

18203 POMPANO PL

00105208

1/10/2008

duponbj

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

WELL CONTRACTOR CERTIFICATION # 3342

6645B

Jeremy

1. WELL CONTRACTOR:

Howard L Rushing Jr.
Well Contractor (Individual) Name

Carolina Well Drilling
Well Contractor Company Name

STREET ADDRESS 6614 MEDLIN RD.

Monroe N.C. 28111
City or Town State Zip Code

(704) - 764-8085
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) Meck Co. 10001097

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 Mecklenburg QUADRANGLE NAME

NEAREST TOWN: Cornelius

18203 Pompano Place

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

TOPOGRAPHIC / LAND SETTING:

Slope Valley (Flat) Ridge Other _____

(Circle appropriate setting)

LATITUDE 35° 27 629 N

LONGITUDE 80° 53 819 W

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 FLAGSTONE Fine Homes

STREET ADDRESS 10620 Bailey Rd. Suite 6

Cornelius N.C. 28031
City or Town State Zip Code

(704) - 763-6713
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 25 ft. Diameter: 5 in.

b. Water Level (Below Measuring Point): 5 ft.

Measuring point is 0 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	ft.	in.
b. Casing Removed:	1 ft.	5 in.

7. DISINFECTION: 16 oz.

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

8. SEALING MATERIAL:

Neat Cement

Cement 564 lb.
Water 310 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other

Type material _____

Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

POUR

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 7-11-06

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.

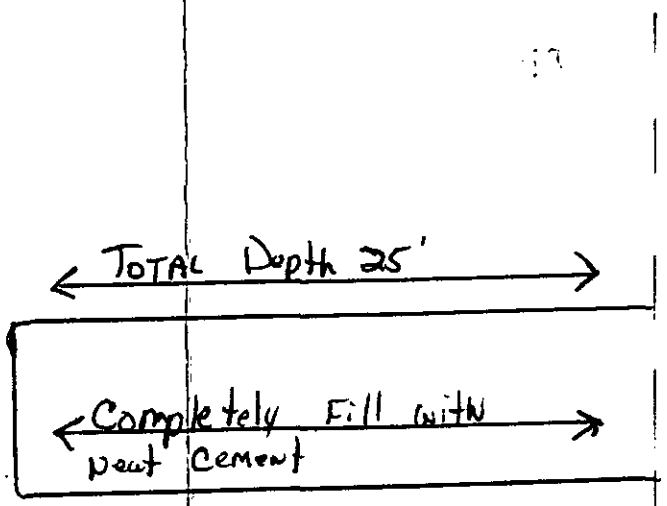
Howard L. Rushing Jr. 7-12-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

Howard L. Rushing Jr.
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06


TOTAL Depth 25'
Completely Fill with
neat cement

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#: 10001092 **Tax Parcel #:** 001-052-08
Property Owner: FLAGSTONE FINE HOMES
Job Location Address:18203 POMPANO PL
City/ETJ:CORNELIUS **State:** NC **Zip Code:** 28031
Permit Issuance Date: 7/6/2006
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: 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:

No additional requirements prescribed per ARGU review DFT 7/6/06.

Jeremy Mickelare, R.S.
Authorized Agent: Print Name

Owner/Legal Agent: Print Name

Jeremy Mickelare, R.S.
Signature:

Signature:

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: Catawba WEC

Fax #: 764-2177

Phone #: 764-2167

From: Jeremy Mickelson
(704) 336-5572

Date: 7/7/06

Number of pages transmitted: 2 (including coversheet)

Comments: Well Abandonment Permit

If you do not receive all pages of this fax please call (704) 336-5103.

☐ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

fax

1092

Jeremy

[redacted]

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

OWS - REG. APP 12/04

[redacted]

FILE # 16645B

SEPTIC / TYPE APPLICATION: ☐ [illegible] ☐ NEW SYSTEM ☐ EXISTING SYSTEM ☐ REPAIR/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ [illegible] REPAIR ☒ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 001-052-08

STREET ADDRESS: 18203 Pompano Place

CITY:

STATE: NC ZIP:

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

☐ 1-MECKLENBURG ☐ 4-PINEVILLE

☐ 2-CHARLOTTE ☐ 5-MATTHEWS

☐ 3-DAVIDSON ☐ 6-HUNTERSVILLE

☒ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE WIDE (S) ☐ MODULAR HOME (M)

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

☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1,000

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 5

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

COPY

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
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: Flagstone Fine Homes

ADDRESS: 10620 Bailey Rd. Suite G

CITY: Cornelius

STATE: NC ZIP: 28031

HOME PHONE: WORK PHONE:

MOBILE PHONE: 704-763-6713 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Carolina Well Drilling

ADDRESS: 8814 Medlin Rd

CITY: Monroe

STATE: NC ZIP: 28111

HOME PHONE: 704 764 88[illegible] WORK PHONE:

MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THE 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.

Elizabeth Slater 7/5/06

Owner's/Agent's Signature Date

"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.

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE WASTEWATER SECTION

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 511
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-5884

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 Fxp To 764 2177 (704)

WELL CONTRACTOR Carolina Well: 764 2167/70

WELL CONTRACTOR CERTIFICATION # 3342

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: Cornelius County Mecklenburg

18203 Pompano Place
(Road Name and Number, Community, Subdivision, Lot No.)

Quadrangle No.

3. OWNER: Flagstone Fine Homes

4. ADDRESS: 10610 Bailey Rd, Suite G, Cornelius, NC 28031

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

6. TOTAL DEPTH: Full DIAMETER 6-10"

7. CASING REMOVED:

feet	diameter
—	AS REQ'D

8. DISINFECTION: —
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

Neat Cement
bags of cement —
gallon of water —

Sand Cement
bags of cement —
gallons of water —

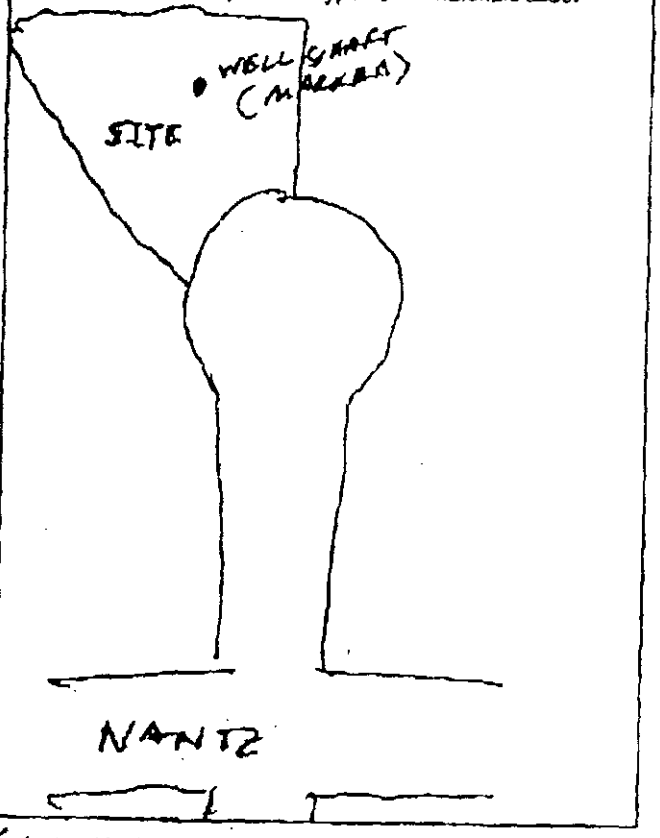
Other
Type material AS DETERMINED
Amount — BY CONTRACTOR

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

— AS REQ'D

11. DATE WELL ABANDONED ASAP

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 wit 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 _____ Date 6-28-06

704 763 6717 for Carolina Well

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 12/98

101-052-08 1of8

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 (FAX) Fx To 764 2177 (704)

WELL CONTRACTOR Carolina Wells FRANCIS 764 2167/704
WELL CONTRACTOR CERTIFICATION # 3342

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(Road Name and Number, Community, Subdivision, Lot No.) ____ Quadrangle No.

3. OWNER: Flagstone Fine Homes

4. ADDRESS: 10620 Bailey Rd, Suite G, Cornelius, NC 28031

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

6. TOTAL DEPTH; FULL DIAMETER 6-10"

7. CASING REMOVED:
feet diameter
— AS REQ'D

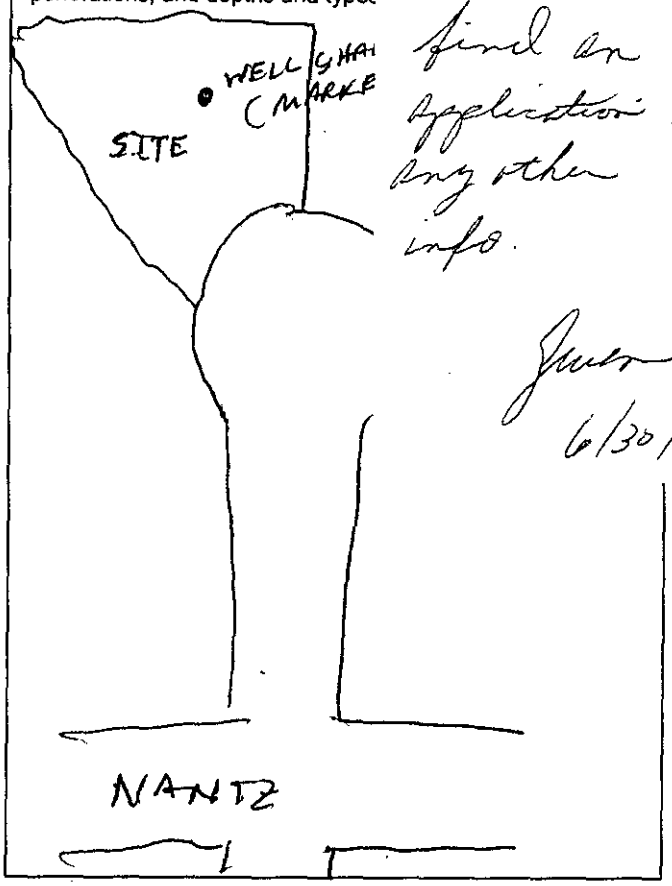
8. DISINFECTION: ____
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement: bags of cement____ gallon of water____
Sand Cement: bags of cement____ gallons of water____
Other: Type material AS DETERMINED BY CONTRACTOR; Amount ____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
— AS REQ'D

11. DATE WELL ABANDONED ASAP

WELL DIAGRAM: Draw a detail showing total depth, depth and dia remaining in the well, gravel interv perforations, and depths and types



I could not find an application or any other info.

Jan 6/30/06

I do hereby certify that this well was abandoned in accordance wit 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 _____ Date 6-28-06
704 763 6717 for Carolina Well

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
JLS 10/18/04 Final

Fax : Jul 05 '05 14:36 P.02

1092 Jeremy

CVS – REG. APP 12/04

[redacted]

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

[redacted]

FILE # 16645B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ WATER REPAIR ☒ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 001-052-08
STREET ADDRESS: 18203 Pompano Place
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 1-MECKLENBURG ☐ 4-PINEVILLE
☐ 2-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☒ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE WIDE # ROOMS (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 6000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5

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
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: Flagstone Fine Homes
ADDRESS: 10620 Bailey Rd. Suite G
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-763-6713 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Carolina Well Drilling
ADDRESS: 8814 Medlin Rd
CITY: Monroe
STATE: NC ZIP: 28111
HOME PHONE: 704 764 8885 WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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Elizabeth Slater 7/5/05
Owner's/Agent's Signature Date

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Owner/Agent Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 811
CHARLOTTE, NC 28202
704-336-5100 / FAX: 704-336-5884

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 Fax To 764 2177 (704)

WELL CONTRACTOR Carolina Well: 764 2167/70
WELL CONTRACTOR CERTIFICATION # 3342

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: Cornelius County Mecklenburg
18203 Pompano Place
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Flagstone Area Homes

4. ADDRESS: 10610 Bailey Rd, Suite G, Cornelius, NC 28031

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

6. TOTAL DEPTH: Full DIAMETER 6-10"

7. CASING REMOVED:

feet	diameter
—	AS REQ'D

8. DISINFECTION:
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

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

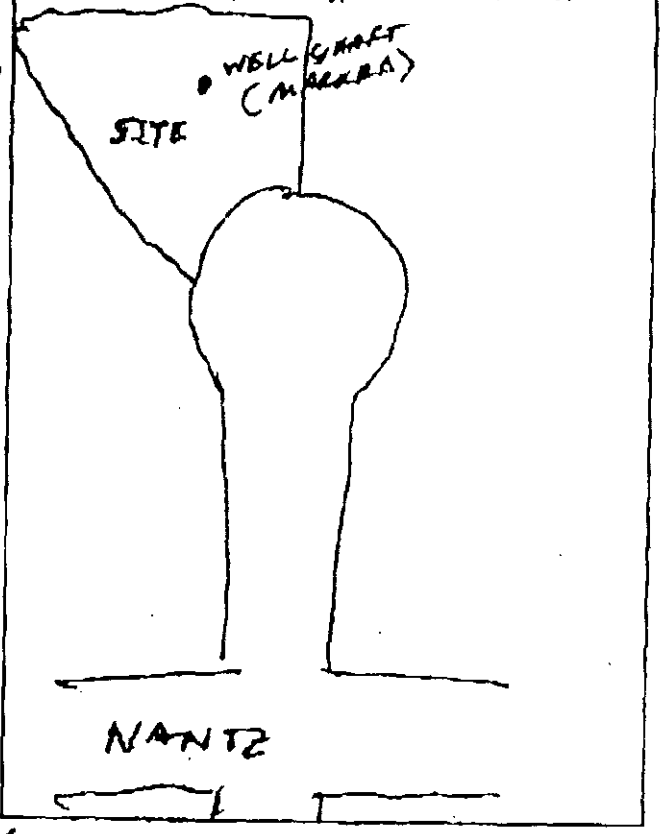
Other
Type material AS DETERMINED
Amount — BY CONTRACTOR

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

— AS REQ'D

11. DATE WELL ABANDONED AS REQ'D

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 wit 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 [signature] Date 6-28-06
for Carolina Well
704 763 6772

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 12/98
JLS 10/15/04 Final

101-052-08 lot 8

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 (FAX) Fx To 764 2177 (704)

WELL CONTRACTOR Carolina Well: 764 2167 (704) FRANCES

WELL CONTRACTOR CERTIFICATION # 3342

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.)
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County Mecklenburg
18203 Pompano Place
(Road Name and Number, Community, Subdivision, Lot No.)
Quadrangle No.

3. OWNER: Flagstone Fine Homes

4. ADDRESS: 10620 Bailey Rd, Suite G, Cornelius, NC 28031

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

6. TOTAL DEPTH; FULL DIAMETER 6-10"

7. CASING REMOVED:

feet	diameter
____	AS REQ'D
____	

8. DISINFECTION:_____
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement_____	bags of cement_____
gallon of water_____	gallons of water_____

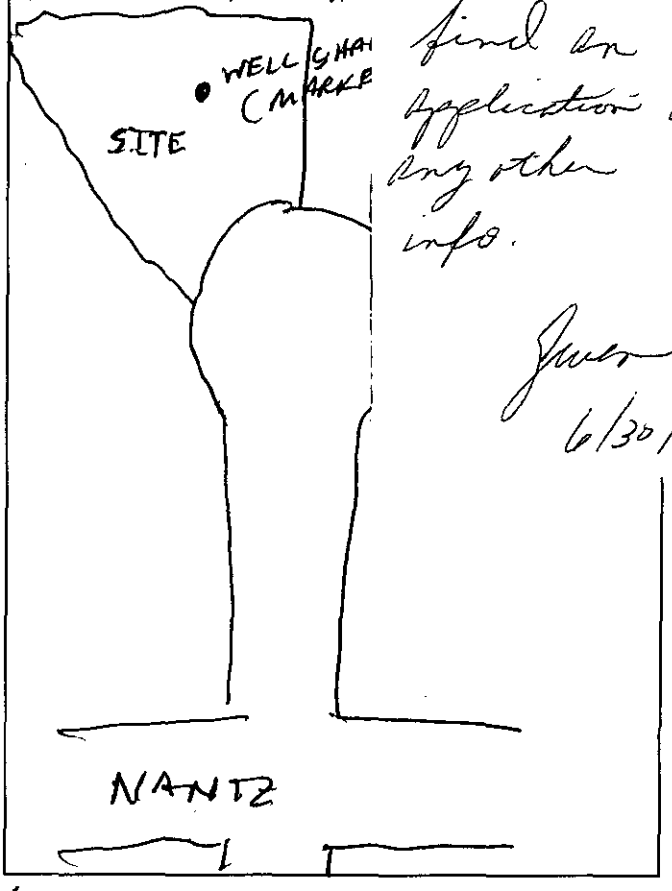
Other
Type material AS DETERMINED
Amount ____ BY CONTRACTOR

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

____ AS REQ'D

11. DATE WELL ABANDONED ASAP

WELL DIAGRAM: Draw a detail showing total depth, depth and dia remaining in the well, gravel interv perforations, and depths and types



I could not find an application or any other info.

Jason 6/30/06

I do hereby certify that this well was abandoned in accordance wit 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 _____ Date 6-28-06
704 763 6717 for Carolina Well

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
JLS 10/18/04 Final