Whom it may concern:

Please call me and let me know that I'm doing this right. My phone number is 704-506-9373. If so, please fax copy of permit to 704-736-1929.

Thanks,
Michael Francis

Need new version of application

704-~~763~~ 736-1929 fx

Informed customer on 6/21/07

336-4894

1979 KG

FILE NUMBER: 14256 APPLICATION NUMBER: 2423

SEPTIC FEE: DATE:

WELL FEE: DATE:

Revised On: January 1, 2007

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

1. SEPTIC SYSTEM TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFICATION

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 001-041-26
STREET ADDRESS: 18605 Bluff Pt Rd
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION NAME:
LOT # 12 LOT SIZE (acres):
TOWNSHIP:
☐ 1 MECKLENBURG ☒ 2 CORNELIUS ☐ 3 HUNTERSVILLE
☐ 5 CHARLOTTE ☐ 4 PINEVILLE ☐ 7 MINT HILL
☐ 9 DAVIDSON ☐ 6 MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DUPLEX (MDL) ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE: 2000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITHOUT PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: N/A

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 ☐ ACCEPTIC ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER
8A. RANK:

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION

ROCKS, BOULDERS, SINKHOLES	☐ 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 HOME SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER
NAME: Elizabeth Slater
ADDRESS: 18605 Bluff Pt Rd
CITY: Cornelius
STATE: N.C. ZIP: 28031
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 763 6713 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE
NAME: Michael Francis
ADDRESS: 1501 Mt Zion Ch Rd
CITY: Iron Station
STATE: NC ZIP: 28080
HOME PHONE: WORK PHONE: 704-506-9373
MOBILE PHONE: FAX: 704-736-1929

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 flagging of all property lines and corners, and that the site be 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; sample plat = non-expiring.

Michael Francis 6-21-07
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 flagging of all property lines and corners, and that the site be accessible so that a complete site evaluation can be performed. The permit is valid for a period of 18 months from the date of issuance.

Michael Francis 6-21-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SUPPLY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UNSCALED SITE PLAN SUBMITTED

WORK ORDER

Work Order Number: 73688

In Service: _____ **Out of Service:** _____

WO Initiated Date: 6/29/07 1:56:54 PM **Supervisor:** STUTTS, JACK **Team Members:** **Shop:** CORN

Activity Performed: ARGU Well Review
Address: **Key Map:**

Crew Type: WR SR SS FH MR VS VR EV PM **Location of Worksite:** Front Rear Side Arrival: _____ Departure: _____

Size Main: $^{3}/_{4}$" 1" $1^{1}/_{4}$" $1^{1}/_{2}$" 2" 4" 6" 8" 10" 12" Other _____ **Size Service Connection:** $^{3}/_{4}$" 1" $1^{1}/_{4}$" $1^{1}/_{2}$" 2" 4" 6" 8" Other _____

Pipe Type: A.C. C.I. Clay Concrete PVC Steel Other _____ **Material (quick codes) used:** _____

Further Work Pending: Yes No Landscape Area: _____ Concrete Cut: _____ Asphalt Cut: _____ Fence: _____ wood chain link wrought iron brick other _____

Vehicle (quick code): _____ **Equipment (quick code):** _____ **Time Updated to C.O.S.:** _____ **Work Order Status:** IP
Update Map: N

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: 6/29/07 1:58:07 PM
Based on review of our files, the permit for a private well abandonment at PID# 001-041-26, 18605 Bluff Point Ln., Cornelius, NC is approved. The referenced MPL site investigation does not reference sampling or contamination associated with the subject site, so 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 Number: 73688

Associated Service Requests

RequestID	Date/Time Initialized	Priority	Description	Problem Address

Tasks

Order	Name	Start	Status	Proceed	Assigned To	Request Code	Comments

Employee #s _____ _____ _____ _____ _____ **Planner/Scheduler Sign Out:** _____

Hydrogeologist Permit Application Review

Application #: 2423
Permit File #: 14256

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

Time Spent (hours):
☐ Change: 1.00

The application has been forwarded to Jeremy Michelone for review.

App. #: 2423

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 # 14256

Well Fee: 0.00

Date: 6/25/2007

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 #: 001-041-26 [ ] PO

STREET ADDRESS: 18605 BLUFF POINT RD

CITY: Cornelius

STATE: NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 12

TOWNSHIP: 03

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: 2000

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] 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) [x] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: (•) N/A ( ) IRRIGATION ( ) POTABLE ( ) GEOTHERMAL ( ) OTHER

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

[ ] 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

PROPERTY OWNER:

NAME: ELIZABETH SLATER

ADDRESS: 18605 BLUFF POINT ROAD

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MICHAEL FRANCIS

ADDRESS: 1501 MT ZION CHURCH ROAD

CITY:	CORNELIUS		CITY:	IRON STATION	
STATE:	NORTH CAROLINA	ZIP: 28031	STATE:	NORTH CAROLINA	ZIP: 28080
HOME PHONE:		WORK:	HOME PHONE:		WORK: 704-506-9373
MOBILE:	704-763-6713	FAX:	MOBILE:		FAX: 704-736-1929

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

Rept. for ARGU Review
18605 Bluff Point Rd., Cornelius, NC
PID# 001-041-26
File # 14256
Appl.# 2423

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

6/27/07 (Wed.) - Received request for ARGU review for private well abandonment for a WSW located at 18605 Bluff Point Rd., Cornelius, PID#001-041-26. According to the WIS, there is an existing well at this property.

6/29/07 (Fri.) - Conducted ARGU Review. Identified 1 MPL site within 2,000' of the subject parcel.

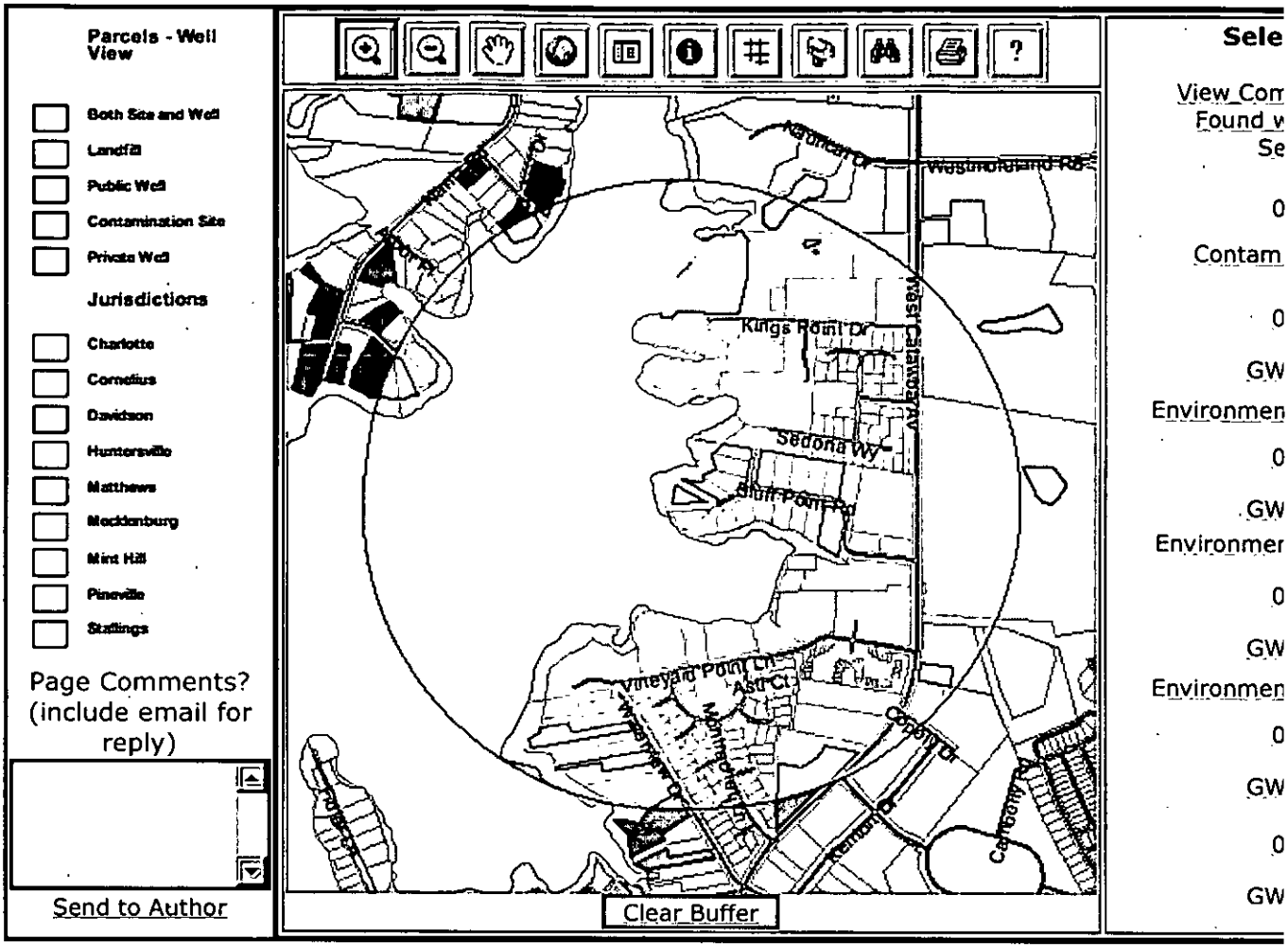
MPL# 123 Kings Point Marina
17939 NC Hwy. 73, Cornelius, NC
PID# 001-041-26
NCDENR UST Section Inc. #15482
Source-commercial petroleum USTs

NCDENR UST database indicates incident closed in 2005 with a LUR.

MPL investigation completed in 2002. Eight WSWs and one WSW was sampled with no detections.

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# 001-041-26, 18605 Bluff Point Ln., Cornelius, NC is approved. The referenced MPL site investigation does not reference sampling or contamination associated with the subject site, so 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.


Parcels - Well View
Both Site and Well
Landfill
Public Well
Contamination Site
Private Well
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Page Comments? (include email for reply)
Send to Author
Kings Point Dr
Sedona Wy
Bluff Point Rd
Vineyard Point Ln
Asti Ct
Mooresville Rd
Clear Buffer
Sele
View_Cor
Found_v
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Contam
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GW

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:** 00167299
Name: KINGS POINT ASSOCIATION
House No: 17939
Street Dir:
Street Name: KINGS POINT MARINA
Street Type: DR
City: CORNELIUS
State: NC
Zip: 28031
NC Incident Number: 15482 EXIT Well Information System

* Link to GIS Real Estate System