Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 14074 WASPS App #: 9304

Primary ES assigned to project: Jeremy Michelone

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:

_____

_____

_____

_____

_____

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: _____ ES assigned date: _____ Permit issued date: _____

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

Review performed by: JAM Date performed: _____

14074
9304

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: 03304119
STREET ADDRESS: 4200 Mt Holly Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): _____
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: _____
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 ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM (1-MOST DESIRED 5-LEAST DESIRED).
☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY? PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS STUMPHOLES	○ YES	...GOIL REMOVAL ...MED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES	...RISDICTIONAL ...	○ YES ◉ NO
WELLS SPRINGS, OR WATER LINES	○ YES ◉ NO	APPROVAL ... PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WA... SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO		○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	...NCES	○ YES ◉ NO

...NOWN

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RE...

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

12. PROPERTY OWNER:
NAME: BC Building #1 LLC
ADDRESS: 500 E. Morehead St.
CITY: Charlotte
STATE: N.C. ZIP: 28202
WORK PHONE: 704 926-1407
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

...LEGAL REPRESENTATIVE, IF APPLICABLE:
N... Michael Francis
ADDRESS: 1501 Mt. Zion Ch. Rd.
CITY: Iron Station
STATE: N.C. ZIP: 28080
WORK PHONE: _____
MOBILE PHONE: 704 506-9373
FAX: 704-736 1929
E-MAIL: _____

Jeremy M.

Old files in WASP

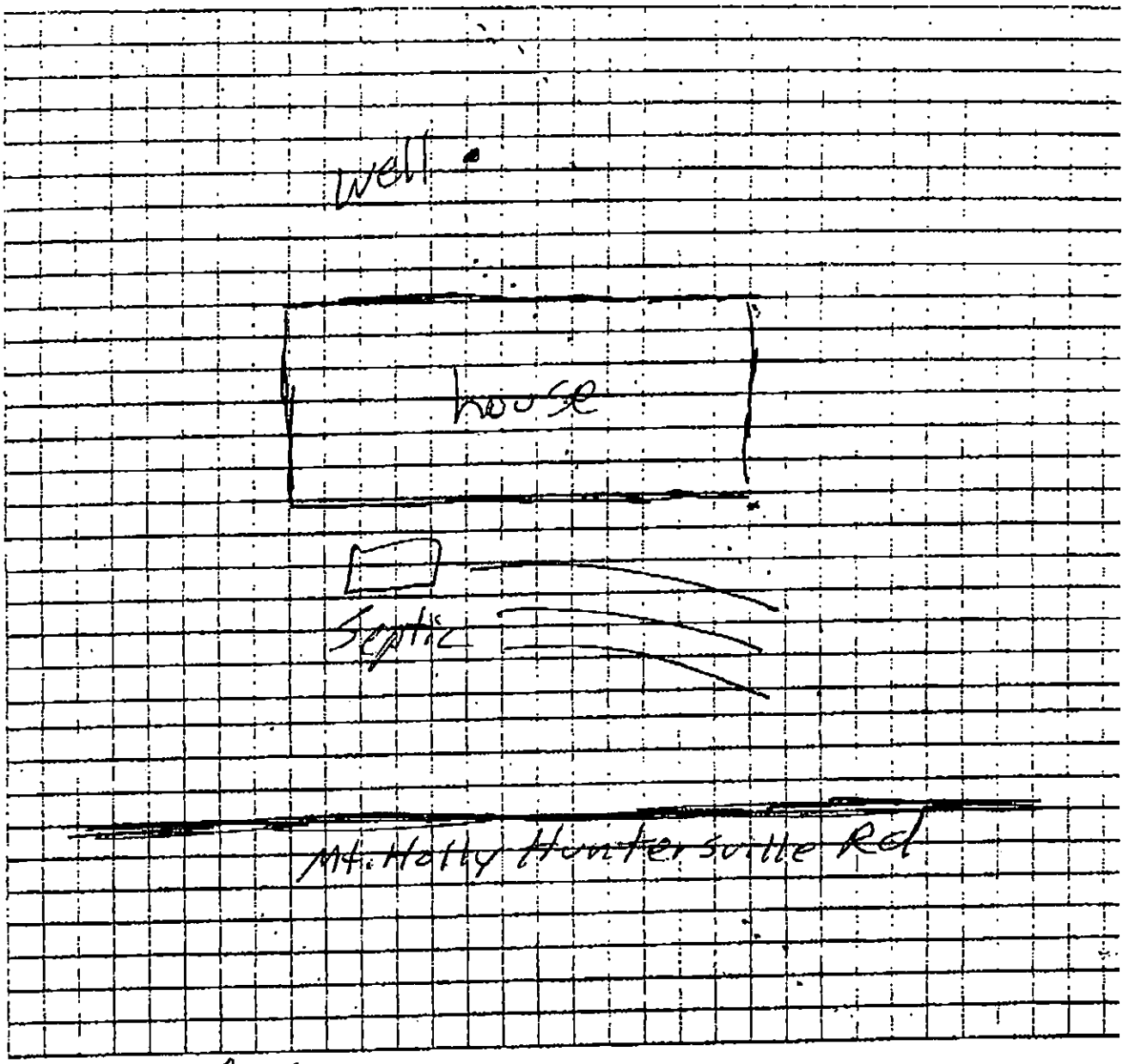
Page _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easement 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 4200 Mt. Holly Huntersville Rd Tax Parcel # _____

Subdivision Name. _____ Lot #: _____



Michael Francis 10-27-17

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

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 sha
invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state
are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am so
responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site eva
can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete s
60 months, complete plat = non-expiring.

_____ (initial here for septic system applications)

16. 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 appl
certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to cond
necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identifi
labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is va
period of twelve (12) months from the date of issuance.

MF (initial here for well applications)

18. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please revi
application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Michael Frances — 10-27-17

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

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OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ 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

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Michael Francis is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

4200 Mt. Holly Huntersville Rd. Charlotte, N.C. 28216
Number Street Town.
(Or Parcel Number)

BC BUILDING #1 LLC
Property Owner (print name)

Property Owner (signature)

11/16/2017
Date

To Whom it may concern:

Please fax permits to
7047361929

Thanks,
Michael Francis
704-506-9373

Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

☒ Abandonment

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ _____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ ABL _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5178
Fax: (704) 336-8894

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

Permit#: 10009304 **File #:** 140074 **Tax Parcel #:** 033-041-19
Property Owner: BC BUILDING #1 LLC
Job Location Address: 4200 MT HOLLY-HUNTERSVILLE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 11/27/2017
Use of Well: NHA
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Review: NO

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.

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:

Jeremy Nicholson, ROWS — Authorized Agent: Print Name

Jeremy Nicholson, ROWS — Signature:

Michael Francis — Owner/Legal Agent: Print Name

Michael Francis — 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

Permit#: 10009304 **File #:** 14074 **Tax Parcel #:** 033-041-19
Property Owner: BC BUILDING #1 LLC
Job Location Address:4200 MT HOLLY-HUNTERSVILLE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 11/27/2017
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Review: NO

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.
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☐ 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:

Jeremy Michalow, REHS
Authorized Agent: Print Name

Owner/Legal Agent: Print Name

Jeremy Michalow, REHS
Signature:

Signature: