

9707 OLD DOWD RD

11306204

5/20/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 2163 WASPS App #: 2028

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:

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: 3/12/07 ES assigned date: 3/12/07 Permit issued date: 3/19/07

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

Review performed by: [signature] Date performed: 6/3/09

GWS – RES. APP 12/04

SEPTIC FEE:
DATE:
CRT |

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

FILE # 2163

WELL FEE:
DATE:
CRT | 2028

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 #: 11306204
STREET ADDRESS: 9707 old Dowd Rd
CITY: Charlotte
STATE: NC ZIP: 28214
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: 3
NUMBER OF OCCUPANTS: 1

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: N/A

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: Provident Development Group
ADDRESS: 6707 Fairview Rd
CITY: Char
STATE: NC ZIP: 28210
HOME PHONE: WORK PHONE: 367 0167
MOBILE PHONE: FAX: 367 0198

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Lassiter Well Company Inc
ADDRESS: 600 Rhyne Rd
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE: 399-5004
MOBILE PHONE: FAX: 399-4485

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.

Vernon Lassiter Jr 3-12-07
Owner's/Agent's Signature Date

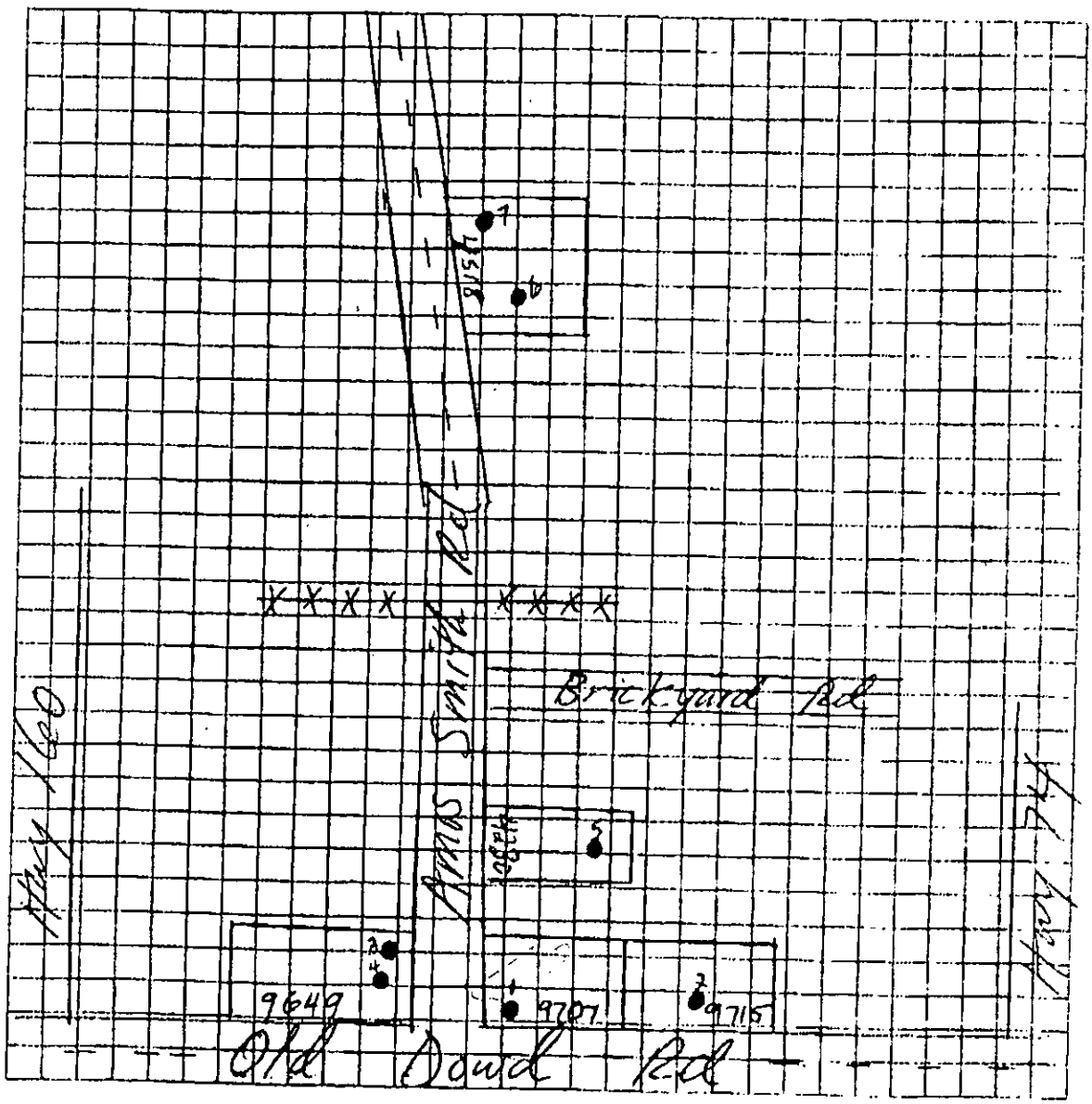
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211

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

Lic #_____
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 Vernon Lassiter Jr

Date 3-12-07

Well Abandonments 704-392-5704
for Provident Group at The Vineyards 12/15/06
Thames Water's Owner - 704-201-5150

Rept. for ARGU Review
9707 Old Dowd Rd., Charlotte, NC
PID# 113-062-04
File # 2163
Application#2028

03/12/07 (Tues.) - Received request for ARGU review for private well abandonment for a WSW located at 9707 Old Dowd Rd., Charlotte, PID#113-062-04. According to the WIS, there is an existing well at this property.

03/14/07 (Wed.) - Conducted ARGU Review. Identified 1 MPL site within 1,500' of the subject parcel.

MPL# 548 Nichols #6
9245 Wilkinson Blvd., Charlotte, NC
PID# 113-041-05
NCDENR UST Section Inc. #?
Source-petroleum USTs

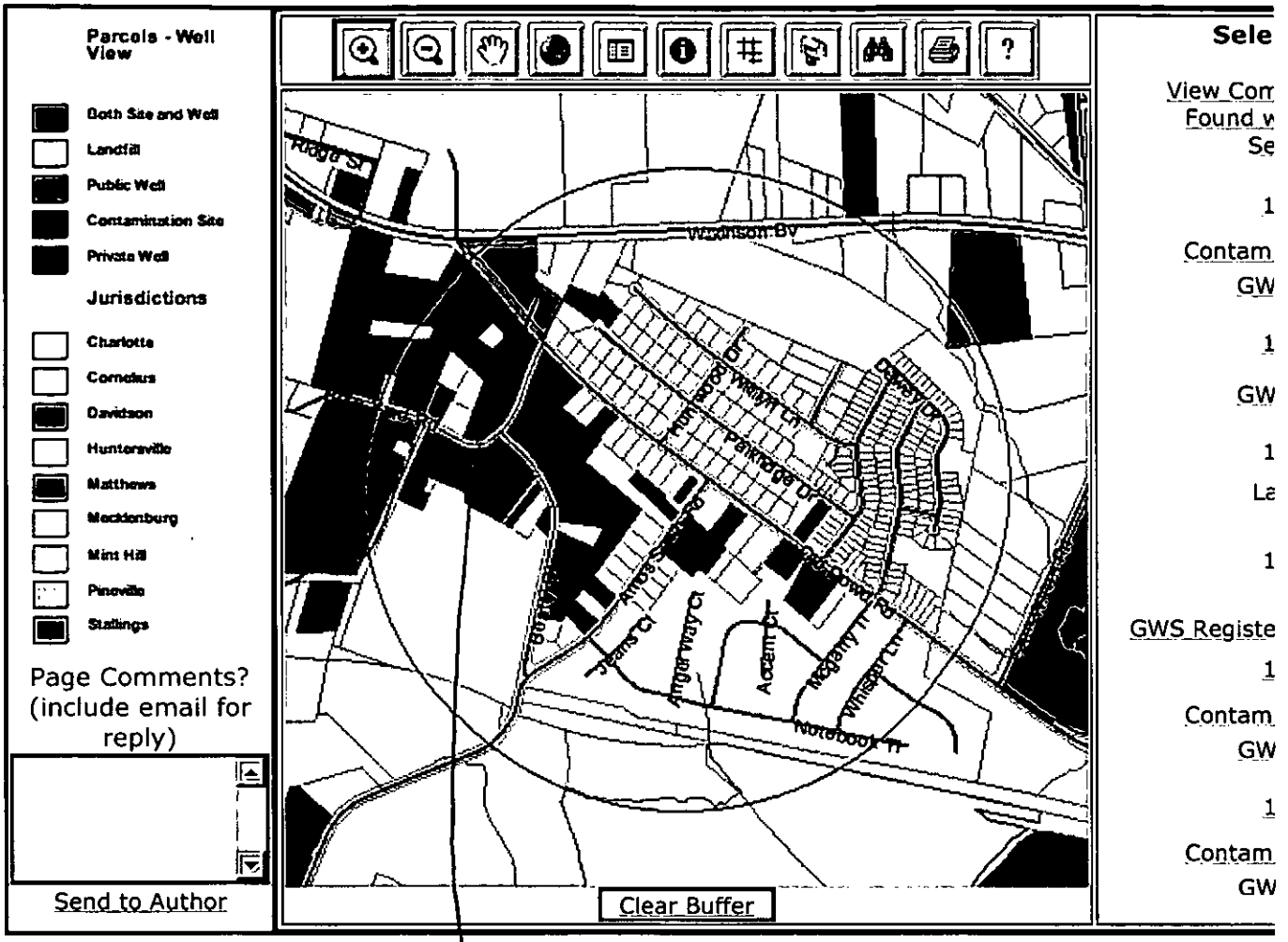
NCDENR database indicates a UST closure at this site.

MPL investigation completed in 1994. All homes in the area have WSWs and 5 were sampled for VOCs. Two wells were impacted with MTBE.

No record of WSW sampling at the subject site was noted in the file review.

The subject site is within 1,500' of this MPL site.

Based on review of our files, the permit for a private well abandonment at PID# 113-062-04, 9707 Old Dowd Rd., Charlotte, NC is approved. MPL records do not indicate sampling or impact to a WSW at the subject parcel, 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.



NICHOLS #6
MPL#

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6094

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

Permit#: 10002028 **Tax Parcel #:** 113-062-04
Property Owner: PROVIDENT DEVELOPMENT GROUP
Job Location Address: 9707 OLD DOWD RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 3/19/2007
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:
Approved with no special conditions.

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

Vernon Lassiter Jr — Owner/Legal Agent: Print Name
Vernon Lassiter Jr — Signature

Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

#1

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Company
WELL CONTRACTOR CERTIFICATION # 1397

1. WELL USE (Check Applicable Box): Residential ■ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Charlotte County Mecklenburg
9707 Old Dowd Rd
(Road Name and Number, Community, Subdivision, Lot No.)
113-062-04
Quadrangle No.

3. OWNER: Provident Development Group

4. ADDRESS: 6707 Fairview Rd

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat (circle one)

6. TOTAL DEPTH: 100' DIAMETER 6 1/4"

7. CASING REMOVED:
4 feet — 6 1/4" diameter

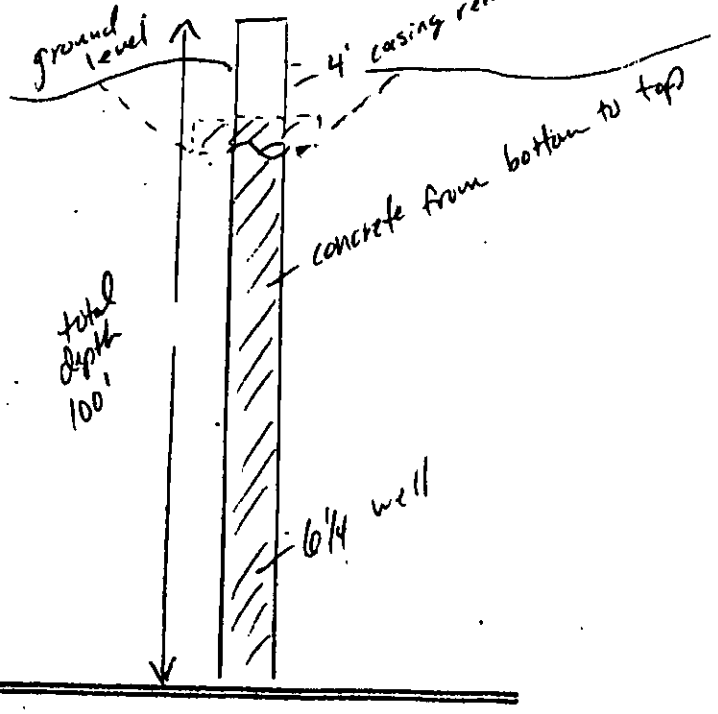
8. DISINFECTION: 1/16 HTH
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement: bags of cement ____ gallons of water ____
Sand Cement: bags of cement ____ gallons of water ____
Other: Type material Cement / grout mix
Amount 1/2 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
poured from bottom to top using cement truck

11. DATE WELL ABANDONED 3-21-07

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Vernon Lassiter Jr. Date 3-22-07

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99

File #2163
3-19-07

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 2163 WASPS App #: 3597

Primary ES assigned to project: Debra Howell

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 ☐

Comments: 7/22/08 - Please fax to applicant for signature

Items requiring correction/modification: _____

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:

Items requiring correction/modification: _____

Application received date: 6/12/08 ES assigned date: _____ Permit issued date: 7/17/08

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

Review performed by: _____ Date performed: _____

S Caldwell

FILE NUMBER: 2163

Revised On: August 31, 2007

APPLICATION NUMBER: 3597

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 400.00
DATE: 6-12-08
CK# 134996

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 113062O4
STREET ADDRESS: 9707 Old Dowd Rd.
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME: Vineyard
LOT #: N/A LOT SIZE (acres):
TOWNSHIP: Charlotte
☐ 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 _____
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 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 ☐ 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 ☐ 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

10. **PROPERTY OWNER:**
NAME: D.R. Horton, Inc.
ADDRESS: 820 Forest Pt, Ste 100
CITY: Charlotte
STATE: NC ZIP: 28273
HOME PHONE: WORK PHONE: 704 377 2006
MOBILE PHONE: FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: McCall Brothers.
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE: 704
MOBILE PHONE: FAX: 398-6077 2605

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 7-25-74
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** N/A

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

N/A
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 making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

DSR 6/5/08
Property Owner's or Owner's Legal Representative Signature Date

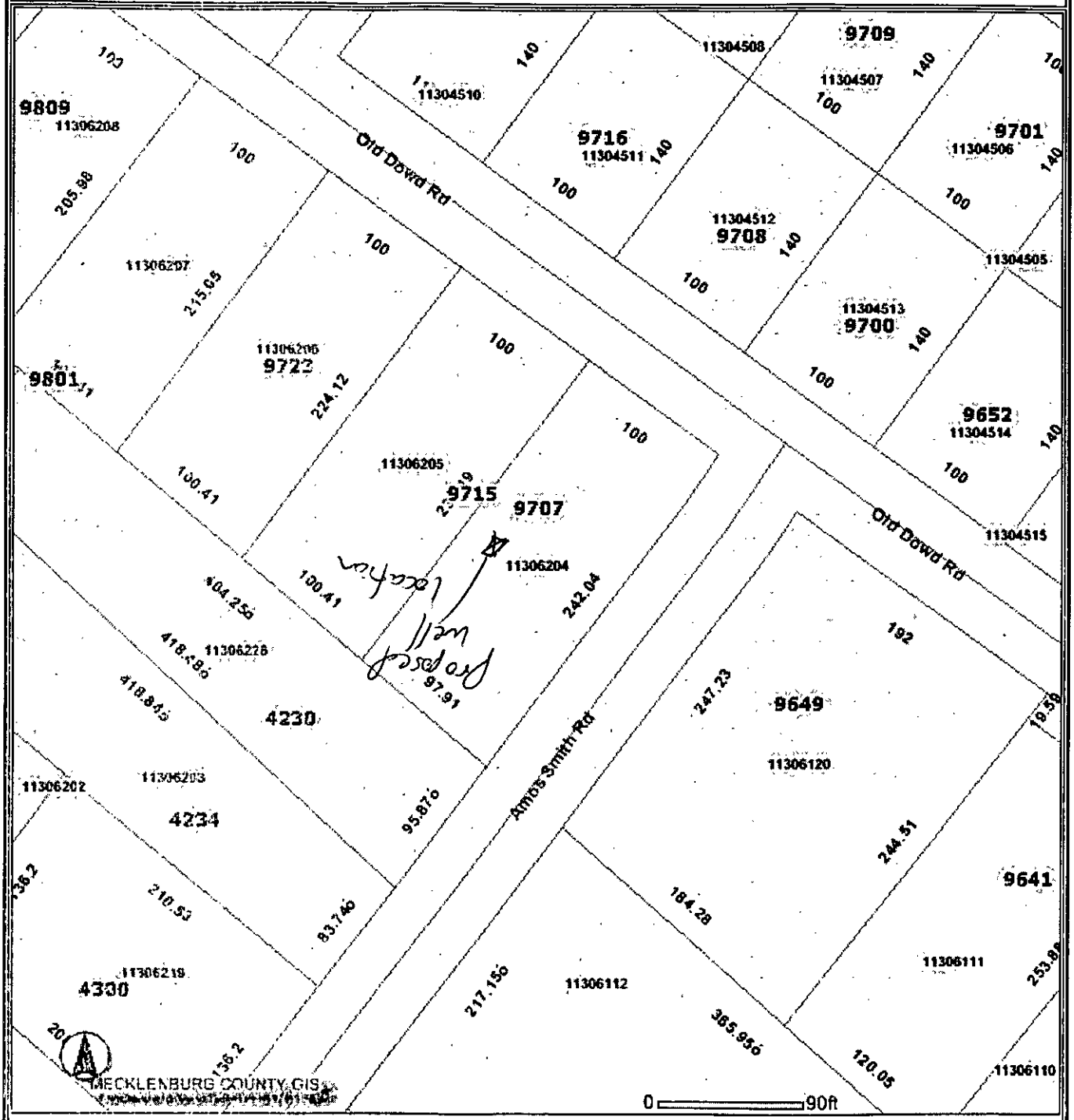
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Jun 3 17:23:07 EDT 2008



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax 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.

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: **76722**
Work Order Type: **ARGU Well Review**
Submitted To: STUTTS, JACK
Date Initiated: 6/17/08 2:29:15 PM
Date Completed: 6/17/08 4:25:00 PM
Date Closed:
Unattached WO: N
Associated SR Number:

Priority: **3**
Status: IP

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

Location

Address: **9707 OLD DOWD ROAD**
Location:

Instructions

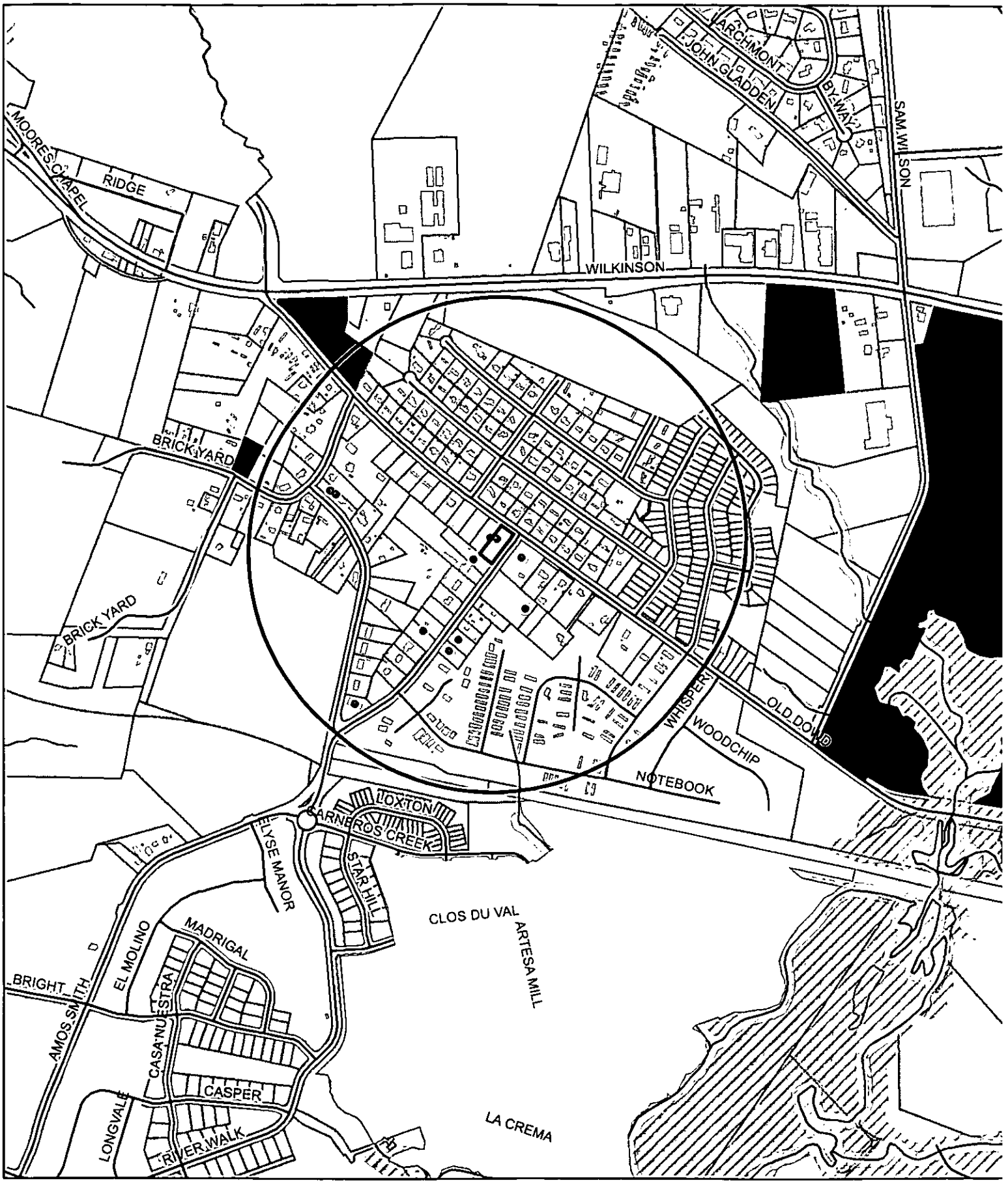
1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation 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: 6/17/08 4:25:23 PM
Based on review of our files, because the subject site is within 1,500' of a MPL with detections in nearby WSWs, the permit for new well installation at PID# 113-062-04, 9707 Old Dowd Rd., Charlotte, NC is approved with installation according to Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells to include grouting the entire length of casing and sampling initially and biannually thereafter for volatiles.

1,500' radius around PID#113-062-04, ARGU File #2163



Date: 06/13/08
Reviewed By: SWC

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 113-062-04 File # 2163

Street Address: 9707 Old Dowd Rd., Charlotte, NC 28214

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 113-041-05 MPL # 548

Street Address: 9245 Wilkinson Blvd., Charlotte, NC

DENR Incident #: unknown

Current Status: Active Why? UST Closure following NOV for 2N violation

Responsible Party:

Responsible Party Contact Info:

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? No

If Yes	ARGU is a 1500-foot buffer around the maximum extent of contamination

If No, is the source area defined?

No

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

Yes

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU? No.
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: Because, based on this review, the well location is outside the ARGU buffer of 1,000', but within the ARGU buffer of 1,500' from MPL #548 and public water is available, the permit can be approved to include grouting the entire length of casing and sampling following installation and biannually for volatiles.

Rept. for ARGU Review
9707 Old Dowd Road, Charlotte, NC
PID# 113-062-04
File # 2163
Application#3597

6/13/08 (Fri.) - Received request for ARGU review for new well installation for a WSW located at 9707 Old Dowd Rd., Charlotte, PID#113-062-04. According to the WIS, there was an existing well at this property, but it has been abandoned.

6/17/08 (Tues.) - Conducted ARGU Review. Identified 1 MPL site within 1,500' of the subject parcel.

MPL# 548 Nichols #6
9245 Wilkinson Blvd., Charlotte, NC
PID# 113-041-05
NCDENR UST Section Inc. #?
Source-petroleum USTs

NCDENR database indicates a UST closure at this site.

MPL investigation completed in 1994. All homes in the area have WSWs and 5 were sampled for VOCs. Two wells were impacted with MTBE.

No record of WSW sampling at the subject site was noted in the file review.

The subject site is within 1,500' of this MPL site.

Based on review of our files, because the subject site is within 1,500' of a MPL with detections in nearby WSWs, the permit for new well installation at PID# 113-062-04, 9707 Old Dowd Rd., Charlotte, NC is approved with installation according to Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells to include grouting the entire length of casing and sampling initially and biannually thereafter for volatiles.

Howell, Debra

From: David J Hughes [DJHughes@drhorton.com]
Sent: Thursday, July 17, 2008 9:56 AM
To: Howell, Debra
Subject: FW: 9707 Old Dowd Plot Plan
Attachments: Document (11).pdf

Let me know you received this.

From: David J Hughes
Sent: Wednesday, July 16, 2008 3:16 PM
To: debra.howell@mecklenburgcounty.nc.gov
Subject: 9707 Old Dowd Plot Plan

Debra – Per your request, I have scanned in and attached the site plan showing 9707 Old Dowd and the monument layout. It's to scale 1"-20'. Let me know if you need anything else to complete the permit. I paid for the permit on 6/12/08.

David J. Hughes
Land Development PM
D.R. Horton - Charlotte
Cell: 704-737-9577
Efax: 800-933-3179

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 #: 10003597 **File #:** 2163 **Tax Parcel #:** 113-062-04
Property Owner: D.R HORTON , INC
Job Location Address: 9707 OLD DOWD RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 7/17/2008
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.

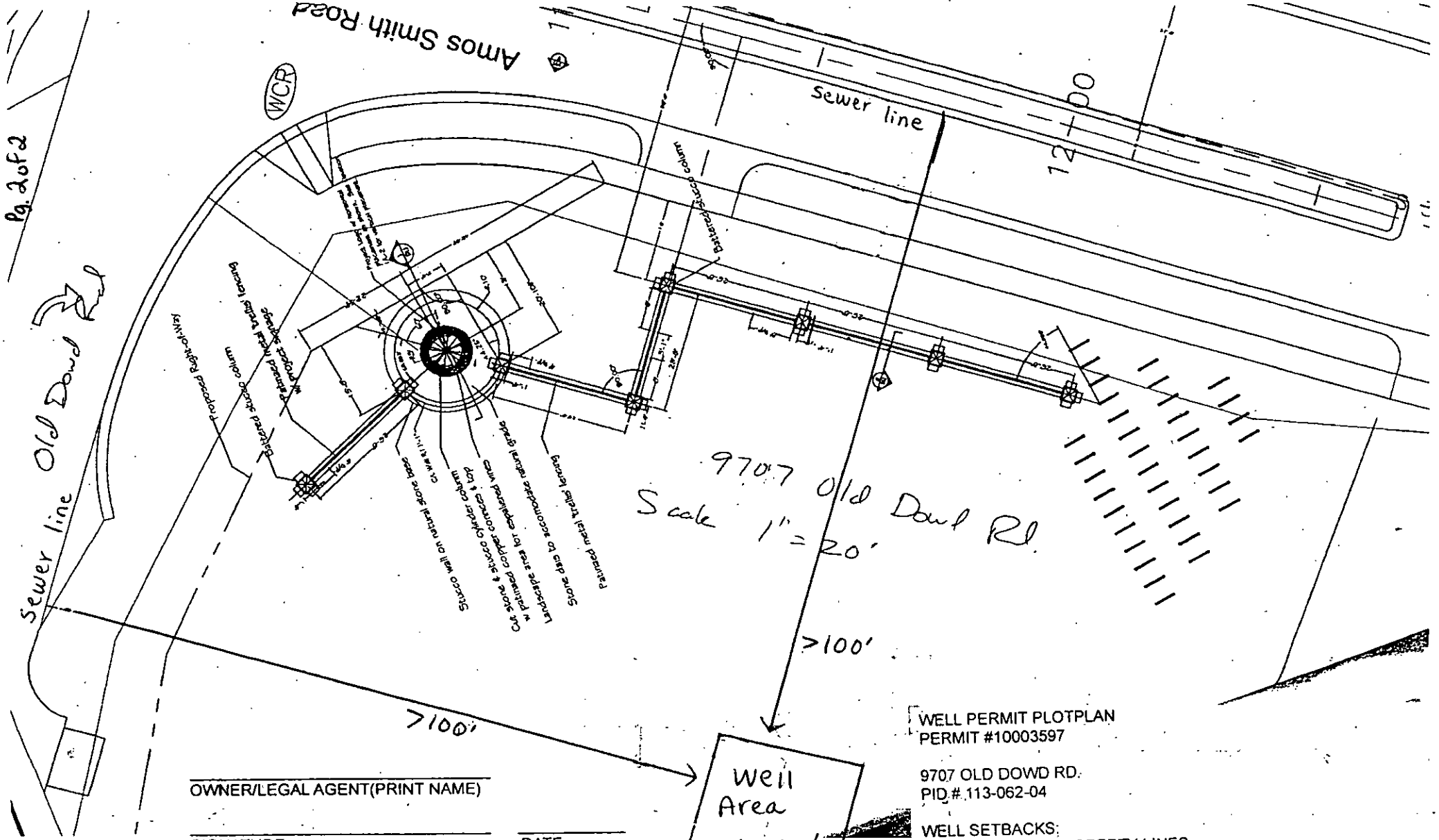
Other Conditions of This Permit:

Debra Howell R.S.
Authorized Agent: Print Name

Debra Howell R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:



WELL PERMIT PLOTPLAN
PERMIT #10003597

9707 OLD DOWD RD.
PID # 113-062-04

WELL SETBACKS:
>10 FEET FROM PROPERTY LINES
>25 FEET FROM BUILDING FOUNDATIONS
>50 FEET FROM SURFACE WATER & RETENTION PONDS
>100 FEET FROM SANITARY SEWER LINES
WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN

OWNER/LEGAL AGENT(PRINT NAME)

SIGNATURE

DATE

Debra Howell
AUTHORIZED AGENT (PRINT NAME)

Debra Howell R.S.
SIGNATURE

7/17/08
DATE

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
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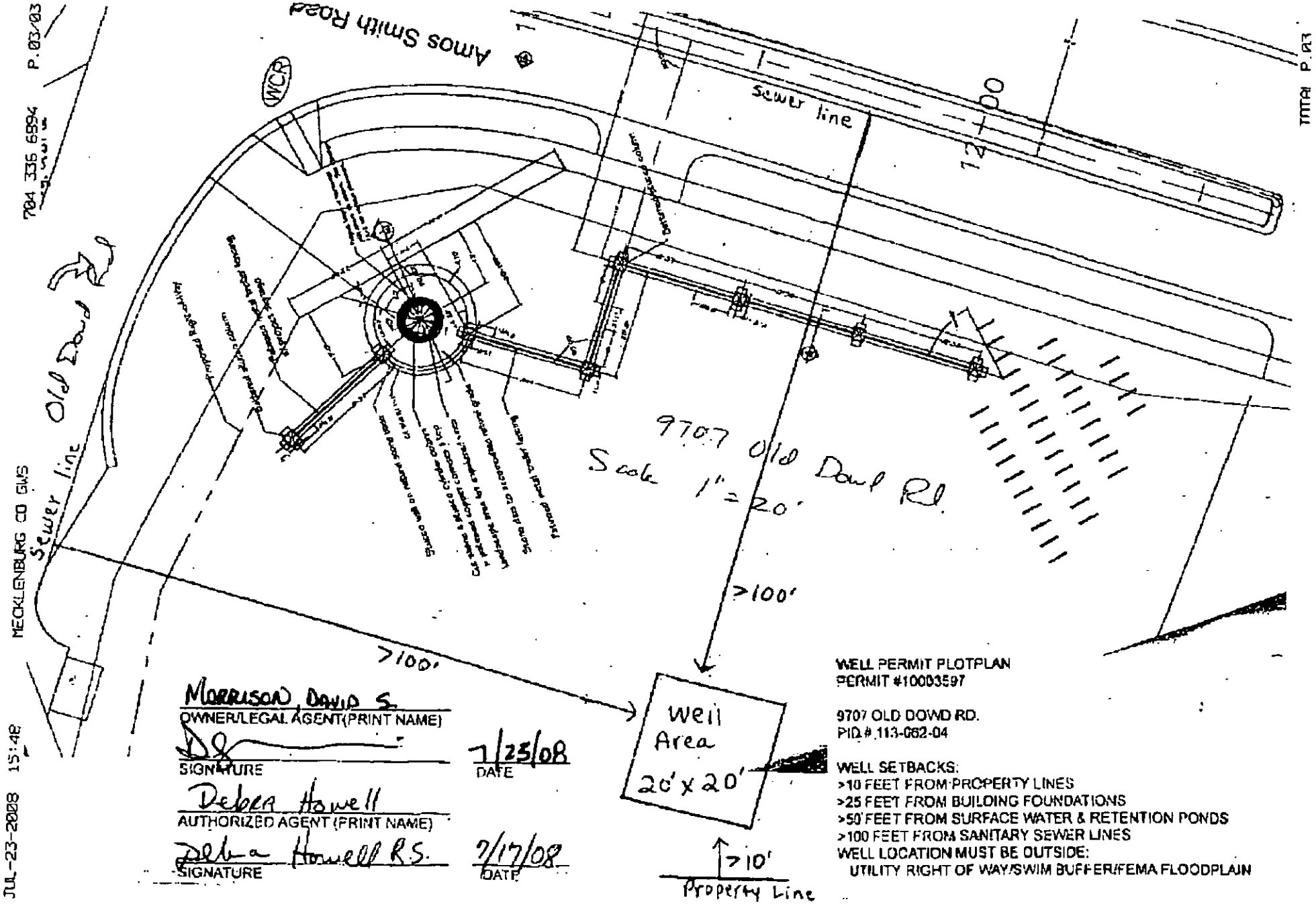
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☐ Pesticides ☐ Herbicides ☐ Other (See Below)

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:

Debra Howell R.S.
Authorized Agent' Print Name
Debra Howell R.S.
Signature:

Morrison, David S
Owner/Legal Agent: Print Name
DS
Signature:



Morrison, David S.
OWNER/LEGAL AGENT(PRINT NAME)

SIGNATURE

7/25/08
DATE

Debra Howell
AUTHORIZED AGENT (PRINT NAME)

Debra Howell R.S.
SIGNATURE

7/17/08
DATE

WELL PERMIT PLOTPLAN
PERMIT #10003597

9707 OLD DOWD RD.
PID.# 113-062-04

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>25 FEET FROM BUILDING FOUNDATIONS
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WELL LOCATION MUST BE OUTSIDE:
UTILITY RIGHT OF WAY/SWIM BUFFER/FEMA FLOODPLAIN

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/12/08	**Amount:**	400.00
Receipt #:	57766	**Tendered:**	400.00
Check / Auth #:	CHECK 1349	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	DRH INC. SOUTH DISB
Attn:	
Address:	301 COMMERCE ST, STE 500
Address:	
City/State/Zip:	FORT WORTH, TX TX 76102

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 9707 OLD DOWD RD		1	400.00	400.00

Outstanding Balances

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