

9937 HARWOOD LN

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

D Howell

FILE NUMBER: 19639

SEPTIC FEE: _____
DATE: _____

Revised On: August 31, 2007

APPLICATION NUMBER: 3489

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: 4-30-08

1. SEPTIC / TYPE APPLICATION: [X] NONE [ ] NEW SYSTEM [ ] ALTERATION [ ] REPAIR [ ] MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: [ ] NONE [ ] NEW WELL [ ] MAJOR REPAIR [X] ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 031-171-11
STREET ADDRESS: 9937 Harwood Lane
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
[ ] 0-MECKLENBURG [ ] 3-CORNELIUS [ ] 6-HUNTERSVILLE
[X] 1-CHARLOTTE [ ] 4-PINEVILLE [ ] 7-MINT HILL
[ ] 2-DAVIDSON [ ] 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
[X] SINGLE MOBILE HOME [ ] MODULAR HOME
[ ] DOUBLE WIDE [ ] MULTIPLE FAMILY
[ ] HOUSE [ ] OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING
[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

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

6. WATER SUPPLY: [X] MUNICIPAL [ ] PUBLIC WELL [ ] PRIVATE WELL [ ] SHARED WELL [ ] SPRING
7. PROPOSED USE OF WELL: [ ] N/A [ ] IRRIGATION [X] POTABLE [ ] GEOTHERMAL [ ] OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED)
8A. RANK: [ ] ANY TYPE [ ] CONVENTIONAL [ ] ACCEPTED [ ] INNOVATIVE [ ] ALTERNATIVE [ ] OTHER N/A

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [ ] NO		GRADING/SOIL REMOVAL PERFORMED	[ ] YES [ ] NO	
EXISTING WASTEWATER (SEPTIC) SYSTEMS	[ ] YES [ ] NO		JURISDICTIONAL WETLANDS	[ ] YES [ ] NO	
WELLS, SPRINGS, OR WATER LINES	[ ] YES [ ] NO		APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	[ ] YES [ ] NO	
EASEMENTS OR RIGHT-OF-WAYS	[ ] YES [ ] NO		WASTEWATER OTHER THAN DOMESTIC SEWAGE	[ ] YES [ ] NO	

10. PROPERTY OWNER:
NAME: JAMES A CARPENTER & BARBRA CARPENTER
ADDRESS: 10826 SOUTH FORD RD
CITY: CHARLOTTE
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: FREDDIE YOUNG/SANDERS UTILITY CORP
ADDRESS: C801 BROOKSHIRE BLVD
CITY: CHARLOTTE
STATE: NC ZIP: 28216
HOME PHONE: 704-399-5600 WORK PHONE: 704-399-5600
MOBILE PHONE: 704-460-5694 FAX: 704-393-7986

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2/2/2005
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

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.

Property Owner's or Owner's Legal Representative Signature 4/29/08 Date

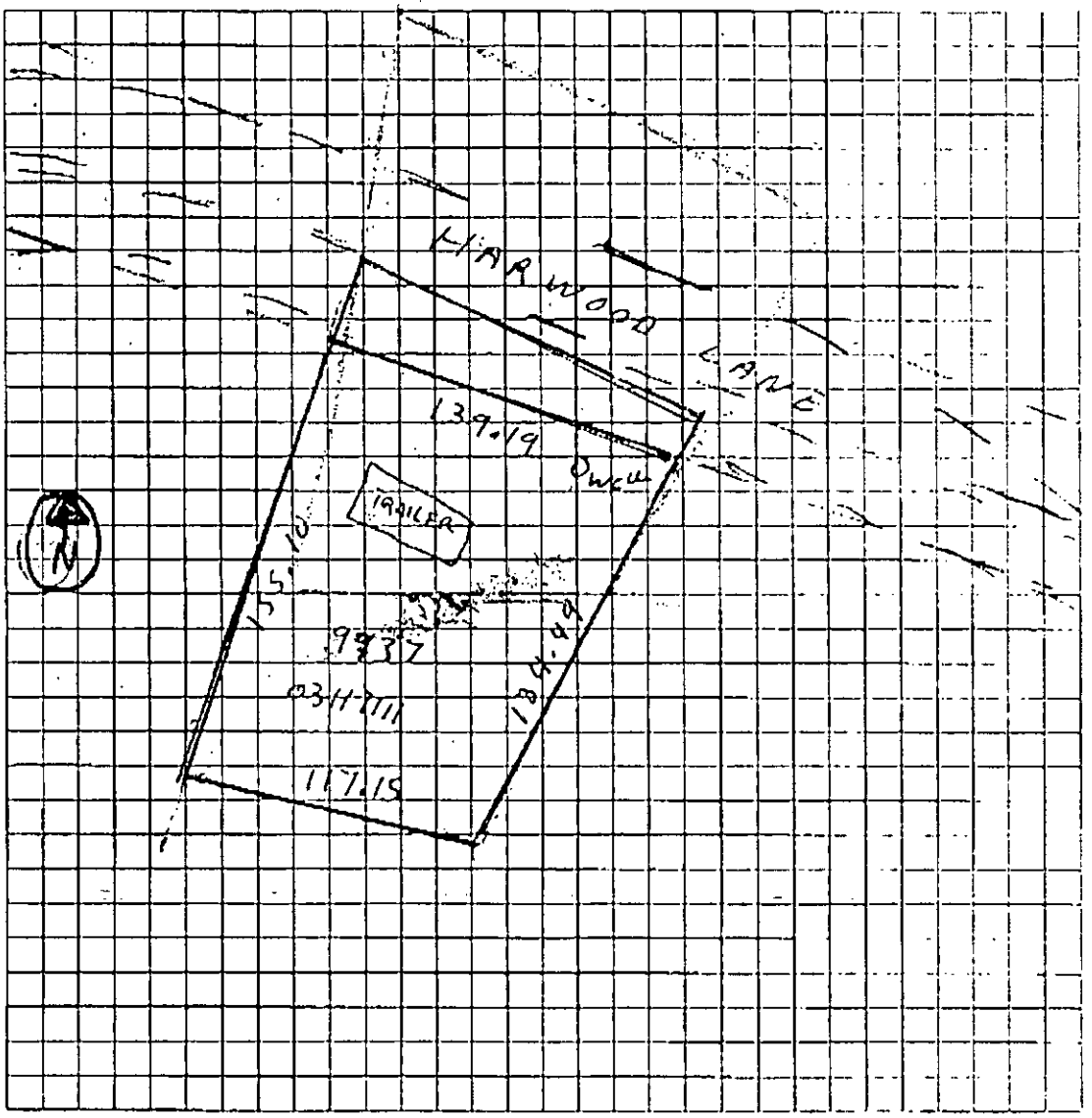
[ ] SURVEY PLAT TO SCALE SUBMITTED [ ] SCALED SITE PLAN SUBMITTED [X] UN-SCALED SITE PLAN SUBMITTED

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.



Owner/Agent Signature	
Date	4/29/08

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#: 10003489 **File #:** 19639 **Tax Parcel #:** 031-171-11
Property Owner: JAMES R CARPONTER & BARBARA CARPENTER
Job Location Address:9937 HARWOOD LN
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 5/1/2008
Use of Well: Potable
Type of Facility Served by Well: Single-mobile home
Sewage System Type: None

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:

Debra Howell R. S.
Authorized Agent: Print Name

Debra Howell R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

Mecklenburg County Health Department
Groundwater & Wastewater Services
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☐ Pesticides ☐ Herbicides ☐ Other (See Below)

Other Conditions of This Permit:

Debra Howell R.S.
Authorized Agent: Print Name

Debra Howell R.S.
Signature:

Hazel Sanders, Sanders Utility Construction Co Inc
Owner/Legal Agent: Print Name

Hazel M. Sanders
Signature:

Sign Here

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 7211

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) 399-1506
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
9937 HARWOOD LN
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35° 19.074'
LONGITUDE 80° 58.282'
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 FRED YOUNG
STREET ADDRESS 9937 HARWOOD LN
CHARLOTTE NC 28216
City or Town State Zip Code
(704) 399-5600
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 200 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 26 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: 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 2,500 lb. Type: Slurry Pellets ✓ Water 50 gal.
Other: Type material Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
POURED Pellets + H_2O 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 screen (if any) installed in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 5-8-08

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.

Peter Florea 5-9-08
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
Pete FLOREA

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. 1/06

McCall Land Copy.

WELL ABANDONMENT RECORD

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

3489

WELL CONTRACTOR CERTIFICATION # 2241 DH file

19639

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McCALL BROS. INC.
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CHARLOTTE NC 28216
City or Town State Zip Code
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(Amount of 65%-75% calcium hypochlorite used)

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Neat Cement
Cement lb.
Water gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite 2,500 lb.
Type: Slurry Pellets ✓
Water 50 gal.

Other
Type material
Amount

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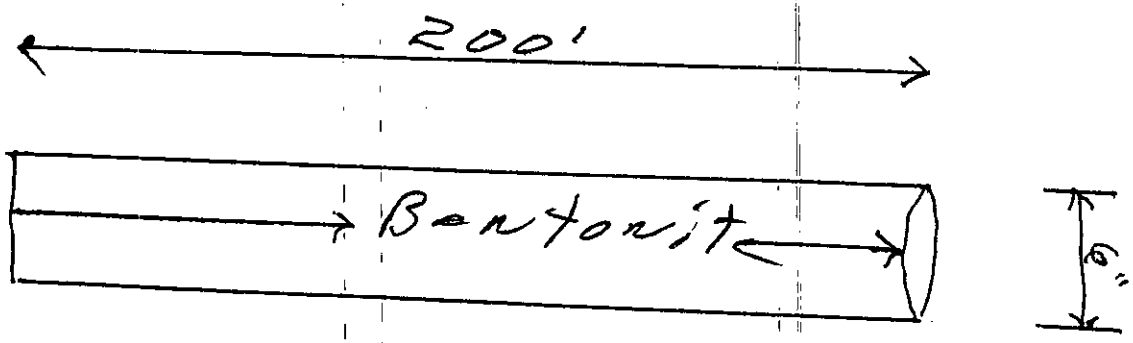
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200'
Bentonit