

5151 RANDOLPH RD

18509121

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7072 B WASPS App #: 2173

Primary ES assigned to project: Chris Shemill

Secondary ES assigned to project: Debora Howell

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: 4/12/07 ES assigned date: 4/12/07 Permit issued date: 4/19/07

Well approval date: 6/22/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 6/27/07

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2214

App 2175
File # 7072B

1. WELL CONTRACTOR:

John V. Kaykendall
Well Contractor (Individual) Name

McGill Bros Inc.
Well Contractor Company Name

STREET ADDRESS 6700 Brookshire Blvd

Charlotte N.C. 28216
City or Town State Zip Code

(704) - 399-1506
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) 10002173

DWQ or OTHER PERMIT # (if applicable) N/A

WELL USE (Circle applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation

Other (list use) _____

3. WELL LOCATION:

COUNTY Meck QUADRANGLE NAME _____

NEAREST TOWN: Charlotte

5151 Randolph Rd 28211
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other _____
(Circle appropriate setting)

LATITUDE 35° 09. 939'

LONGITUDE 080° 51. 602'

May be in degrees, minutes, seconds, or in a 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 and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

_____
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Kenneth E Russell

STREET ADDRESS 200 S. Tryon St.

Charlotte N.C. 28202
City or Town State Zip Code

( ) -
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: ~~37~~ ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): NA ft.

Measuring point is 1 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	NA ft.	_____ in.
b. Casing Removed:	3 ft.	2 in.

7. DISINFECTION: granular - 6 oz

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement _____ lb.
Water _____ gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite 50 lb.
Type: Slurry __ Pellets ✓
Water 5 gal.

Other

Type material _____

Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

gravity Flow

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 4-20-07

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.

John V. Kaykendall — 4-20-07
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 2C .0113.)

John V. Kaykendall
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.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

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#: 10002173 **Tax Parcel #:** 185-091-21
Property Owner: KENNETH RUSSELL
Job Location Address: 5151 RANDOLPH RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28211
Permit Issuance Date: 4/19/2007
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:

Based on ARGU review, well abandonment permit approved with no special conditions.

Chris Sherrill RS, CSS
Authorized Agent: Print Name

Signature:

McCall Brothers, Inc.
Owner/Legal Agent: Print Name

Signature:

WORK ORDER

Workorder No: 72857
Description ARGU Well Review
Submitted To: STUTTS, JACK
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 4/19/07 9:59:17 AM
Projected Start Date: 4/19/07
Projected Finish Date:
Actual Start Date: 4/18/07
Actual Finish Date: 4/18/07
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 9322
Entity Location: 9322

SITE INFORMATION

Workorder Address: 5151 RANDOLPH RD
and/or
General Location:
Town: CITY

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

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.

Comment:
Create one work order per ARGU Review
By CALDWELL, SHAWNA: 4/19/07 10:00:38 AM
Based on review of NCDENR files for MPL #1206 which indicated a clean closure following additional soil excavation and GW<2L, the status was changed from MPL to GWMPL. The permit for a new well installation at PID# 185-091-21, 5151 Randolph Rd., Charlotte is therefore approved and the well would no longer be inside a 1,500' ARGU buffer, so it will only require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 with no other special conditions.

Hydrogeologist Permit Application Review

Application #: 2173

Permit File #: 7072B

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:

Based on ARGU review, well abandonment permit approved with no special conditions.

EHS Review | Update

Time Spent (hours):

☐ Change: 1.00

The application has been forwarded to Chris Sherrill for review.

App. #: 2173

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 # 7072B

Well Fee: 0.00

Date: 4/18/2007

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 #: 185-091-21 ☐ PO

STREET ADDRESS: 5151 RANDOLPH RD

CITY: Charlotte

STATE: NC ZIP: 28211

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 01

General Comments:

HOUSE TO BE DEMOLISHED FOR NEW PROJECT

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☑ 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) ☑ 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: KENNETH RUSSELL

ADDRESS: 200 S TRYON ST

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROTHER, INC

ADDRESS: 6700 BROOKSHIRE BLVD

CITY:	CHARLOTTE		CITY:	CHARLOTTE	
STATE:	NORTH CAROLINA	ZIP: 28202	STATE:	NORTH CAROLINA	ZIP: 28216
HOME PHONE:		WORK: 704-000-0000	HOME PHONE:		WORK: 704-399-1506
MOBILE:		FAX:	MOBILE:		FAX: 704-398-2605

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

EDMS Rept. for ARGU Review
5151 Randolph Rd., Charlotte, NC 28211
PID# 185-091-21
File # 7072B
Appl #2173

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

4/18/07 (Wed.) - Received request for ARGU review for new WSW located at 5151 Randolph Rd., Charlotte, PID #185-091-21. According to the WIS, there are no existing wells at this property.

4/18/07 (Wed.) - Conducted ARGU Review. Identified 1 MPL sites within 2,000' of the subject parcel:

MPL# 1206 Alice Gaddy Griffin
1322 Rembrandt Circle., Charlotte, NC 28211
PID# 185-082-12
NCDENR UST Section Inc. #27712
Source-heating oil UST

File Review of MPL# 1206:

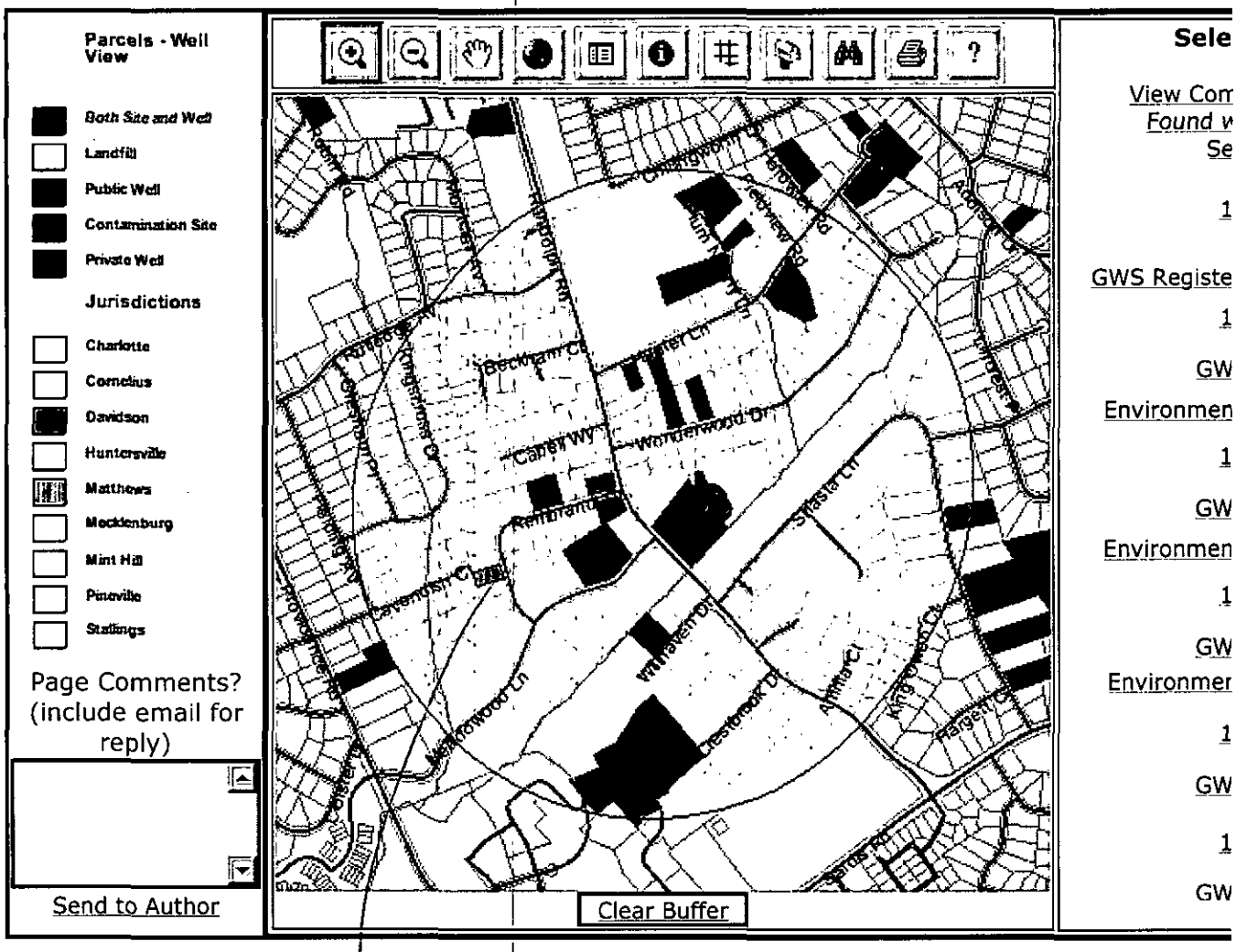
NCDENR UST database indicates a no further action letter submitted in 2006 for GW incident no. 27712 following additional excavation of all impacted soils and GW<2L, so the status of this site was changed from MPL to GWMPL.

A MPL investigation was conducted by GWS staff in 2004. Nine WSWs observed within 1500' and three WSWs were sampled. No wells were impacted.

The subject site is within 1,000' of the Alice Gaddy Griffin site.

Based on review of NCDENR files for MPL #1206 which indicated a clean closure following additional soil excavation and GW<2L, the status was changed from MPL to GWMPL. The permit for a new well installation at PID# 185-091-21, 5151 Randolph Rd., Charlotte is therefore approved and the well would no longer be inside a 1,500' ARGU buffer, so it will only require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 with no other special conditions.

End.



former
MPL 1006 - now GWMPL

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:** 18508212
Name: ALICE GADDY GRIFFIN
House No: 1322
Street Dir:
Street Name: REMBRANDT
Street Type: CR
City: CHARLOTTE
State: NC
Zip: 282114046
NC Incident Number: 27712 EXIT Well Information System

* Link to GIS Real Estate System

FILE NUMBER: 7072B

Revised On: January 3, 2007

APPLICATION NUMBER: 2173

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: _____
DATE: _____

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

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

SC THR C.S. DH.

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 18509121
STREET ADDRESS: 5151 Randolph Rd.
CITY: Charlotte
STATE: NC ZIP: 28211
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:

☒ 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: 3
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 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 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: Kenneth Russell
ADDRESS: 200 S. Tryon St.
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: _____ WORK PHONE: _____
MOBILE PHONE: _____ FAX: _____

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: 6700 Fairview Rd.
CITY: Charlotte
STATE: NC ZIP: 28210
HOME PHONE: _____ WORK PHONE: 364-1300
MOBILE PHONE: _____ FAX: 366-6894

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 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.

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

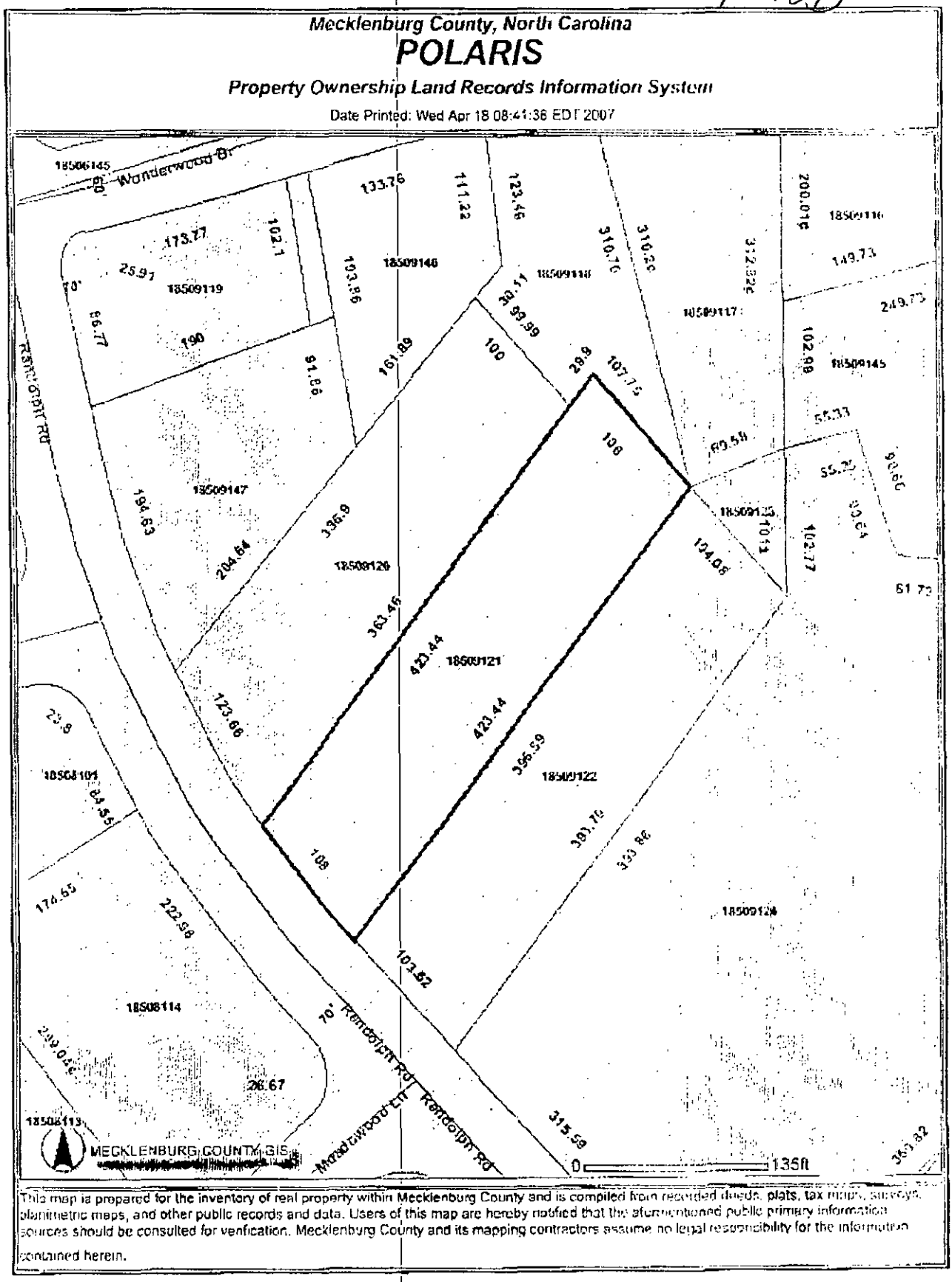
15. WELL PERMIT APPLICATION SIGNATURE SECTION:

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.

McCall Bros. 4/10/07
Property Owner's or Owner's Legal Representative Signature Date

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

7072B



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.