

15907 THOMPSON RD

19507321

6/6/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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PermitToConductRepairOrAbandon

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone (704) 336-5163
Fax: (704) 336-5894

9670

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

Permit#: 10000042
Property Owner: DOUG HENDERSON
Tax Parcel #: 19508108
Job Location Address: 15907 THOMPSON RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 5/3/2005
Use of Well: Potable
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: 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 Certified Well Contractor that is currently registered with the Department 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.

Other Conditions of This Permit:

Philo S. Walker — Authorized Agent: Print Name
Philo S. Walker JS — Signature:

Addison Price - D. Mullis Well — Owner/Legal Agent: Print Name
Addison Price — Signature:

9670
13600

#42

Drew

GWS – RES. 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

FILE # 9670

[redacted]

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19508106
STREET ADDRESS: 5907 Thompson Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME: NA
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE/MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 900
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 0

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: Doug Henderson
ADDRESS: 5907 Tompson Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 545-0377 WORK PHONE:
MOBILE PHONE: 576-5697 FAX: 525-6762

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 545-5694 WORK PHONE:
MOBILE PHONE: 704 301-7615 FAX: 704-545-9449

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.

4-28-05
Owner's/Agent's Signature Date

Owner's Agent Mecklenburg Well Drilling

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

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5-2-05
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

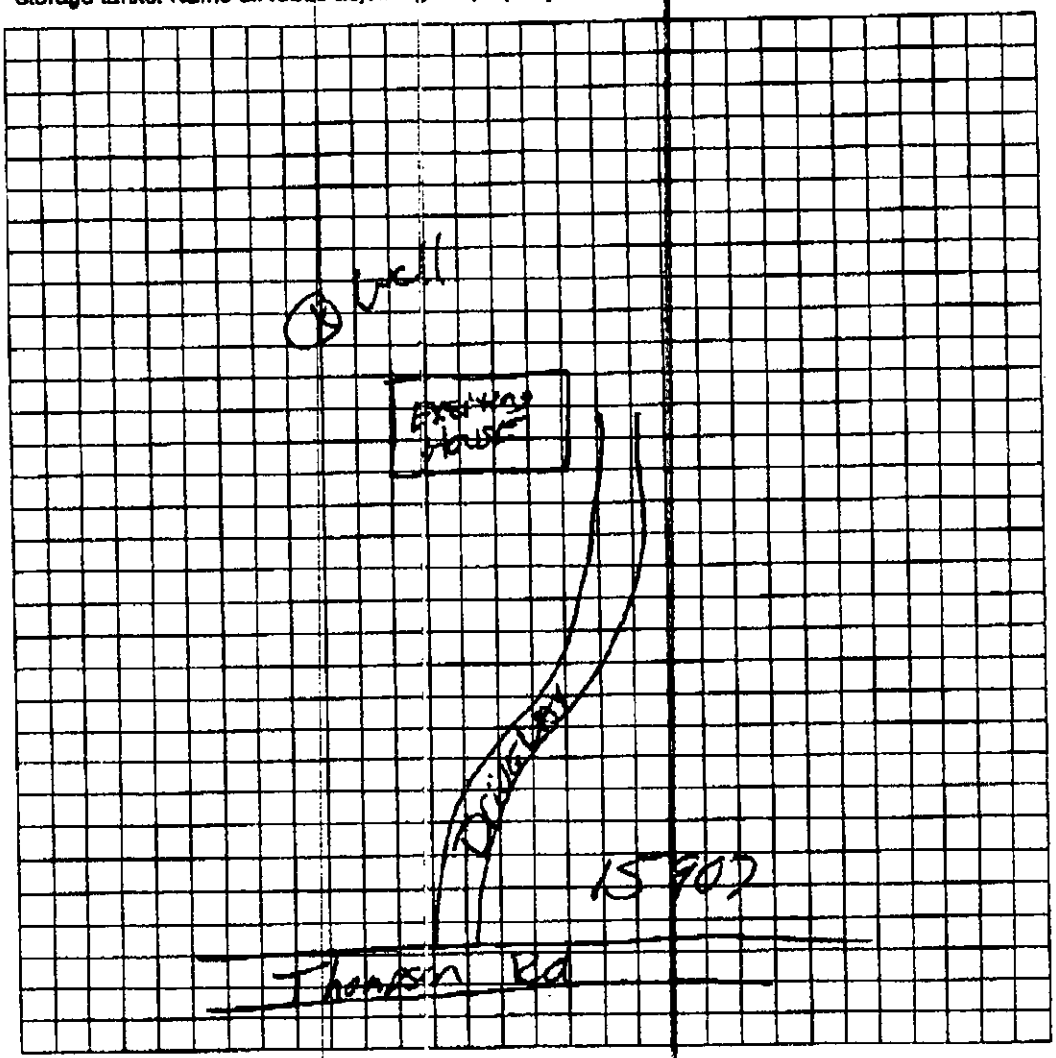
COPY

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) 336-8894

File # 9670
Date 4/3/05

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 [signature]
Date 4-29-05

LBC 12/15/04

COPY

Philo

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 D.L. Mullis
WELL CONTRACTOR CERTIFICATION # 2039

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: Mint Hill County Mecklenburg
15907 Tomson Rd. 28227
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No. _____

3. OWNER: Doug Henderson

4. ADDRESS: 15817 Thompson Rd.

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

6. TOTAL DEPTH: 65 FEET DIAMETER 2 inch

7. CASING REMOVED: NO
feet: Unknown diameter: 2 inch

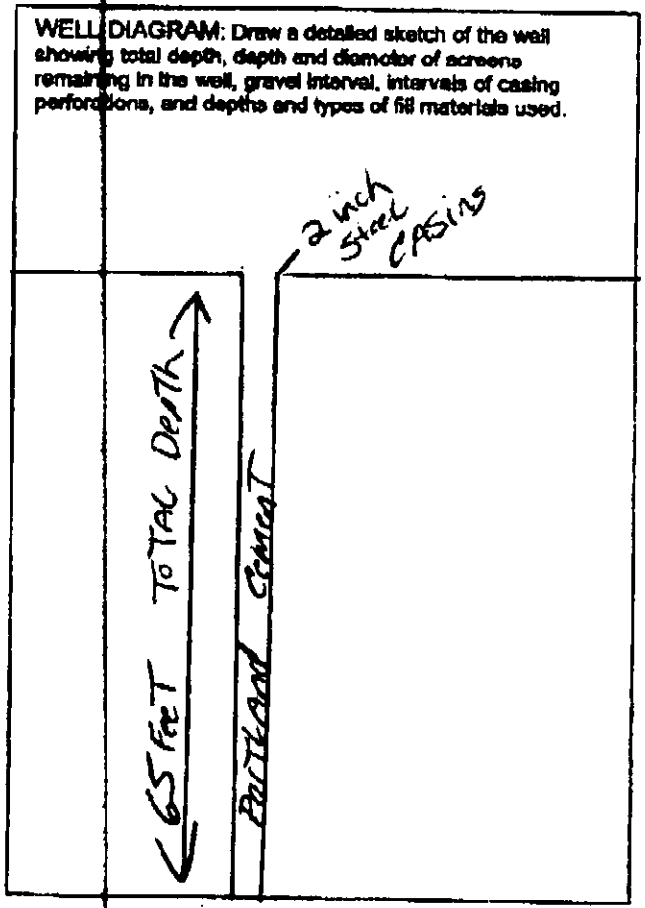
8. DISINFECTION: 1 pint
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement: bags of cement 3, gallon of water 9
Sand Cement: bags of cement _____, gallons of water _____
Other: Type material _____, Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped with 1" Tremmie

11. DATE WELL ABANDONED 5-4-05

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.



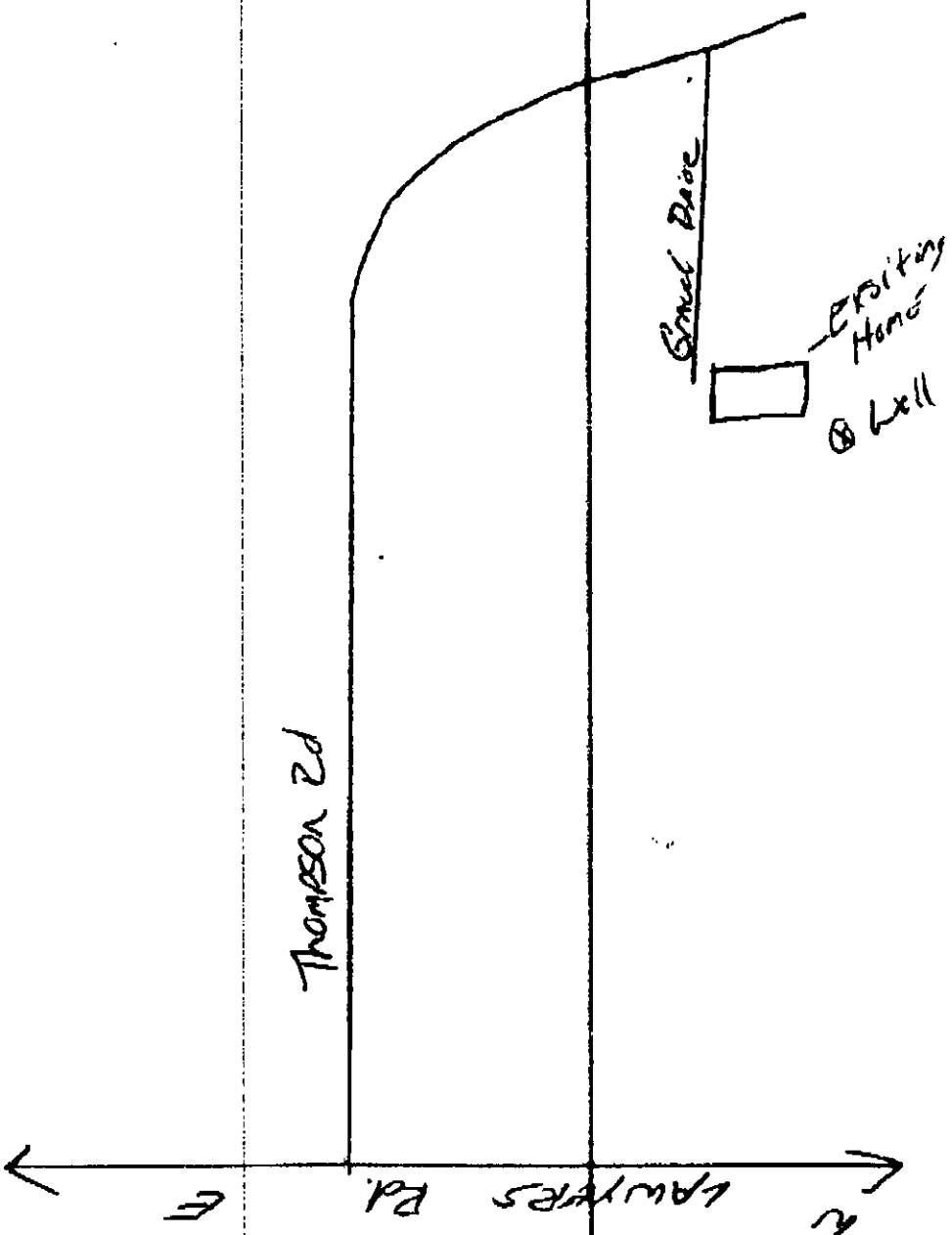
I do hereby certify that this well was abandoned in accordance wit 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well _____ Date 5-4-05

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.

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


Street Base
Existing Home
Well
Thomson Rd
Lawyers Rd

Well Abandonment Activity Tracking Permit #: 10000042

1. Application & Review

☑ Complete application on file			5/2/200
☑ Site Plan and other appropriate documentation submitted			5/2/200
☑ Registered Well Driller. Certification Number:		MULLIS 2039	5/3/200
☐ Temporary Abandonment			
☑ Permanent Abandonment			5/3/200
☑ Abandonment Permit Issued			5/3/200
○ Yes ◉ No	Septic system on site		5/3/200

2. Inspection

○ Yes ◉ No	On site inspection		5/4/200
☐ Observed	☑ Driller	Valid permit on site with registered driller	5/4/200

Temporarily Abandoned

☐ Observed	☐ Driller	Watertight cap (cannont be removed easily by hand)	
☐ Observed	☐ Driller	Well cover	

Well Contractor Identification Plate

☐ Plate installed securely on well cassing			
☐ Information not obscured			
☐ Information accurately completed			

Permanent Abandonment

☐ Observed	☑ Driller	Well free from obstruction	5/4/200
○ Yes ◉ No	Water from a known contamination zone		5/4/200
☐ Observed	☑ Driller	Disinfected	5/4/200
☐ Observed	☑ Driller	Properly sealed	5/4/200

3. Documentation

☑ Well Abandoment Record received	5/5/200

4. Approval

☑ Abandonment approval granted	6/7/200
☐ Abandonment approval denied	

5. Additional Comments / Observations

Submit

9670
13600

Drew

#42

GWS – RES. APP 12/04

[redacted]

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MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

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4-28-05
Owner's/Agent's Signature Date
Chad Mears Charles Lee Drilling

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
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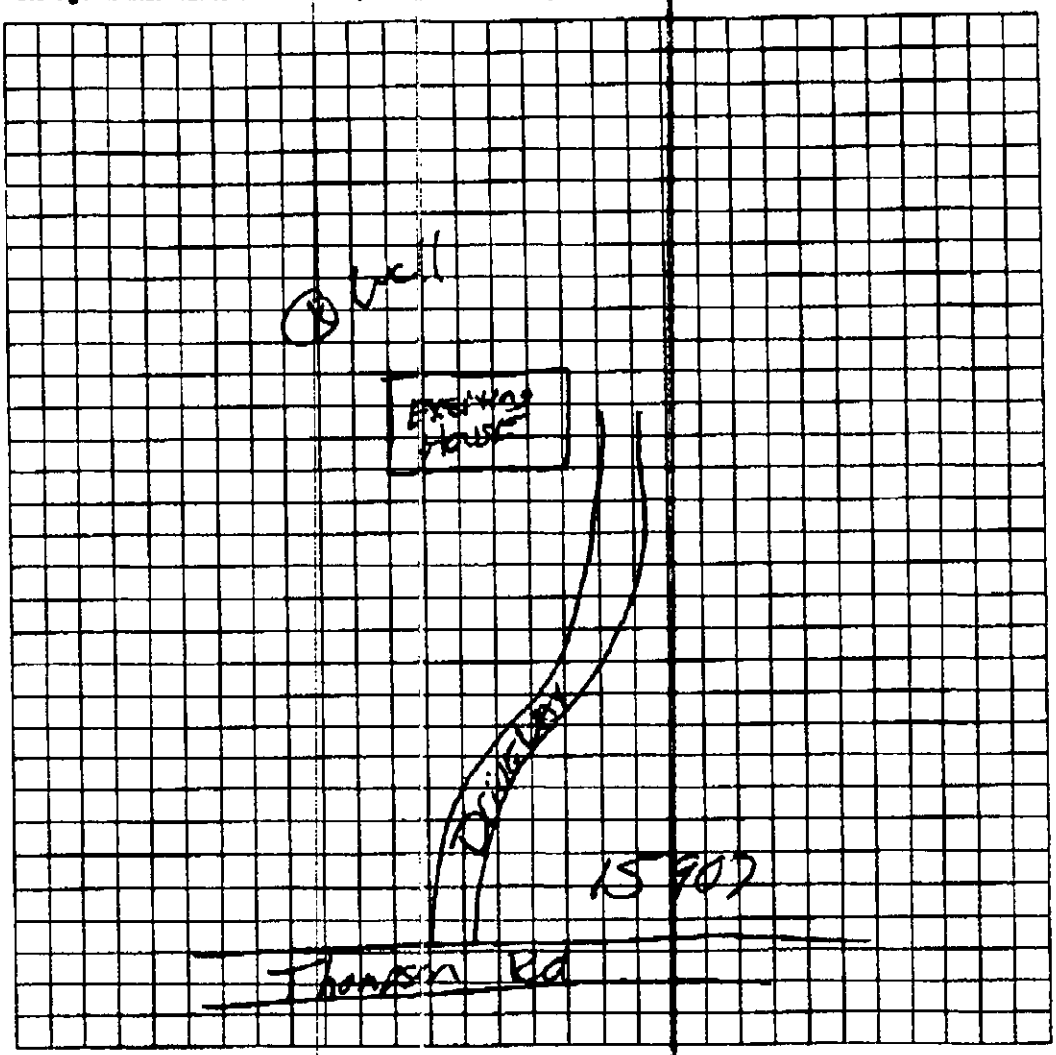
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
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Phone: (704) 336-5103
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File # 9670
Date 5/3/05

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Owner/Agent Signature [signature]
Date 4-29-05

LBC 12/15/04