Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7235B WASPS App #: 2520

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: _____

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: ~~7/24/07 - Faxed to driller.~~

7/24/07 Please contact Mr. Lassiter and fax to him JLS

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: 7/24/07 ES assigned date: 7/20/07 Permit issued date: 7/23/07

Well approval date: 8/13/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 8/13/07

App. #: 2520

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 # 7235B

Well Fee: 0.00

Date: 7/20/2007

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 #: 217-292-74 [ ] PO

STREET ADDRESS: 16008 ALSACE DR

CITY: Charlotte

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 68

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: 1

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

[x] 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) [x] 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: MONTREUX DEVELOPMENT GROUP

ADDRESS: 1171 MARKET ST S-204

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: LASSITER WELL COMPANY

ADDRESS: 600RHYNE ROAD

CITY:	FORT MILL			CITY:	CHARLOTTE		
STATE:	SOUTH CAROLINA	ZIP:	29708	STATE:	NORTH CAROLINA	ZIP:	28214
HOME PHONE:		WORK:	704-369-9147	HOME PHONE:		WORK:	704-392-5704
MOBILE:		FAX:		MOBILE:		FAX:	704-399-4485

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

FILE NUMBER: 7235B

Revised On: January 3, 2007

APPLICATION NUMBER: 2520

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 217 29274
STREET ADDRESS: 16008 Alsace Dr
CITY: Char
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: 68 LOT SIZE (acres): ½
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:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
■ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT 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 N - A

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: Montreux Development Group
ADDRESS: 1171 Market St Suite 204
CITY: Fort Mill
STATE: SC ZIP: 29708
HOME PHONE: WORK PHONE: 704-369-9147
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Lassiter Well Company
ADDRESS: 600 Rhyne Rd
CITY: Char
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE: 392 5704
MOBILE PHONE: FAX: 399 4485

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.

Vernon Lassiter 7-19-07
Property Owner's or Owner's Legal Representative Signature Date

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

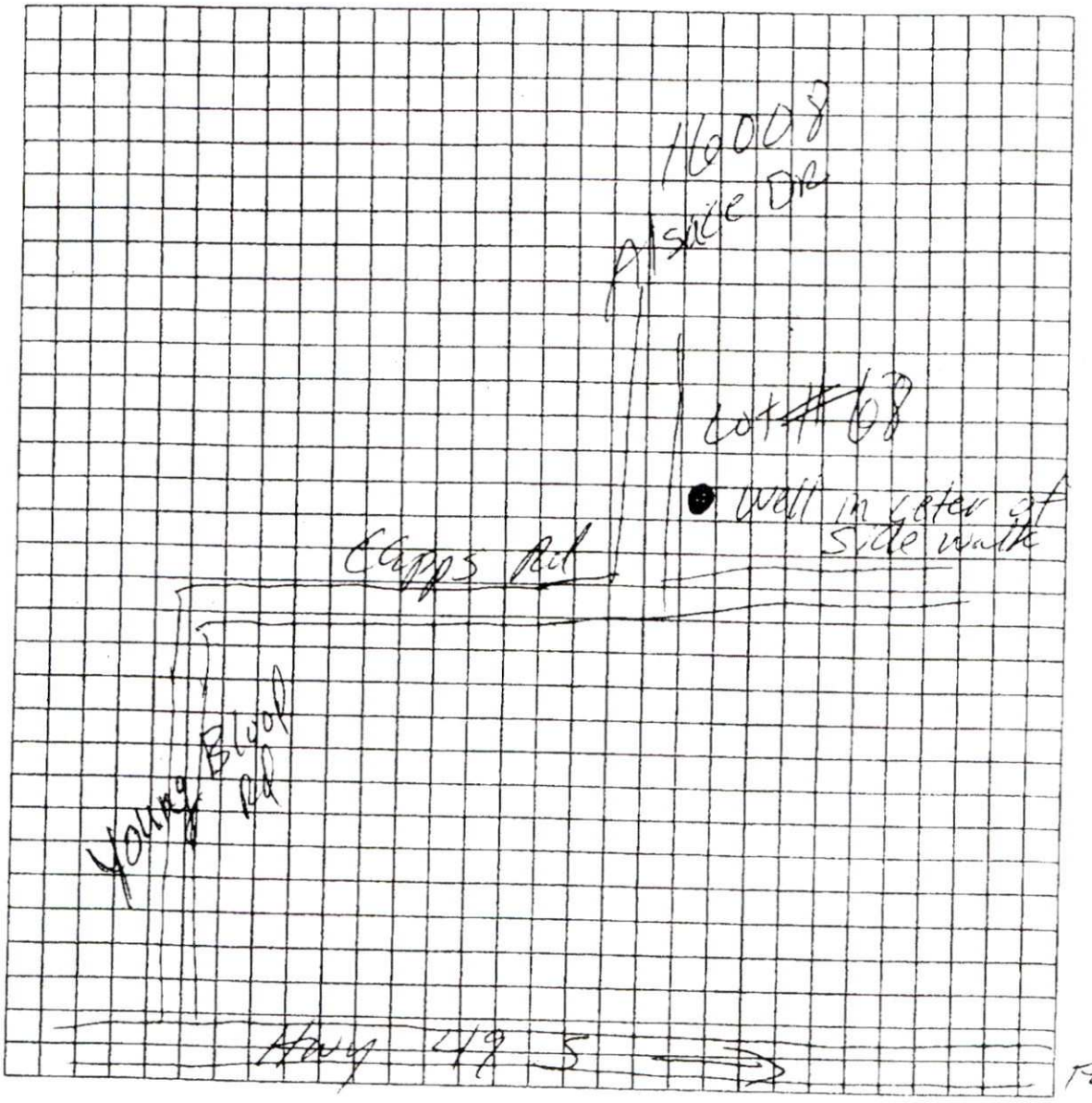
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

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

Date 7/20/07

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	Vernon Lassiter 704 392 5704
Date	7-19-07

Well Abandonment at
16008 Alsace Dr
Char
Parcel # 21729274

LBC 12/15/04

WORK ORDER

Work Order Number: 73940

In Service: _____ **Out of Service:** _____

WO Initiated Date: 7/23/07 8:11:23 AM **Supervisor:** STUTTS, JACK **Team Members:** **Shop:** CITY

Activity Performed: ARGU Well Review
Address: Permit #7235B□Appl. #2520 **Key Map:**

Crew Type: WR SR SS FH MR VS VR EV PM **Location of Worksite:** Front Rear Side Arrival: _____ Departure: _____

Size Main: $^{3}/_{4}$" 1" $1^{1}/_{4}$" $1^{1}/_{2}$" 2" 4" 6" 8" 10" 12" Other _____ **Size Service Connection:** $^{3}/_{4}$" 1" $1^{1}/_{4}$" $1^{1}/_{2}$" 2" 4" 6" 8" Other _____

Pipe Type: A.C. C.I. Clay Concrete PVC Steel Other _____ **Material (quick codes) used:** _____

Further Work Pending: Yes No Landscape Area: _____ Concrete Cut: _____ Asphalt Cut: _____ Fence: _____ wood chain link wrought iron brick other _____

Vehicle (quick code): _____ **Equipment (quick code):** _____ **Time Updated to C.O.S.:** _____ **Work Order Status:** IP
Update Map: N

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: 7/23/07 8:14:33 AM
No contamination sites within 1,500', so ARGU review not necessary.

Work Order Number: 73940

Associated Service Requests

RequestID	Date/Time Initialized	Priority	Description	Problem Address

Tasks

Order	Name	Start	Status	Proceed	Assigned To	Request Code	Comments

Employee #s _____ _____ _____ _____ _____ **Planner/Scheduler Sign Out:** _____

Hydrogeologist Permit Application Review

Application #: 2520

Permit File #: 7235B

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

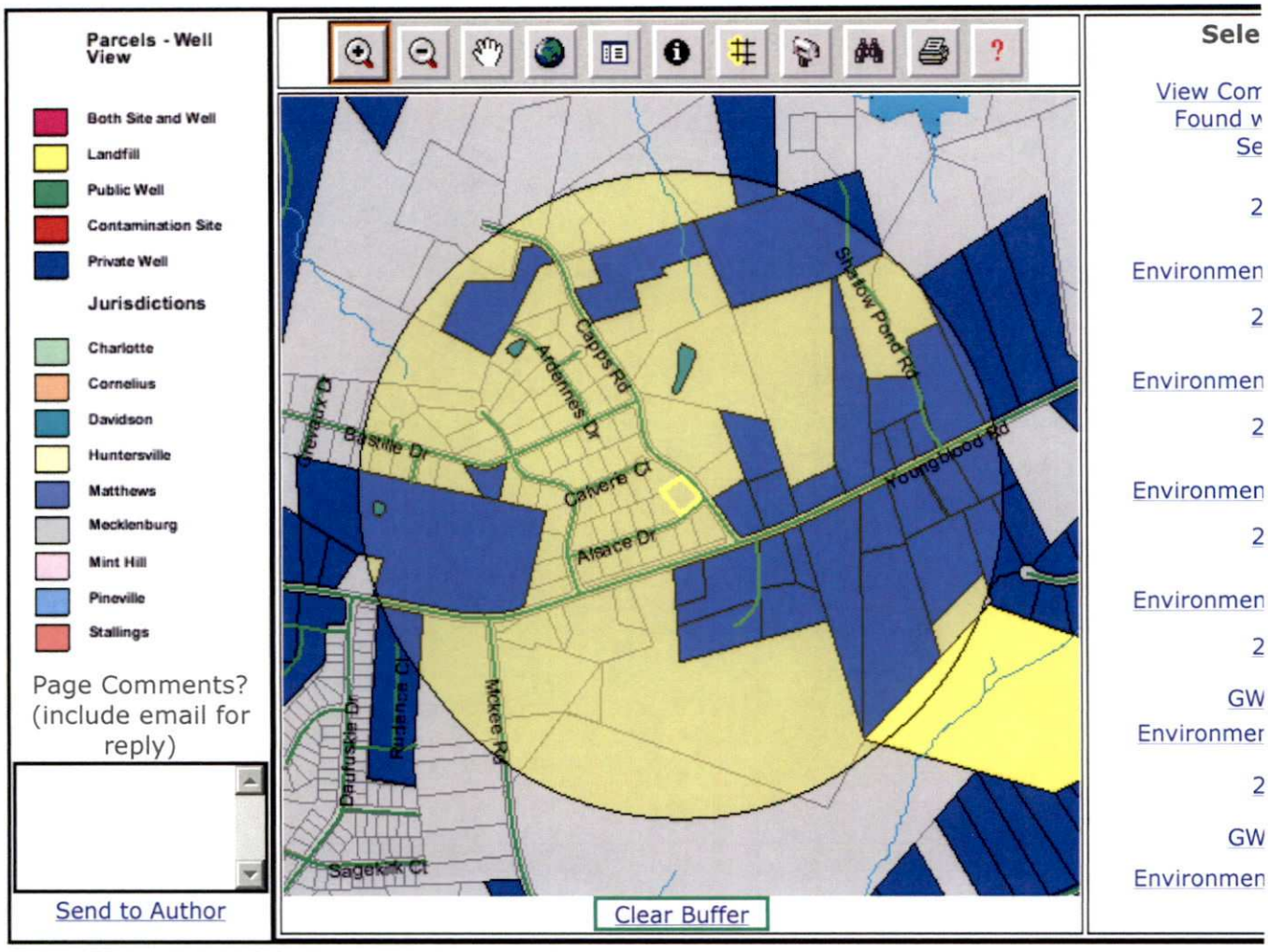
Comments/Other Sample Types:

EHS Review | Update

Time Spent (hours):

☐ Change: 1.00

The application has been forwarded to Chris Sherrill for review.


Parcels - Well View
Both Site and Well
Landfill
Public Well
Contamination Site
Private Well
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Page Comments? (include email for reply)
Send to Author
Capps Rd
Ardennes Dr
Shallow Pond Rd
Bastille Dr
Calvere Ct
Youngblood Rd
Alsace Dr
Mckee Rd
Clear Buffer
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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#: 10002520 **File #:** 7235B **Tax Parcel #:** 217-292-74
Property Owner: MONTREUX DEVELOPMENT GROUP
Job Location Address: 16008 ALSACE DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 7/23/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

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:

Chris Sherrill
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

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

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

Permit#: 10002520 **File #:** 7235B **Tax Parcel #:** 217-292-74
Property Owner: MONTREUX DEVELOPMENT GROUP
Job Location Address: 16008 ALSACE DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 7/23/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: YES

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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:

Chris Sherrill
Authorized Agent: Print Name

Signature:

Vernon Lassiter
Owner/Legal Agent: Print Name

Signature:

Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221 - Groundwater Section - 1636 Mail

file # 72356 DH

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Company

Troy Ludemann 704-309-9147

WELL CONTRACTOR CERTIFICATION # 2247

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
16008 Alsace Dr 217-292-74
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Montreux Development Group

4. ADDRESS: 1171 Market St Fort Mill SC

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat

6. TOTAL DEPTH: 165 ' (circle one) DIAMETER 6 1/4 "

7. CASING REMOVED:

feet	diameter
10	6 1/4

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

9. SEALING MATERIAL:

Neat Cement
bags of cement _____
gallons of water _____

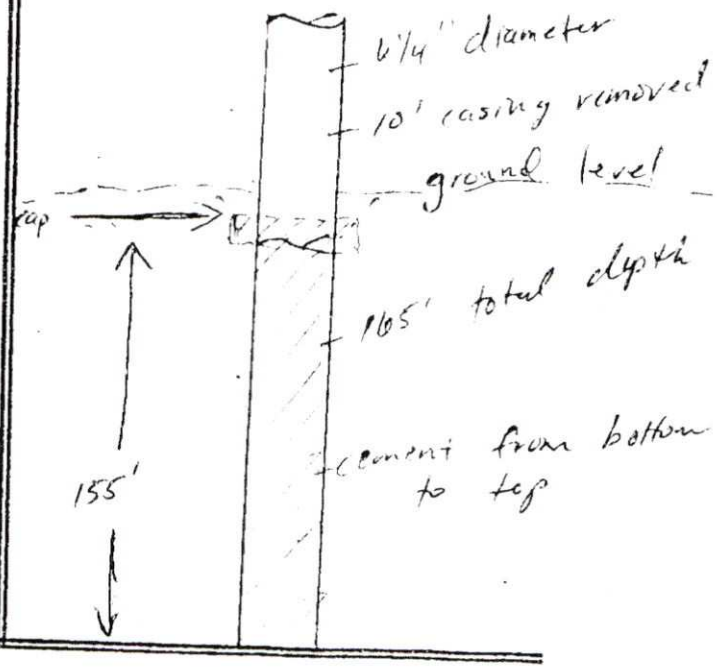
Sand Cement
bags of cement _____
gallons of water _____

Other
Type material Cement / grout mix
Amount 2 yards

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

11. DATE WELL ABANDONED 8-3-07

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 8-3-07

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