

2121 SAM WILSON RD

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1/10/2008

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Groundwater and Wastewater Services File Imaging Project
May 2007
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MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

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To: Ajay Joshi
~~Marie~~ Mac Teele

Fax #: 704 357 8639

Phone #: 704 357 5513

From: Zach Petersen
Mecklenburg County

Date: 5-18-06

Number of pages transmitted: _____ (including coversheet)

Comments: Well #1 + #2 on Sam W. Tson

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

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#: 10000802 **Tax Parcel #:** 055-211-44
Property Owner: Prologis
Job Location Address: 2121 SAM WILSON RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 5/12/2006
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

Well #1 6520 B

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: NO

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:

Zach J Petersen ESQ's
Authorized Agent: Print Name

Zach J Petersen ESQ'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) 336-6894

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

Permit#: 10000801 **Tax Parcel #:** 055-211-44
Property Owner: Prologis
Job Location Address: 2121 SAM WILSON RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 5/12/2006
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

Well #2 6520B

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: NO

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:

Zach Peterson
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

#801

GWS - RES APP 0706

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 # 6520B

WELL FEE: _____
DATE: _____
CRT [ ] _____

SEPTIC / TYPE APPLICATION: ■ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ■ ABANDONMENT WELL #1

JOB LOCATION INFORMATION:

TAX/PARCEL #: 055-211-44
STREET ADDRESS: 2121 SAM WILSON ROAD
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #: N/A
TOWNSHIP:

■ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION: Zach

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (L)
■ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: Ø
NUMBER OF BEDROOMS: Ø 3
NUMBER OF OCCUPANTS: Ø 2
N/A - TORN DOWN

FOUNDATION FOR RESIDENCE: N/A

■ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: N/A
NUMBER OF BEDROOMS TO BE ADDED: Ø NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: Ø
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: PROLOGIS
ADDRESS: 2217-C DISTRIBUTION DRIVE
CITY: CHARLOTTE
STATE: NC ZIP: 28269
HOME PHONE: N/A WORK PHONE: 704-921-6000
MOBILE PHONE: N/A FAX: 704-596-9262

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MACTEC ENGINEERING AND CONSULTING, INC
ADDRESS: 2801 YORKMONT ROAD, SUITE 100
CITY: CHARLOTTE
STATE: NC ZIP: 28208
HOME PHONE: N/A WORK PHONE: 704-357-8600
MOBILE PHONE: N/A FAX: 704-357-8639

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? UNKNOWN
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

"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.

5/10/06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

"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.

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Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6654

AREAS, 7 TO 10 DAYS

D REMOVED FROM ROOT
OM ROOT BALL

AND CONSTRUCTION
UNCOMPACTED SOIL
STANDARDS FOR TREES

TRANSMISSION LINES
ER TO RESOLVE BEFORE

WITH THE EXCEPTION

RC, BURIAL PITS,
TECTION ZONE, TREE
NY DEMOLITION,

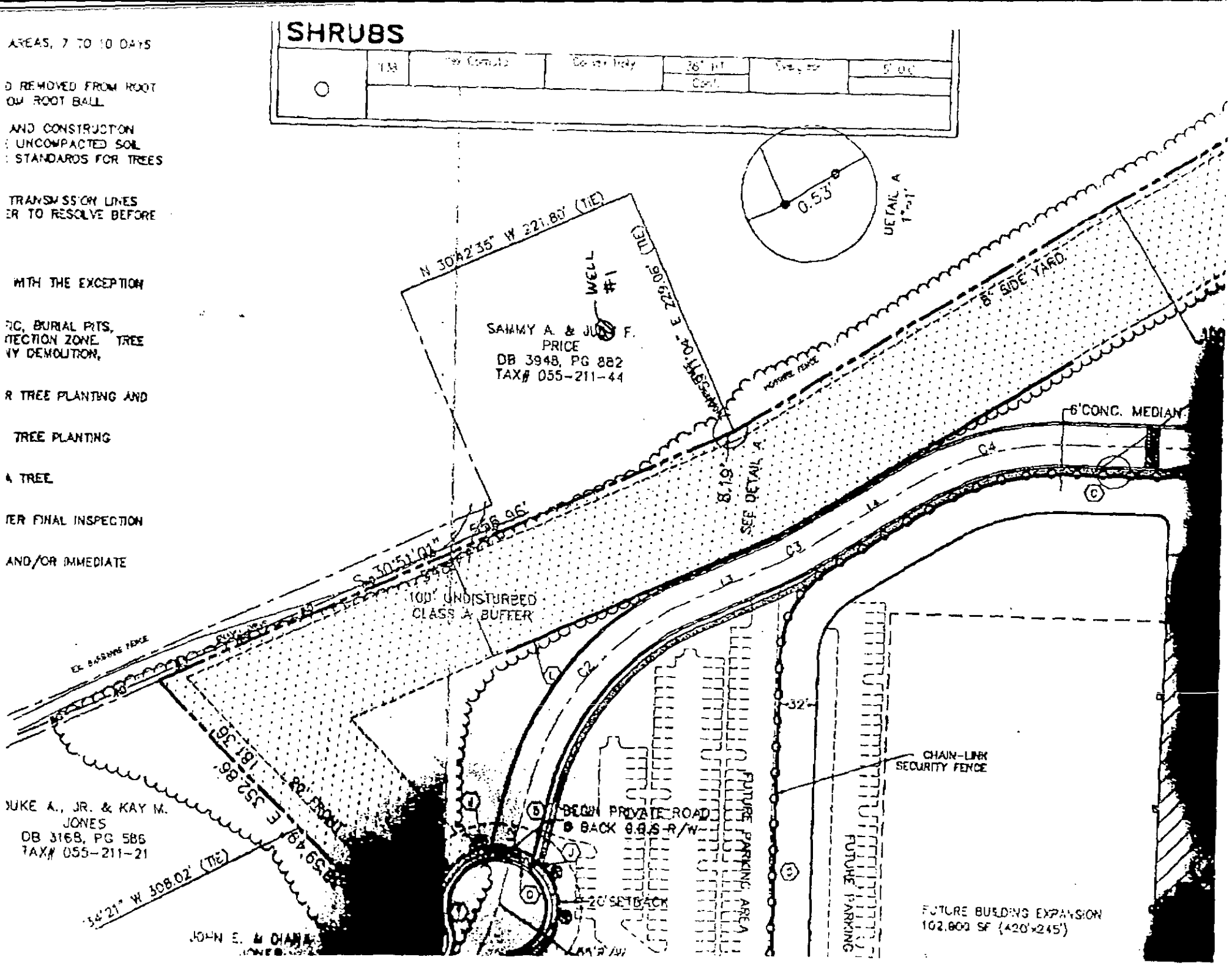
R TREE PLANTING AND

TREE PLANTING

A TREE

TER FINAL INSPECTION

AND/OR IMMEDIATE



#802

GWS – RES APP 07/05

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 # 65208

WELL FEE ___
DATE ___
CRT [ ]

SEPTIC / TYPE APPLICATION: ■ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ■ ABANDONMENT Well #2

JOB LOCATION INFORMATION:

TAX/PARCEL #: 055-211-44
STREET ADDRESS: 2129 SAM WILSON ROAD
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #: N/A
TOWNSHIP:

■ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
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BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (F)
■ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: Ø
NUMBER OF BEDROOMS: Ø 3
NUMBER OF OCCUPANTS: Ø 3
N/A - TORN DOWN

FOUNDATION FOR RESIDENCE: N/A

■ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: N/A
NUMBER OF BEDROOMS TO BE ADDED: Ø NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: Ø
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" (U)

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
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Owner's/Agent's Signature Date

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Owner's/Agent's Signature Date

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