

4406 AMOS SMITH RD

11306230

9/5/08

marliwr

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

WELL ABANDONMENT RECORD

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

(4)

WELL CONTRACTOR CERTIFICATION # 2211

1. WELL CONTRACTOR:
Peter FLOREA
Well Contractor (Individual) Name
McCall Bros. Inc.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire Blvd.
Charlotte NC. 28216
City or Town State Zip Code
(704) 201-9615
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
DWQ or OTHER PERMIT # (if applicable)
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
4406 Amos Smith Rd.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

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

LATITUDE 35° 14.108'
LONGITUDE 80° 59.679'
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 and4b. (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 Scott Morrison
STREET ADDRESS 820 Forest Point Cir.
Charlotte NC. 28273
City or Town State Zip Code
(704) 345-1017
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 300 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 60 ft.
Measuring point is 0 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ft. in.
b. Casing Removed: ft. in.

7. DISINFECTION: 9 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 3,000 lb. Type: Slurry Pellets ✓ Water 200 gal.
Other: Type material Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
POURED chips and water down casing

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 9-22-08

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.

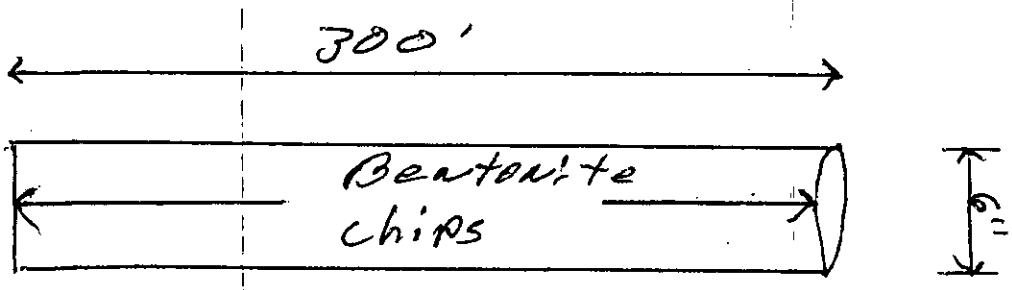
Pete Flores 9-23-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

PRINTED NAME OF PERSON ABANDONING THE WELL
DANNY SMITH

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


300'
Bentonite
chips
6"

Mecklenburg County
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5894

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

Permit#: 10003873 **File #:** 21614 **Tax Parcel #:** 113-062-30
Property Owner: D R HORTON
Job Location Address: 4406 AMOS SMITH RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 9/22/2008
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: 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 or abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

☐ Grout must be placed the full extent of the casing.

☐ Initial water sample to taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

Other Conditions of This Permit:

Debra Howell R.S
Authorized Agent: Print Name

Debra Howell RS
Signature:

McCall Brothers Inc.
Owner/Legal Agent: Print Name

Joe McCall Jr. CEO
Signature:

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

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Specific Conditions of This Permit (Check all that apply):

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☐ Initial water sample to taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

Other Conditions of This Permit:

Debra Howell R.S
Authorized Agent: Print Name

Debra Howell RS.
Signature:

Owner/Legal Agent: Print Name

Signature:

Shawna C.

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

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 113062 30
STREET ADDRESS: 4406 Amos Smith Rd.
CITY: Charlotte
STATE: NC ZIP: 28214
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: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☒ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☐ N/A ☒ 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
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
WASTE STORAGE	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A

12. PROPERTY OWNER:
NAME: DR Horton
ADDRESS: 520 Forest Point Cir.
CITY: Charlotte
STATE: NC ZIP: 28273
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: McCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE:
WORK PHONE:
MOBILE PHONE: 309-0071
FAX: 398-2605

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct 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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this 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 twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Joe McClaine
Property Owner's or Owner's Legal Representative Signature

9-15-08
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

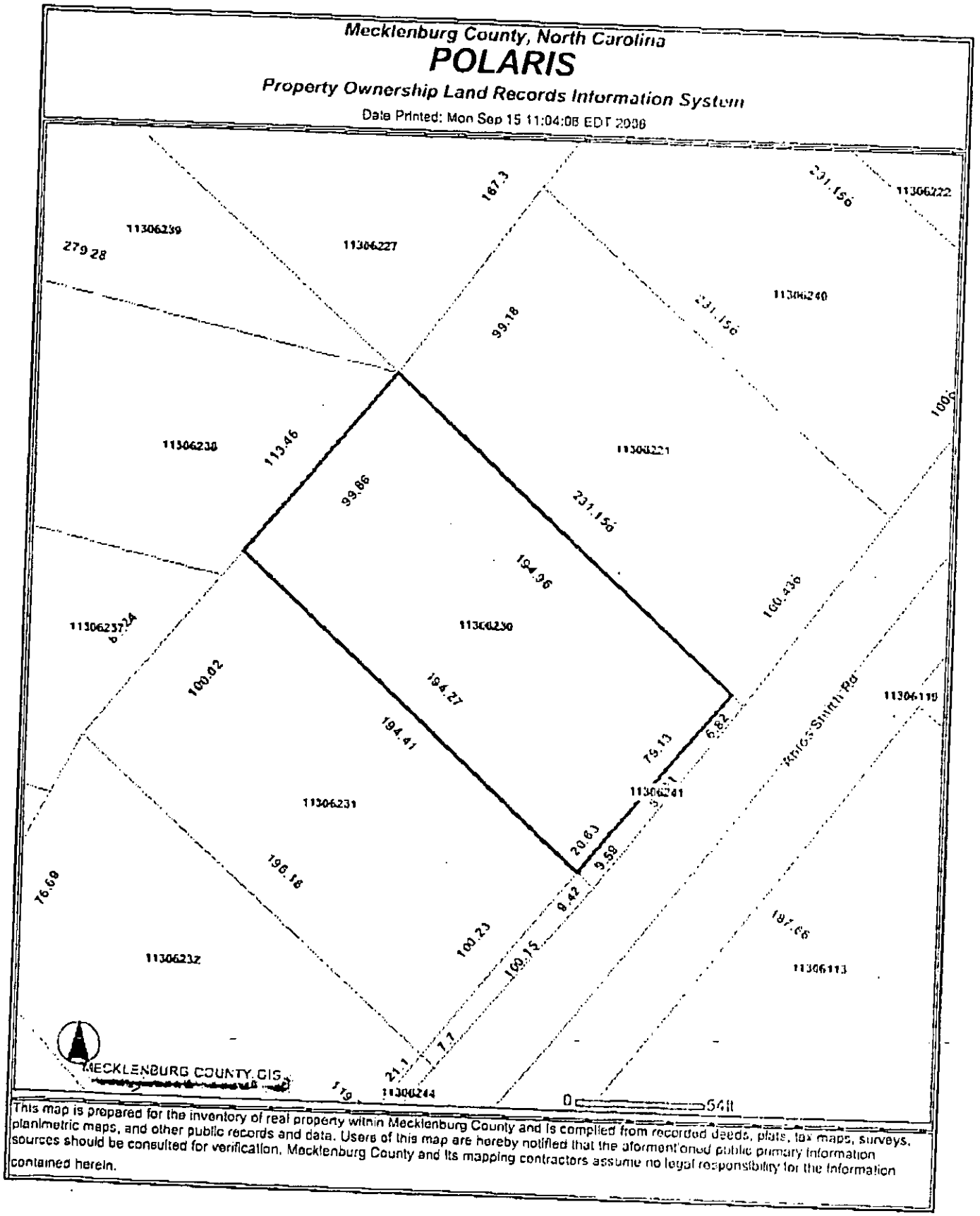
WELL APPLICATION FEES RECEIVED: $ -0- DATE FEE RECEIVED: 9-16-08

APPLICATION PROCESSED BY: Annette G.

GWS FILE NUMBER ASSIGNED: 21614

APPLICATION ID NUMBER ASSIGNED: 3873

COMMENTS:



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: **77580**
Work Order Type: **ARGU Well Review**
Submitted To: STUTTS, JACK
Date Initiated: 9/22/08 2:40:32 PM
Date Completed: 9/22/08 2:40:00 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: **4406 AMOS SMITH 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: 9/22/08 2:47:44 PM
Based on review of our files, the permit for a private well abandonment at PID# 113-062-30, 4406 Amos Smith Rd., Charlotte, NC is approved. MPL and NCDENR 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.

Hydrogeologist Permit Application Review

Application #: 3873
Permit File #: 21614

Permit Type: Abandonment (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling Re-sampling Frequency: NONE

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

EHS Review | Update

Time Spent (hours): ☐ Change: 1.00

The application has been forwarded to Debra Howell for review.

App. #: 3873

Septic Fee: [ ]

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 # 21614

Well Fee: 0.00

Date: 9/16/2008

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) N/A ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: (•) N/A ( ) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 113-062-30 ☐ PO

STREET ADDRESS: 4406 AMOS SMITH RD

CITY: Charlotte

STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 00

General Comments:

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: 3

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: ☐ N/A

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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

(•) N/A ( ) IRRIGATION ( ) POTABLE (Drinking Water) ( ) OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

☐ N/A ☑ 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
CHEMICAL/PETROLEUM STORAGE TANKS	( ) Yes (•) No	KNOWN UNDERGROUND CONTAMINATION	( ) Yes (•) No
WASTE STORAGE	( ) Yes (•) No	GROUNDWATER USE RESTRICTIONS/VARIANCES	( ) Yes (•) No

PROPERTY OWNER:		LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:	
NAME:	D R HORTON	NAME:	MCCALL BROTHERS, INC
ADDRESS:	820 FOREST POINT CIR	ADDRESS:	P.O. BOX 668710
CITY:	CHARLOTTE	CITY:	CHARLOTTE
STATE:	NORTH CAROLINA	STATE:	NORTH CAROLINA
ZIP:	28273	ZIP:	28266
HOME PHONE:		HOME PHONE:	
WORK:		WORK:	
MOBILE:		MOBILE:	704-309-0071
FAX:		FAX:	704-398-2605

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☐ UNKNOWN

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☐ N/A

PRINT Update Go to Front Counter Duplicate

Rept. for ARGU Review
4406 Amos Smith Rd., Charlotte, NC
PID# 113-062-30
File # 21614
Application#3873

9/18/08 (Thurs.) - Received request for ARGU review for private well abandonment for a WSW located at 4406 Amos Smith Rd., Charlotte, PID#113-062-30. According to EDMS, there is an existing well at this property.

9/22/08 (Mon.) - Conducted ARGU Review. Identified 2 MPL sites within 1,500' of the subject parcel.

MPL# 1279 Willard Residence
4110 Brickyard Rd., Charlotte, NC
PID# 113-052-23
NCDENR UST Section Inc. 27877
Source-heating oil UST

NCDENR database indicates a high risk incident with soil only contamination.

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.

MPL# 890 Duke Power Company Landfill
5101 Amos Smith Rd.
PID#113-221-17
Land Clearing and Inert Debris LF

File review of Duke Power Company LF file indicates:
No GW incident associated with site. Well is more than the required 100 ft. setback from the waste disposal boundary for a LCID LF and no samples are recorded for the subject well.

The referenced WSW location is within 1,500' of the property boundary for the LF.

Based on review of our files, the permit for a private well abandonment at PID# 113-062-30, 4406 Amos Smith Rd., Charlotte, NC is approved. MPL and NCDENR 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.

ARGU FILE#21614



Black circle-1,500' radius

0 550 1,100 2,200 Feet

N