Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 11934B WASPS App #: 19618

ES assigned to project: Brett - Heather

Well Fee Paid: _____

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: Sent 5/8
Received 7/1/24 JM

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: Well Complete

Application received date: _____ ES assigned date: _____ Permit issued date: _____

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

Review performed by: _____ Date performed: 9/10/24

Mecklenburg County Health Department
Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000
Charlotte, NC 28208
Phone: (980) 314-1680
Fax: (704) 336-6894

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

Permit#: 10014618 **File #:** 11934B **Tax Parcel #:** 033-281-03
Property Owner: OAKDALE PHASE II OWNER LP
Job Location Address: 0
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 5/8/2024
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Review: YES

General Conditions of This Permit:

- The Water Supply Well repair or 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.
- **Well shall be sealed and protected from damage during any debris removal, grading and constuction work. Well shall be fenced off with orange fencing if demolition or grading activities occur prior to the abandonment of the well.**

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:

None

April Bumgarner
Authorized Agent: Print Name

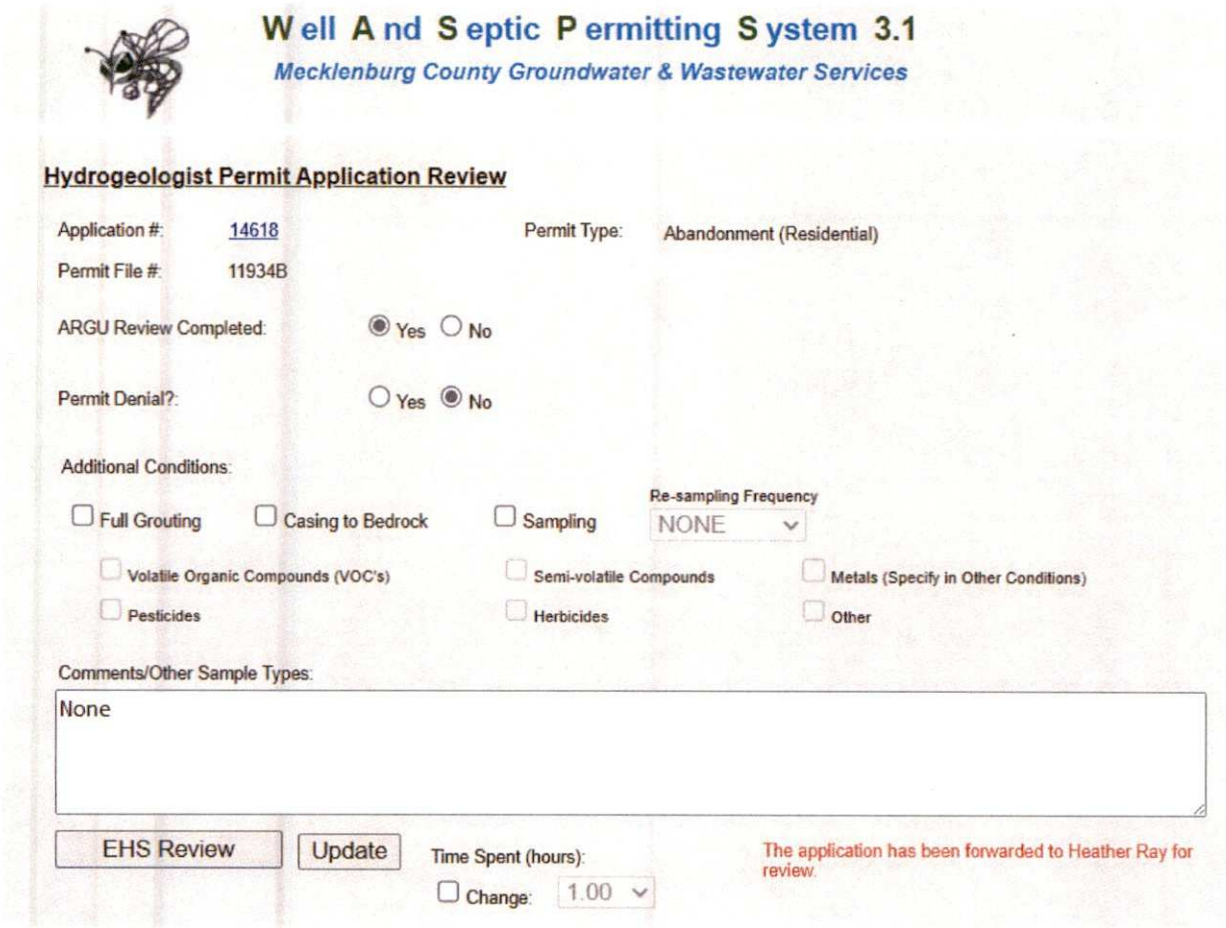
April Bumgarner
Signature:

Owner/Legal Agent: Print Name

Signature:

From: Morris, Brett L.
To: Ray, Heather A
Subject: FW: 11934B - 4704 OAKDALE RD
Date: Thursday, May 2, 2024 9:24:00 AM
Attachments: 11934B - 4704 OAKDALE RD.pdf
Outlook-County Sea.png
Outlook-3jkgey22.png
Outlook-4v1zym2v.png
Outlook-o55fohr3.png
image001.png
image003.png
image004.png
image005.png
image006.png

Good morning,
Well abandonment application attached... According to GWS records of the nearby MPL file and NCDEQ file-Laserfiche records, the well remained mostly inactive during assessment and remediation activities of the Leaking UST incident. However, it does appear the subject well was sampled back in Oct. 2001 w/ no detections. Since no records of exceedances, no ARGU well abandonment conditions apply.
Thank you,
-B



W ell A nd S eptic P ermitting S ystem 3.1
Mecklenburg County Groundwater & Wastewater Services

Hydrogeologist Permit Application Review

Application #: 14618 Permit Type: Abandonment (Residential)
Permit File #: 11934B

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 Heather Ray for review.

Brett Morris, L.G.
Hydrogeologist
Groundwater & Wastewater Services | Environmental Health
Mecklenburg County Government
(980) 314-1648 | MeckNC.Gov



Mecklenburg County Confidentiality Statement

GWS Fax: 704.336.4391
Direct Line: 980.314.1648
Cell Phone: 980.721.2052
Brett.Morris@mecklenburgcountync.gov

From: Alvarado Ortiz, Jenasis <Jenasis.AlvaradoOrtiz@mecklenburgcountync.gov>
Sent: Tuesday, April 30, 2024 5:00 PM
To: Morris, Brett L. <Brett.Morris@mecklenburgcountync.gov>
Subject: 11934B - 4704 OAKDALE RD

Good afternoon,

Please see attached for Well Abandonment.

Thank you!



Jenasis (Jena) Alva Ortiz
Bilingual Senior Admin
Public Health | Environmental Health
Mecklenburg County Government
M: 980-314-1620 D: 980-314-1650 | MeckNC.Gov



Mecklenburg County Confidentiality Statement

11934B / 14618

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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:

TAX PARCEL NUMBER: 03328103
STREET ADDRESS: 4704 OAKDALE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28216
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 2.16
TOWNSHIP:

⊙ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊙ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 1,178
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
⊙ CRAWL SPACE ○ BASEMENT 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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☑ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☑ N/A

12. PROPERTY OWNER:

NAME: OAKDALE PHASE II OWNER LP
ADDRESS: 1111 METROPOLITAN AV STE 700
CITY: CHARLOTTE
STATE: NC ZIP: 28204
WORK PHONE: (704) 533-8668
MOBILE PHONE: (704) 906-1774
FAX:
E-MAIL: rrader@collettcapital.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

**Owner's Authorization form is required if legal representative is submitting application*

NAME: JASON BLACK, W.C. BLACK AND SONS, INC.
ADDRESS: 5108 CHEVIOT RD
CITY: CHARLOTTE
STATE: NC ZIP: 28269
WORK PHONE: (704) 597-5459
MOBILE PHONE: (704) 408-1044
FAX:
E-MAIL: wcblackandsons@hotmail.com

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.

JB (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. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

4/30/24
Date

OFFICE USE ONLY

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

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

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

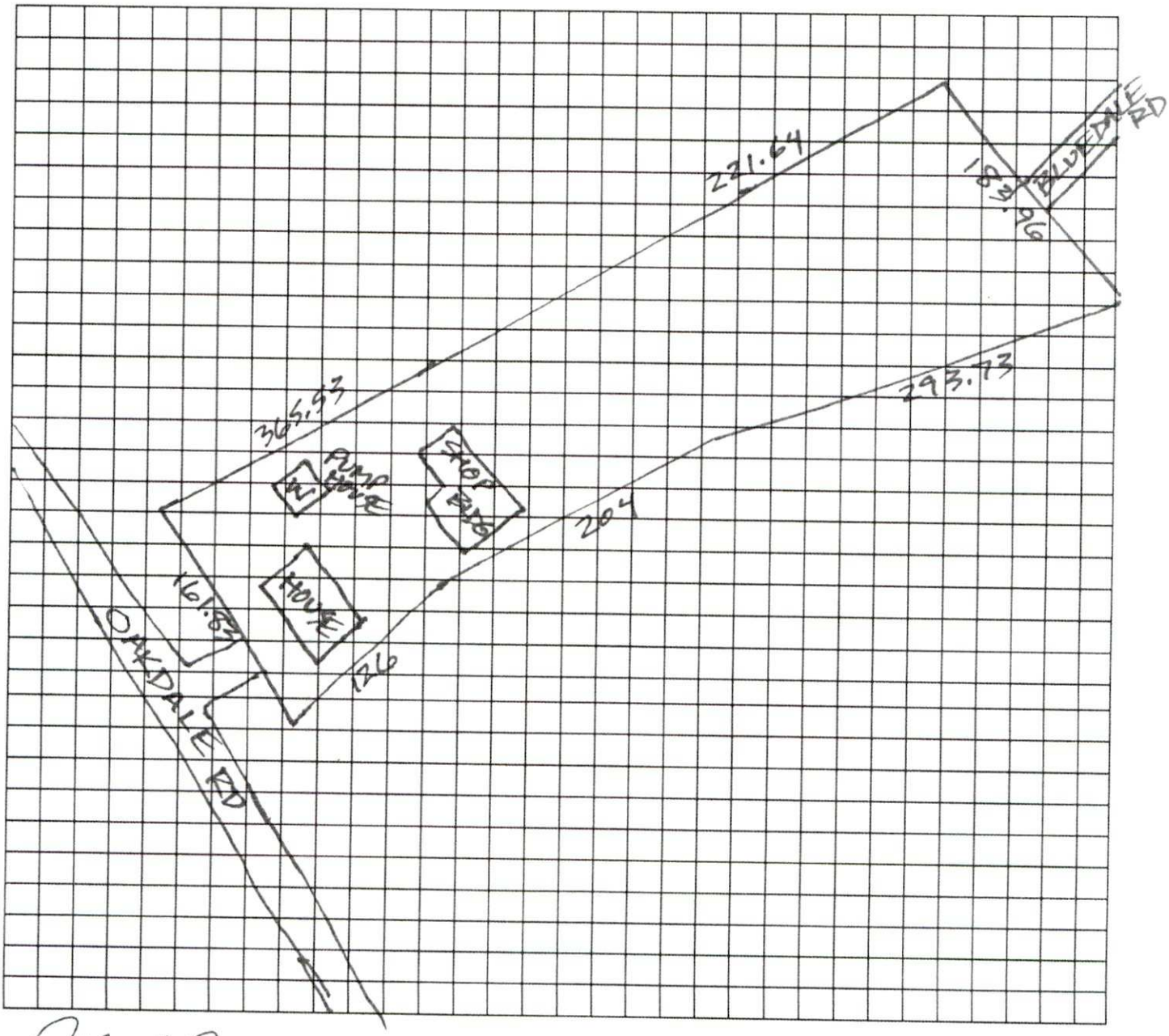
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 4704 OAKDALE RD, CHARLOTTE NC 282 Tax Parcel #: 03328103

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

4/30/24
Date

Mecklenburg County Health Department
Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000
Charlotte, NC 28208
Phone: (980) 314-1680
Fax: (704) 336-6894

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

Permit#: 10014618 File #: 119348 Tax Parcel #: 033-281-05
Property Owner: OAKDALE PHASE II OWNER LP
Job Location Address: 0
City/ETJ: State: NC Zip Code:
Permit Issuance Date: 5/8/2024
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Review: YES

General Conditions of This Permit:

- The Water Supply Well repair or 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.
- **Well shall be sealed and protected from damage during any debris removal, grading and constuction work. Well shall be fenced off with orange fencing if demolition or grading activities occur prior to the abandonment of the well.**

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:

None

April Bumgarner
Authorized Agent Print Name

April Bumgarner
Signature

Jason Black
Owner / Legal Agent Print Name

Jason Black
Signature

Mecklenburg County Health Department
Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000
Charlotte, NC 28208
Phone: (980) 314-1680
Fax: (704) 336-6894

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

Permit#: 10014644 **File #:** 4214B **Tax Parcel #:** 215-072-11

Property Owner: HENDRICK AUTOMOTIVE GROUP LLC

Job Location Address: 0

City/ETJ: **State:** NC **Zip Code:**

Permit Issuance Date: 5/15/2024

Use of Well: N/A

Type of Facility Served by Well: House

Project Type: Abandonment

Area of Regulated Groundwater Usage Review: YES

General Conditions of This Permit:

- The Water Supply Well repair or 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.
- **Well shall be sealed and protected from damage during any debris removal, grading and constuction work. Well shall be fenced off with orange fencing if demolition or grading activities occur prior to the abandonment of the well.**

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:

None.

Bryan Davenport
Authorized Agent Print Name

Bryan Davenport
Signature

Josa Black
Owner Legal Agent Print Name

Josa Black
Signature

033

WELL ABANDONMENT RECORD

For Internal Use ONLY: 119348

1. Well Contractor Information:
Robbie Ray
Well Contractor Name (or well owner personally abandoning well on his/her property)
3042
NC Well Contractor Certification Number
Ray's
Company Name

2. Well Construction Permit #: 10014618
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 8/16/24

5a. Well location:
Oakdale Phase
Facility/Owner Name
Facility ID# (if applicable)
4732 Oakdale
Physical Address, City, and Zip
Meck
County
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: NA

6b. Total well depth: NA (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: NA (ft.)

6e. Outer casing length (if known): NA (ft.)

6f. Inner casing/tubing length (if known): None (ft.)

6g. Screen length (if known): None (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: H-7 H

7d. Amount of disinfectant used: 402

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

7g. Provide a brief description of the abandonment procedure:
Filled with Concrete

8. Certification:
R. Ray
Signature of Certified Well Contractor or Well Owner
8/16/24
Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.