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Groundwater and Wastewater Services File Imaging Project
May 2007
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704-392-5704 Fax 704.399.4485 2110220?

Filc# 58/6B

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 Co. Inc.

WELL CONTRACTOR CERTIFICATION # 2217

*Permit No 20050124JR501

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 N.C. County Mech.
7100 old Providence Rd.
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: John Elliot

4. ADDRESS: Charlotte NC

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

6. TOTAL DEPTH: 185 DIAMETER 5

7. CASING REMOVED:

feet	diameter
2 FT	5

8. DISINFECTION: 2 1/2 LB
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

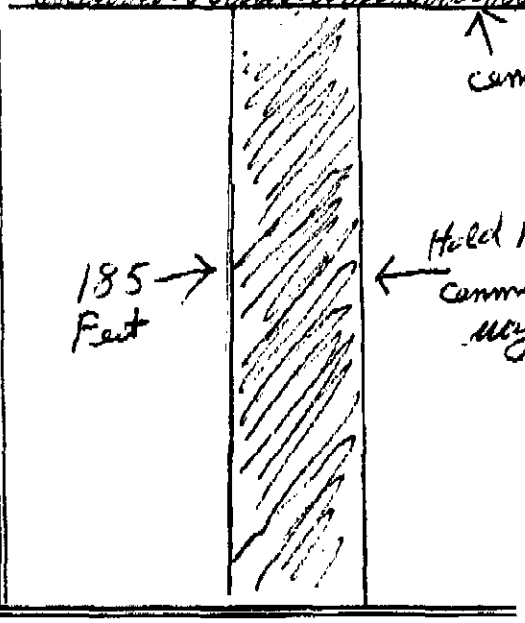
Neat Cement	Sand Cement:
bags of cement	bags of cement
gallons of water	gallons of water

Other
Type material Touch grout
Amount 1 1/2 Yd.

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pour.

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.

Clay 2 feet



11. DATE WELL ABANDONED 01-27-05

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 Date 01-27-05

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.

within 30 days

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

File # 58163

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

Permit #: 20050124JRS01 **Tax Parcel #:** 211-022-02

Property Owner: John Elliot

Job Location Address: 7100 Old Providence Rd.

City/ETJ: Charlotte **State:** NC **Zip Code:** 28226

Permit Issuance Date: 01-24-05

Use of Well: N/A.

Type of Facility Served by Well: N/A.

Sewage System Type: N/A.

Type of Repair/Abandonment (check applicable box)

- ☐ Major Repair Before Placing the Well in Service
- ☐ Major Repair Before Temporary Abandonment
- ☐ Temporary Abandonment
- ☑ Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: ____ 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 Certified Well Contractor that is currently registered with the Department must perform the repair and/or abandonment.
- 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 land 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):

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

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

The analysis must be submitted to the Department for review.

Other Conditions or Repairs to be Conducted:

Authorized Agent: _____ Owner/Legal Agent: _____
Print Name

Signature: Joshua R. Sellers R.S. III 01-24-05 Signature: _____

JLS 12/13/04 Final

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
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File # 581613

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

Permit #: 20050124JRS01 **Tax Parcel #:** 211-022-02

Property Owner: John Elliot

Job Location Address: 7100 Old Providence Rd

City/ETJ: Charlotte **State:** NC **Zip Code:** 28226

Permit Issuance Date: 01-24-05

Use of Well: N/A

Type of Facility Served by Well: N/A

Sewage System Type: N/A

Type of Repair/Abandonment (check applicable box)

- ☐ Major Repair Before Placing the Well in Service
- ☐ Major Repair Before Temporary Abandonment
- ☐ Temporary Abandonment
- ☑ Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: ____ If Yes, see requirements in Specific Conditions of This Permit.

General Conditions of This Permit:

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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):

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

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds

☐ Pesticides ☐ Herbicides ☐ Metals (Specify in Other Conditions)

The analysis must be submitted to the Department for review.

Other Conditions or Repairs to be Conducted:

Authorized Agent: _____ Owner/Legal Agent: _____
Print Name

Signature: Joshua R. Sellers P.S. 1778 Signature: _____
01-24-05

JLS 12/13/04 Final

GWS- COM. APP 12/04

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR *REPAIR OF EXISTING* WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 5816 B

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

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☑ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 211-022-02
STREET ADDRESS: 7100 Old Providence Rd
CITY: Charlotte
STATE: NC ZIP:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: John Elliott
ADDRESS: 7100 Old Providence Rd
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Lassiter Well Co.
ADDRESS: P.O. Box 726
CITY: Pawa Creek
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.

Owner's/Agent's Signature 1-19-05 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 Health Department
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
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Phone: (704) 336-5103
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File # 581618

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

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Job Location Address: 7100 Old Providence Rd.

City/ETJ: Charlotte **State:** NC **Zip Code:** 28226

Permit Issuance Date: 01-24-05

Use of Well: N/A

Type of Facility Served by Well: N/A

Sewage System Type: N/A

Type of Repair/Abandonment (check applicable box)

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Other Conditions or Repairs to be Conducted:

Authorized Agent: _____ Owner/Legal Agent: _____
Print Name

Signature: Joshua R. Sellers P.S. WRK Signature: _____
01-24-05

JLS 12/13/04 Final