

4308 IRISH LN

11316101

5/23/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 5030 WASPS App #: 2581

Primary ES assigned to project: Debra Howell

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:

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: 8/16/07 - Review performed After well abandoned. File not submitted For review before permit was issued

Application received date: 8/7/07 ES assigned date: _____ Permit issued date: 8/9/07

Well approval date: 8/14/07 Number of days to complete project: _____

Review performed by: J. L. Stute Date performed: 8/16/07

#2581

FILE NUMBER: 5080

SEPTIC FEE: _____
DATE: _____

Revised On: January 3, 2007
APPLICATION NUMBER: _____

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: Ø
DATE: 8/7/07 JKA

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: 113116101
STREET ADDRESS: 4308 Irish Lane
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: N/A
LOT #: 113116101 LOT SIZE (acres): 4.993
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 ☐ BASEMENT 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 _____

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: IKE REEVES
ADDRESS: 4308 Irish Lane
CITY: Charlotte NC
STATE: NC ZIP: 28216
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-359-4840 FAX: 704-359-4950

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: McCall Brothers Inc.
ADDRESS: 6700 Brookshire Blvd.
CITY: Charlotte
STATE: NC ZIP: 28216
HOME PHONE: WORK PHONE: 399-1500
MOBILE PHONE: FAX: 398-2605

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.

Bob Kinard 8/6/07
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 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#: 10002581 **File #:** 5080 **Tax Parcel #:** 113-161-01
Property Owner: IKE REEVES
Job Location Address:4308 IRISH LN
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 8/9/2007
Use of Well:
Type of Facility Served by Well: House
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:

Bob Kinsey — Owner/Legal Agent: Print Name
Bob Kinsey — Signature:

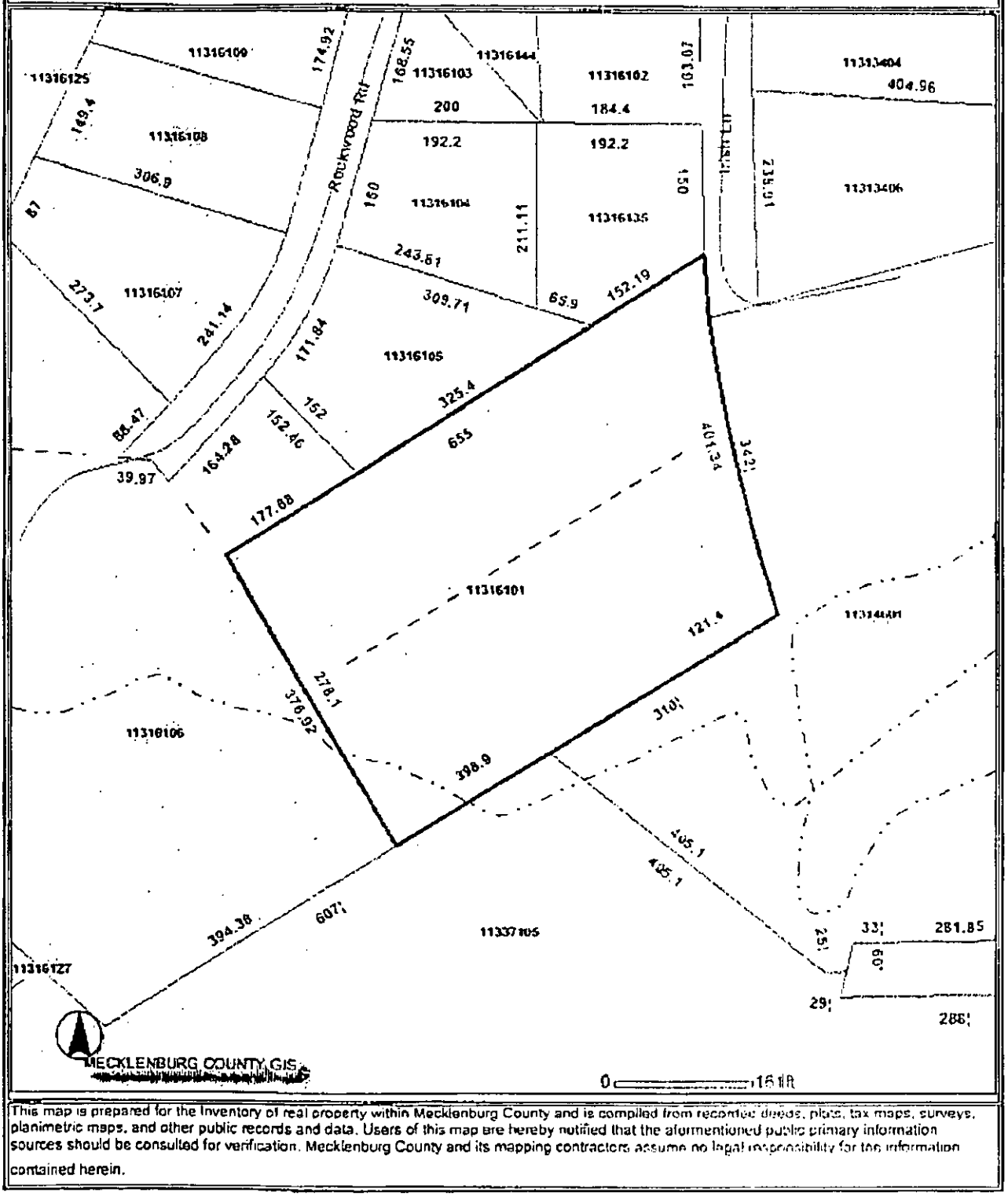
File 5080

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Aug 6 09:00:17 EDT 2007



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.

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

43102391

DH

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211 Permit # 10002581

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
4308 Irish Ln. 113-161-01
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35° 12.847'
LONGITUDE 80° 58.399'
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 IKE Reeves
STREET ADDRESS 4308 Irish Ln
Charlotte NC 28214
City or Town State Zip Code
(704) 359-4840
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 80 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 22 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: 3 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 80 lb. Type: Slurry Pellets ✓ Water gal.
Other: Type material Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Poured Bentonite 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 8-7-07

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 Florea 8-8-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Ike Langley 8/8/07
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. 5/06