

8922 COMMUNITY HOUSE RD

22931247

1/10/2008

duponbj

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

6422B

Chris

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1636 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Vernon Lassiter

WELL CONTRACTOR CERTIFICATION # 2293

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
9922 Community House Rd 226-312-98
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

original owner - Grace Kell

3. OWNER: Crosland Land Development
at Arbory Woods

4. ADDRESS: 227 W. Trade St

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

6. TOTAL DEPTH: 155' DIAMETER 8"

7. CASING REMOVED:

feet	diameter
10'	8"

8. DISINFECTION: 3/6 HTH
(Amount of 70% hypochlorite used)

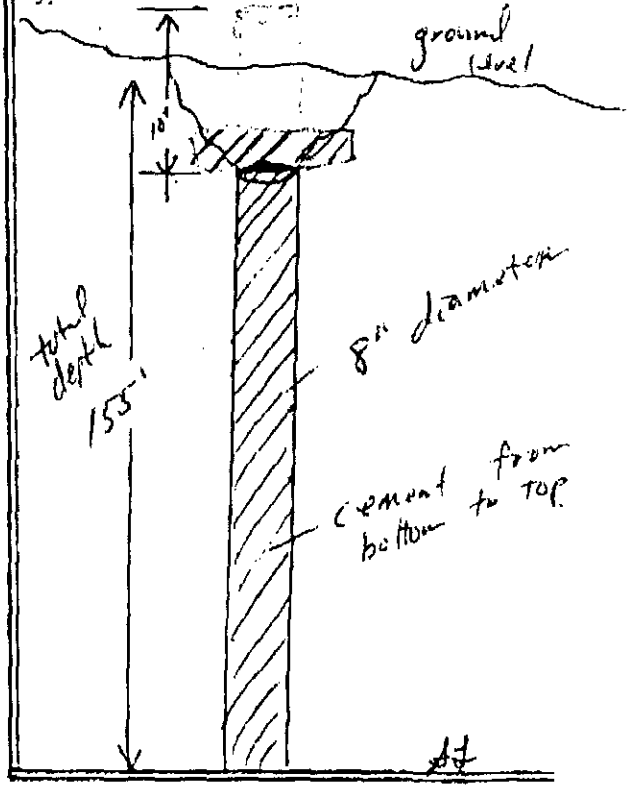
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement _____	bags of cement _____
gallons of water _____	gallons of water _____

Other
Type material: Cement / Grout Mix
Amount: 31/2 yards

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

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.



11. DATE WELL ABANDONED 8-24-06

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 8-24-06

704-392-5704

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.

AUG-25-2006 10:55 AM LASSITER WELL CO TO 91 P.01

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#: 10001236 **Tax Parcel #:** 229-312-47
Property Owner: CROSLAND DEVELOPMENT COMPANY
Job Location Address:8922 COMMUNITY HOUSE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 8/7/2006
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: 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:

Chris Sherrill, RS, CSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

#12360 CS

GWS – RES. APP 12/04

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

SEPTIC FEE: ____
DATE: ____
CRT (): ____

WELL FEE: ____
DATE: 8-4-06
CRT (): ____

FILE # 6422B

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 #: 229-312-47
STREET ADDRESS: 8922 Community House Rd
CITY: Charlotte
STATE: NC ZIP: 28277
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:
NUMBER OF OCCUPANTS:

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:

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	N/A
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 Crosland Development Company
ADDRESS:
CITY: Charlotte, NC
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:
☒ Original owner Grace Kell

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Lassiter Well Company Inc.
ADDRESS: 600 Rhyne Rd
CITY Charlotte
STATE: NC ZIP: 28130 704-392-5704
HOME PHONE WORK PHONE:
MOBILE PHONE: FAX: 704-399-4485

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
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.

Vernon Lassiter Jr. 8-4-06
Owner's/Agent's Signature Date

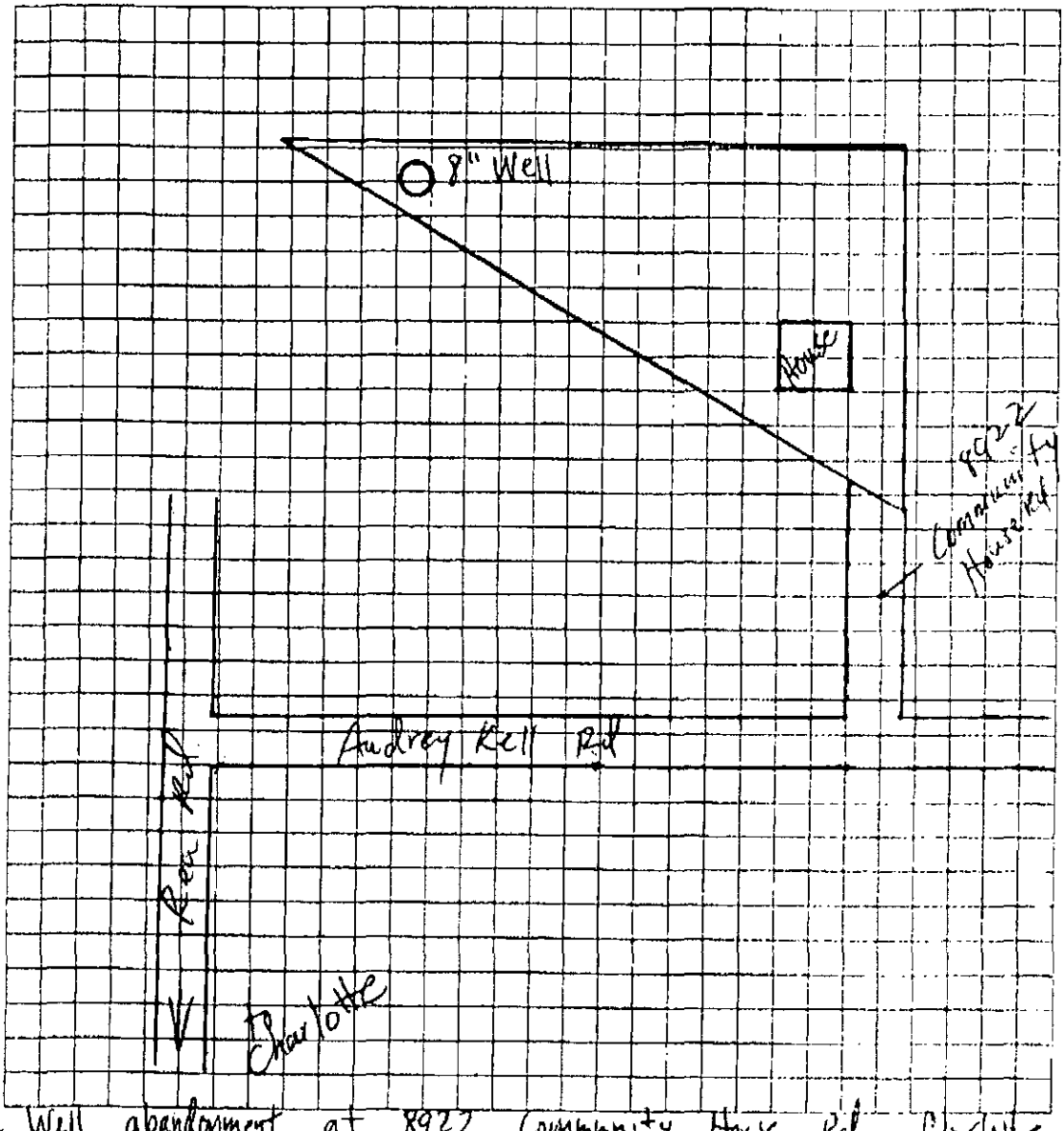
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX, 704-336-6844

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-6103
Fax: (704) 336-6894

File #64228
Date 8/4/06

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.



#2 Well abandonment at 8922 Community House Rd Charlotte

Owner/Agent Signature	Vern Lassiter Jr
Date	8-4-06

LBC 12/15/04

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

App# 628

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

Permit#: 10000628 **Tax Parcel #:** 229-312-47
Property Owner: Crosland at Audrey Woods, LLC
Job Location Address:8922 COMMUNITY HOUSE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 4/4/2006
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: 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:

App# 628

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

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

Permit#: 10000628 **Tax Parcel #:** 229-312-47
Property Owner: Crosland at Audrey Woods, LLC
Job Location Address: 8922 COMMUNITY HOUSE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 4/4/2006
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: 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

Zach Peterson
Signature

Vernon Lassiter Jr
Owner/Legal Agent: Print Name

Vernon Lassiter Jr
Signature:

6422B

App. 628

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter well Company Inc

WELL CONTRACTOR CERTIFICATION # 454

229-312-47

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
8922 Community House Rd 229-312-47
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Crosland at Ardrey Woods, LLC

4. ADDRESS: Charlotte, NC

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

6. TOTAL DEPTH: 100 DIAMETER 2"

7. CASING REMOVED:

feet	diameter
4'	2"

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

9. SEALING MATERIAL:

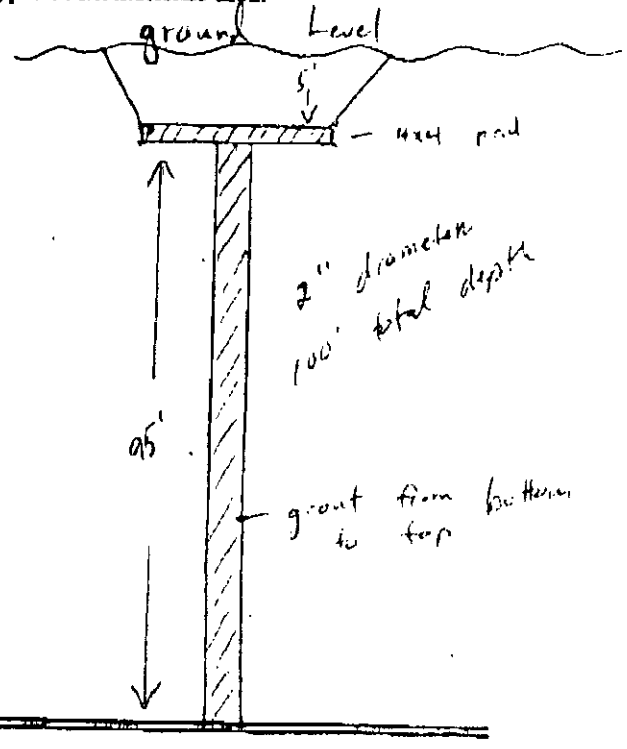
Neat Cement	Sand Cement
bags of cement	bags of cement
gallons of water	gallons of water

Other
Type material Concrete, grout mix
Amount 1 yard

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Pour from bottom to top using concrete truck 4x4 pad covering top of casing

11. DATE WELL ABANDONED 4-13-06

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 4-14-06

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

Application #6428 GWS – RES. APP 12/04

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

SEPTIC FEE DATE CRT #

WELL FEE DATE 4-4-06 CRT #

FILE # 6422B

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 #: 229-312-47
STREET ADDRESS: 8922 Community House Rd
CITY: Charlotte
STATE: NC ZIP: 28277
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: 1500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6

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:

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	N/A
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: Crosland Development Company
ADDRESS:
CITY: Charlotte, NC
STATE: ZIP:
HOME PHONE WORK PHONE:
MOBILE PHONE: FAX:
☒ Original owner Grace Kell

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Lassiter Well Company Inc
ADDRESS 600 Rhyne Rd
CITY: Charlotte
STATE: NC ZIP: 28130
HOME PHONE: WORK PHONE: 704-392-5104
MOBILE PHONE FAX: 704-394-4485

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
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.

Vernon Lassiter Jr. 4-4-06
Owner's/Agent's Signature Date

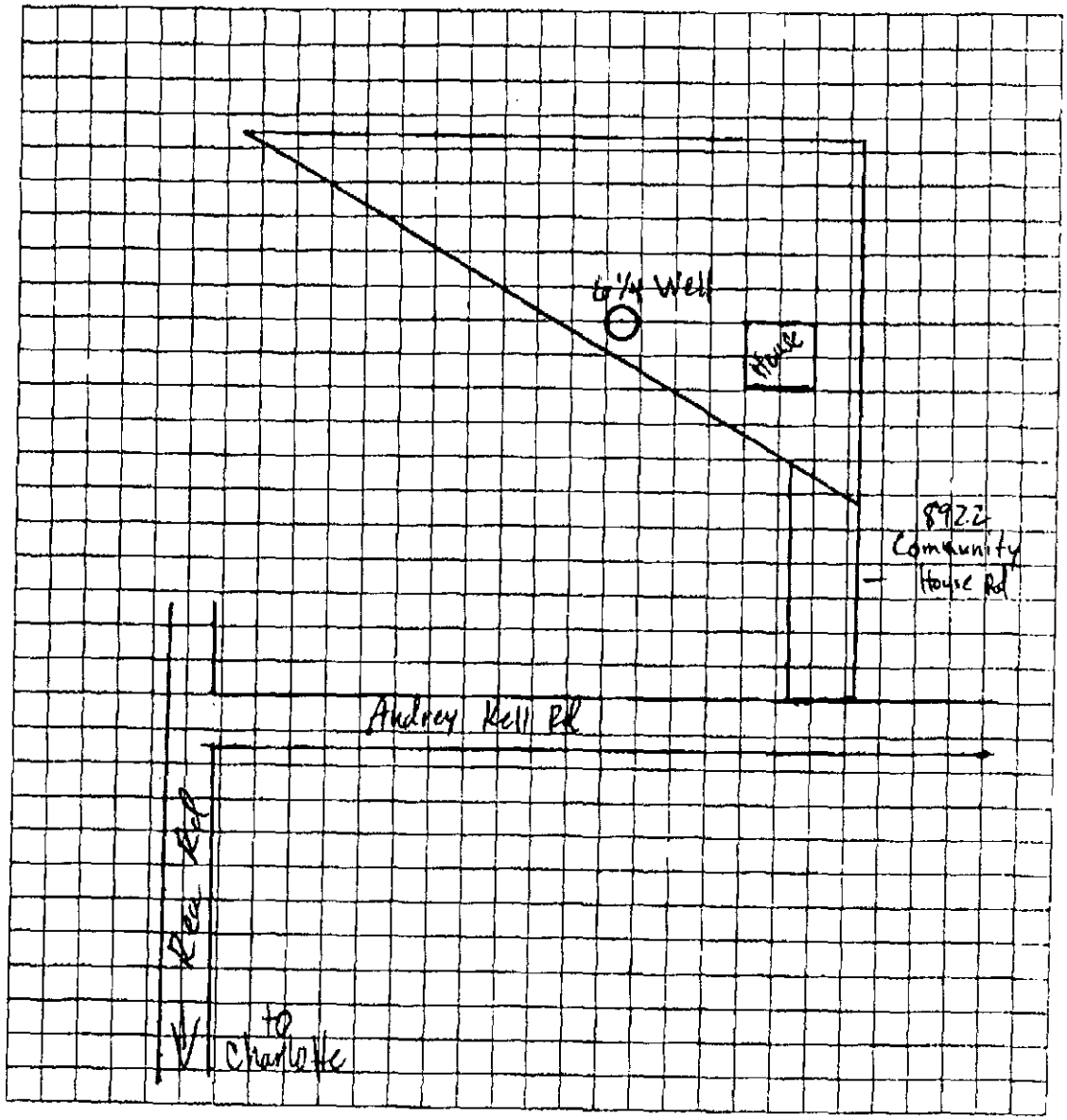
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX 704-336-8894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File # _____
Date 4-4-06

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 Verner Lassiter Jr
Date 4-4-06

#1 Well abandonment at 8922 Community House rd Charlotte

LBC 12/15/04

App# 629

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#: 10000629 **Tax Parcel #:** 229-312-47
Property Owner: Crosland at Audrey Woods, LLC
Job Location Address:8922 COMMUNITY HOUSE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 4/4/2006
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: 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
Authorized Agent: Print Name

Zach J. Petersen ES/KS
Signature:

Owner/Legal Agent: Print Name

Signature:

64/22B

App# 629

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Company Inc

WELL CONTRACTOR CERTIFICATION # 434

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
8922 Community House Rd 229-SE-47
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Crosland at Ardrey Woods, LLC

4. ADDRESS: Charlotte NC

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

6. TOTAL DEPTH: 245' DIAMETER 6 1/4"

7. CASING REMOVED:

feet	diameter
4'	6 1/4

8. DISINFECTION: 3lb HTH
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

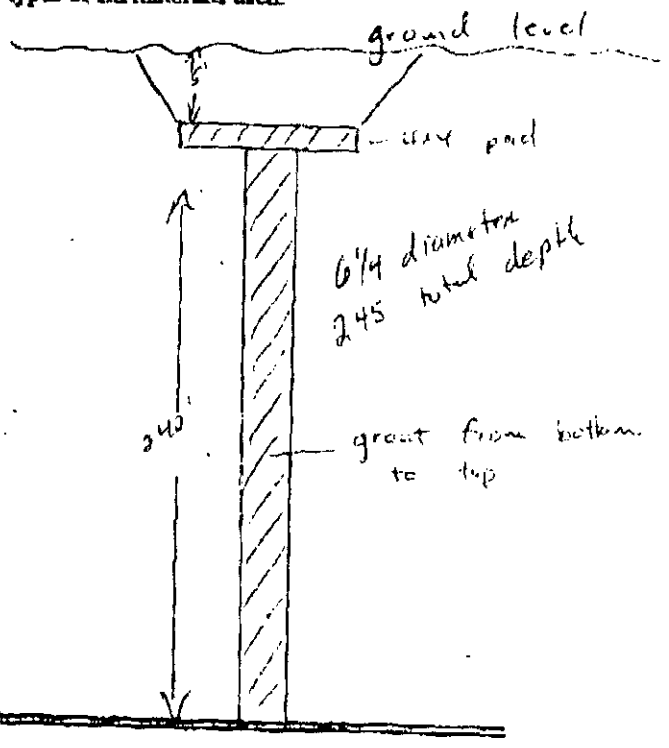
Neat Cement	Sand Cement
bags of cement	bags of cement
gallons of water	gallons of water

Other
Type material Concrete, grout mix
Amount 3 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Pour from bottom to top using concrete truck - 4x4 pad covering top of casing.

11. DATE WELL ABANDONED 4-13-06

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 4-14-06

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

Application #6229

GWS – RES. APP 12/04

SEPTIC FEE:
DATE:
CR#:

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

WELL FEE:
DATE: 4-4-06
CR#:

FILE # 64228

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 #: 229-312-47
STREET ADDRESS: 8922 Community House Rd
CITY: Charlotte
STATE: NC ZIP: 28277
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:
NUMBER OF OCCUPANTS:

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:

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	N/A	
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 Crosland Development Company
ADDRESS:
CITY: Charlotte, NC
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:
☒ Original owner Grace Kell

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME Lassiter Well Company Inc.
ADDRESS: 600 Rhyne Rd
CITY: Charlotte
STATE: NC ZIP: 28130 704-392-5104
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX: 704-399-4485

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
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.

Vernon Lassiter Jr. 4-4-06
Owner's/Agent's Signature Date

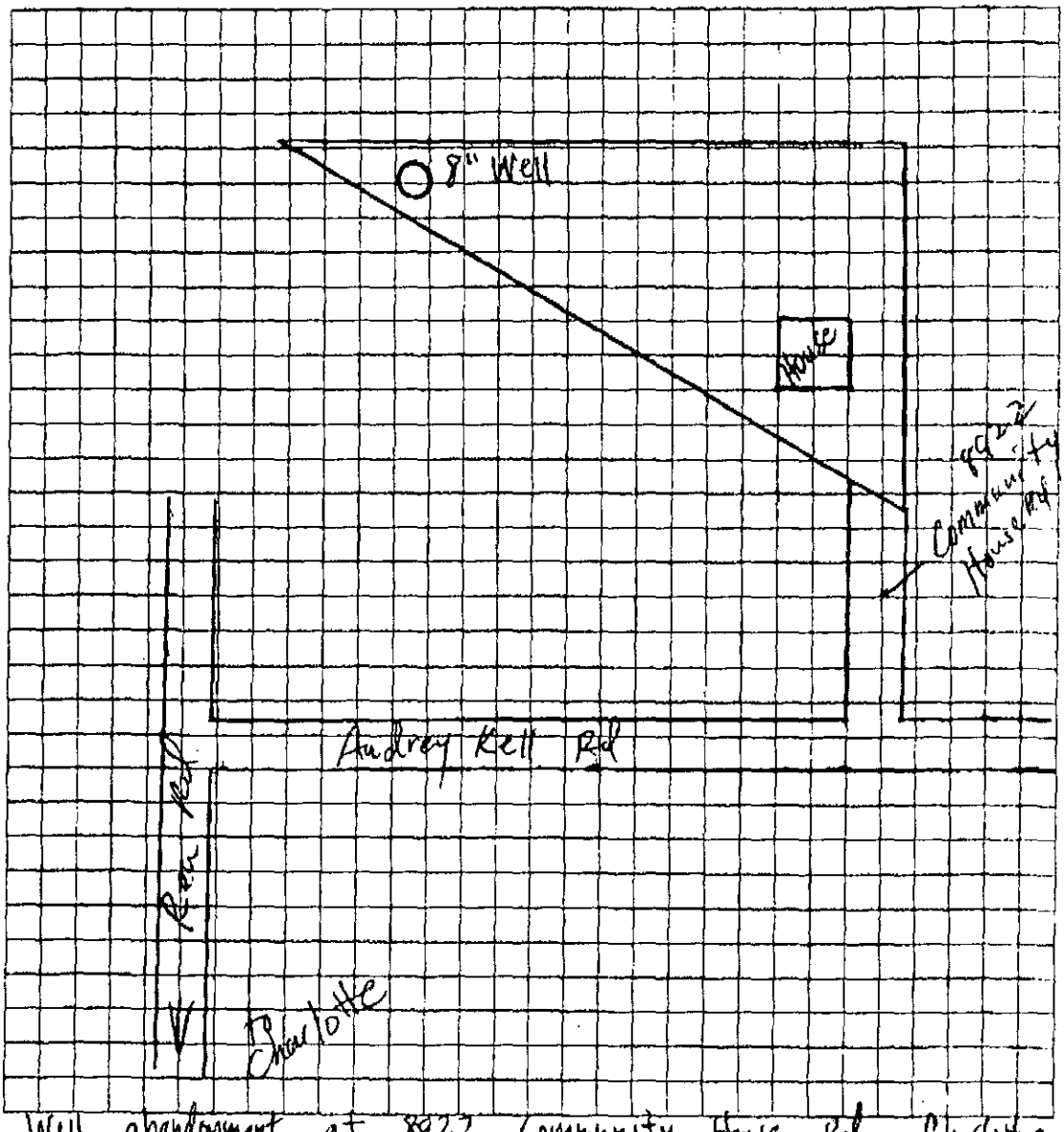
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
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.



#2 Well abandonment at 8922 Community House Rd Charlotte

Owner/Agent Signature	Vern Lassiter Jr
Date	4-4-06

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

App # 630

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

Permit#: 10000630 **Tax Parcel #:** 229-312-47
Property Owner: Crosland at Audrey Woods, LLC
Job Location Address:8922 COMMUNITY HOUSE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 4/4/2006
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: 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

Zach Peterson ES/PS
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) 336-8894

App# 630

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

Permit#: 10000630 **Tax Parcel #:** 229-312-47
Property Owner: Crosland at Audrey Woods, LLC
Job Location Address: 6922 COMMUNITY HOUSE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 4/4/2006
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: 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

Zach Peterson ES/ES
Signature:

Vernon Lassiter Jr
Owner/Legal Agent: Print Name

Vernon Lassiter Jr
Signature:

6420 Appt 630

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Company Inc
WELL CONTRACTOR CERTIFICATION # 454

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
8922 Community House Rd 229-312-47
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Crosland at Ardrey Woods, LLC

4. ADDRESS: Charlotte NC

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

6. TOTAL DEPTH: 145' DIAMETER 8"

7. CASING REMOVED:

feet	diameter
4'	8"

8. DISINFECTION: 2, 16 HTH
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

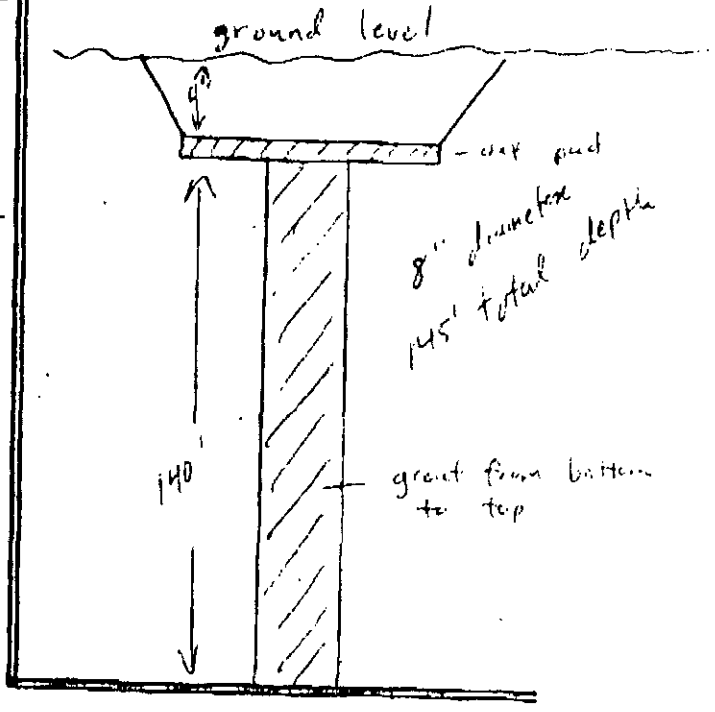
Neat Cement	Sand Cement
bags of cement	bags of cement
gallons of water	gallons of water

Other
Type material Concrete, grout mix
Amount 2 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Pour from bottom to top using concrete truck - 454 and covering top of casing

11. DATE WELL ABANDONED 4-13-06

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 4-14-06

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

Application #630

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 # 64228

WELL FEE
DATE 4-4-06
CRT #

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 #: 229-312-47
STREET ADDRESS: 8922 Community House Rd
CITY: Charlotte
STATE: NC ZIP: 28277
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:
NUMBER OF OCCUPANTS:

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:

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	N/A
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: Crosland Development Company
ADDRESS:
CITY: Charlotte, NC
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:
* Original owner Grace Kell

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Lassiter Well Company Inc
ADDRESS: 6000 Rhyne Rd
CITY: Charlotte
STATE: NC ZIP: 28130 704-392-5704
HOME PHONE: WORK PHONE
MOBILE PHONE: FAX: 704-399-4485

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
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.

Vernon Lassiter Jr 4-4-06
Owner's/Agent's Signature Date

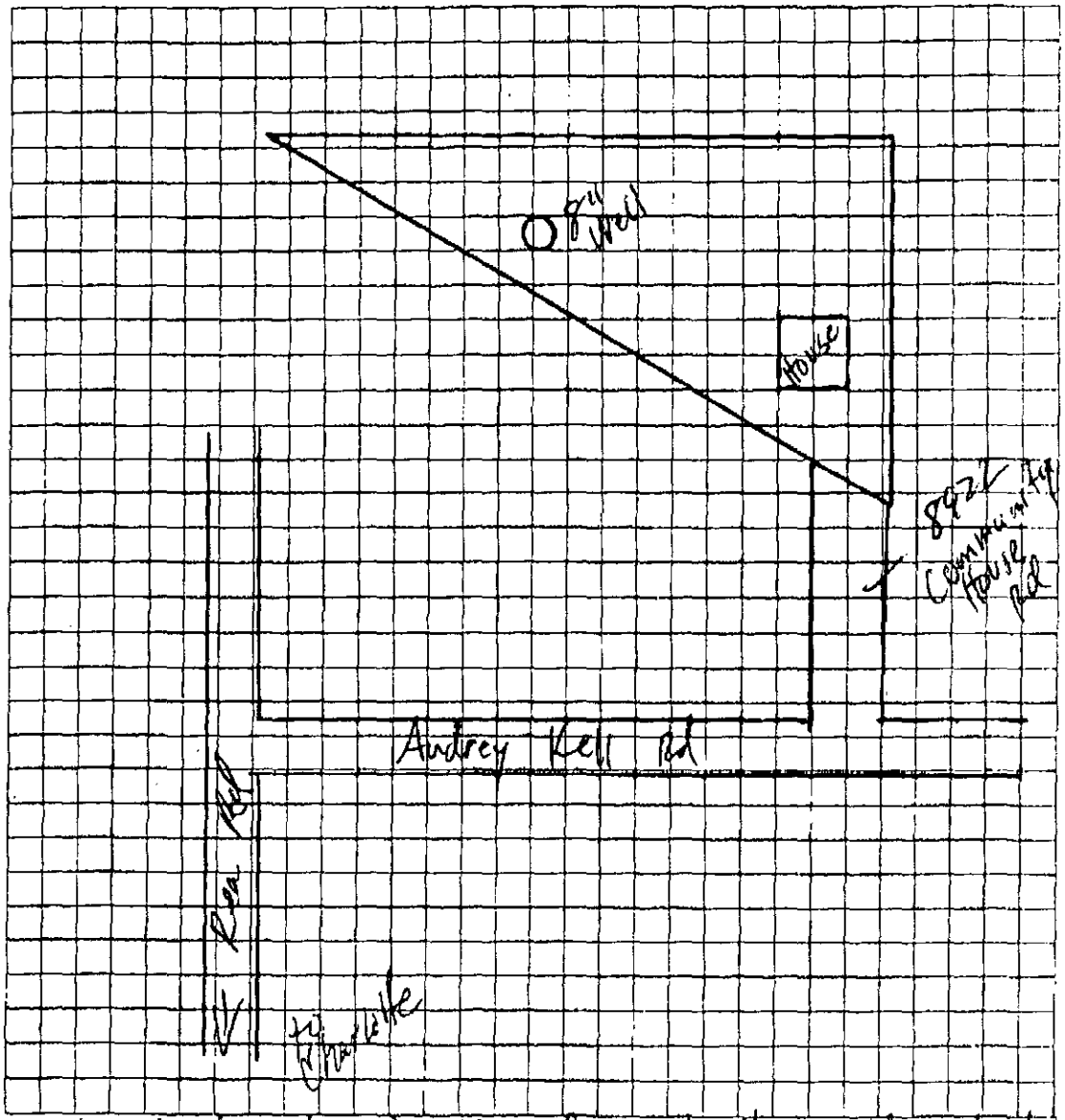
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
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.



#3 Well Abandonment at 8922 Community House Rd Charlotte

Owner/Agent Signature	Vernon Lassiter Jr
Date	4-4-06

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

App # 631

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

Permit#: 10000631 **Tax Parcel #:** 229-312-47
Property Owner: Crosland at Audrey Woods, LLC
Job Location Address:8922 COMMUNITY HOUSE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 4/4/2006
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: 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

Mark J. Taylor Es/es
Signature:

Owner/Legal Agent: Print Name

Signature:

App # 631

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#: 10000631 **Tax Parcel #:** 220-312-47
Property Owner: Crosland at Audrey Woods, LLC
Job Location Address: 8922 COMMUNITY HOUSE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 4/4/2006
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: 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.
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- 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

Zach Peterson E/RS
Signature:

Vernon Lassiter Jr
Owner/Legal Agent: Print Name

Vernon Lassiter Jr
Signature:

64228

App FF 631

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Company Inc.

WELL CONTRACTOR CERTIFICATION # 454

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
8922 Community House rd 229-312-47
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Crosland at Ardrey Woods, LLC

4. ADDRESS: Charlotte NC

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

6. TOTAL DEPTH: 130 DIAMETER 8"

7. CASING REMOVED:

feet	diameter
12'	8"

8. DISINFECTION: 2lb HTH
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

Neat Cement
bags of cement ____
gallons of water ____

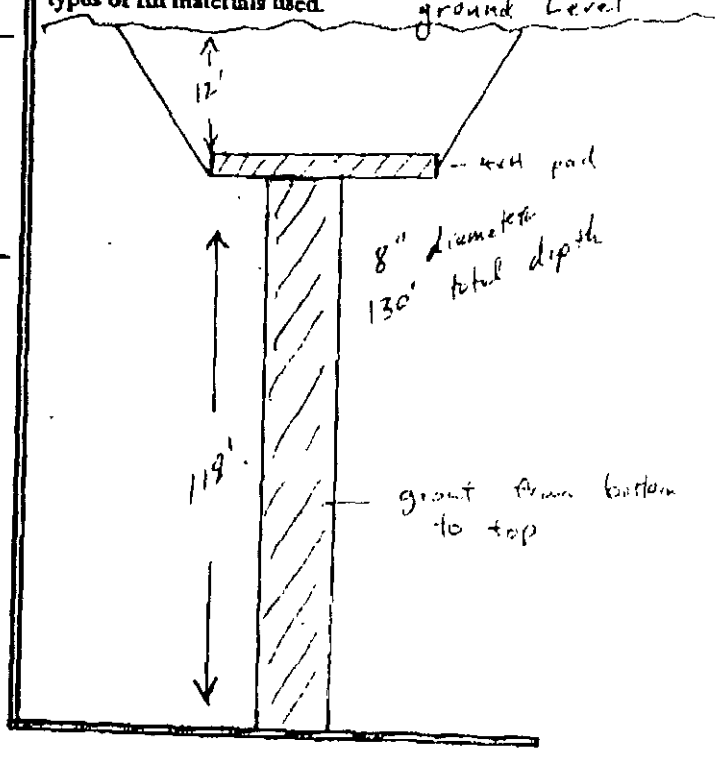
Sand Cement
bags of cement ____
gallons of water ____

Other
Type material Concrete + grout mix
Amount 2 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Pour from bottom to top using concrete truck - 4x4 pad covering top of casing

11. DATE WELL ABANDONED 4-13-06

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 4-14-06

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

Application #631

GWS - RES. APP 12/04

SEPTIC FEE: — DATE: — CK#: —

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

WELL FEE: — DATE: 4-4-06 CK#: —

FILE # 64228

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 #: 229-312-47

STREET ADDRESS: 8922 Community House Rd

CITY: Charlotte

STATE: NC ZIP: 28277

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:

NUMBER OF OCCUPANTS:

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:

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	N/A
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: Crosland Development Company

ADDRESS:

CITY: Charlotte ; NC

STATE: ZIP:

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

* Original owner Grace Kell

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Lassiter Well Company Inc.

ADDRESS: 600 Rhyne Rd

CITY: Charlotte

STATE: NC ZIP: 28130

HOME PHONE: WORK PHONE: 704-392-5704

MOBILE PHONE: FAX: 704-399-4485

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
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.

Vernon Lassiter Jr. 4-4-06

Owner's/Agent's Signature Date

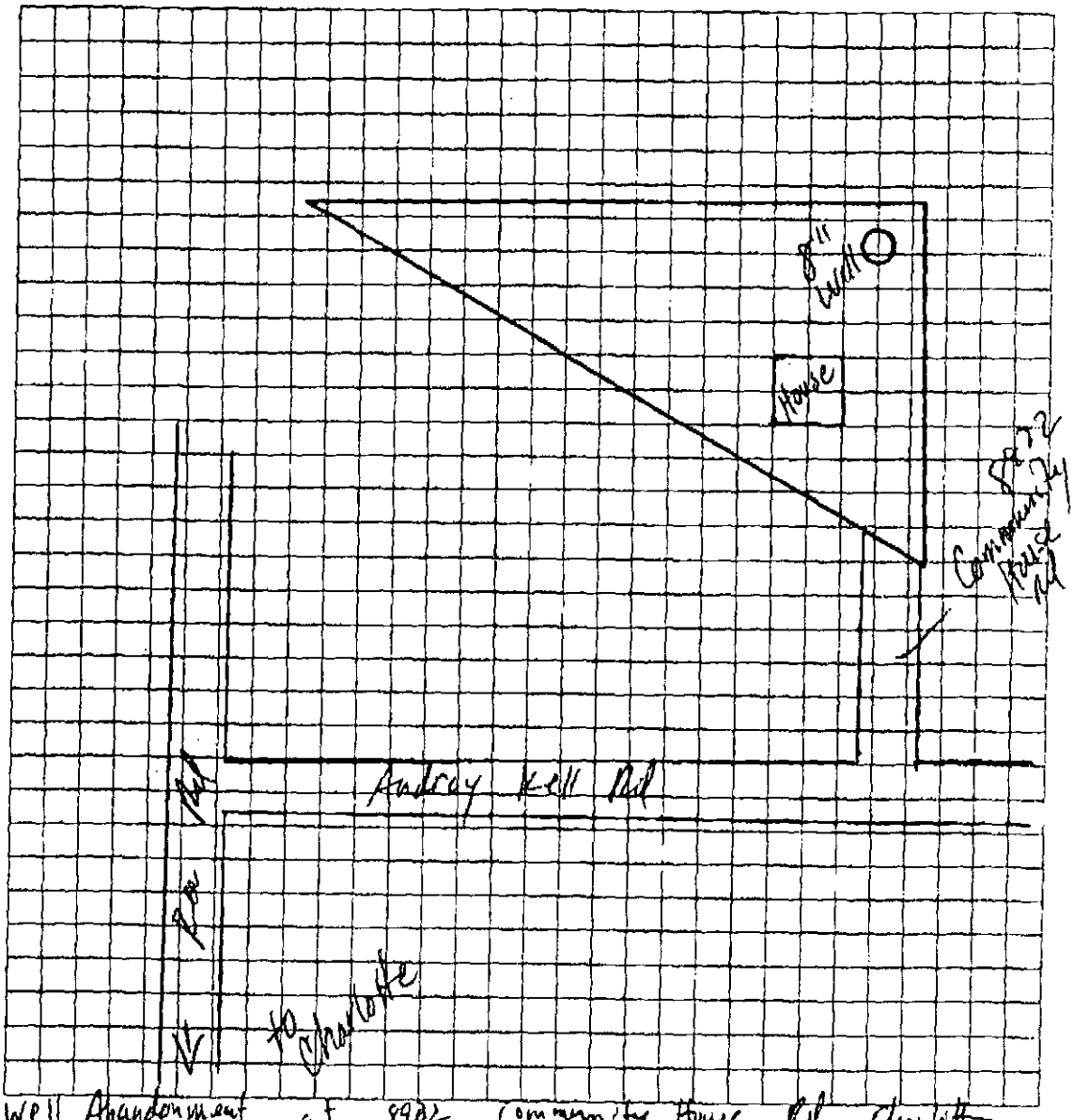
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8694

File #_____
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.



#4 well Abandonment at 8822 Community House Rd Charlotte

Owner/Agent Signature	John Lassiter Jr
Date	4-4-06

LBC 12/15/04