

1031 MATTHEWS-MINT HILL RD

19329405

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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

6083B

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

Permit#: 10000123 **Tax Parcel #:** 19329405
Property Owner: MANTEKAS DINO
Job Location Address: 1031 MATTHEWS-MINT HILL RD
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 8/11/2005
Use of Well:
Type of Facility Served by Well: Double-mobile home
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 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:

JAcksoN A. WAIKER
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

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

Signature: Signature:

Philo 193-294-05

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: Matthews
County Mecklenburg
1031 Matthews-Mint Hill Rd.
(Road Name and Number, Community, Subdivision, Lot No.)
Quadrangle No.

3. OWNER: Mantekas Dino

4. ADDRESS: 1524 Larochelle Ln Charlotte, NC 28226

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

6. TOTAL DEPTH: 84 Feet DIAMETER 2 inch

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

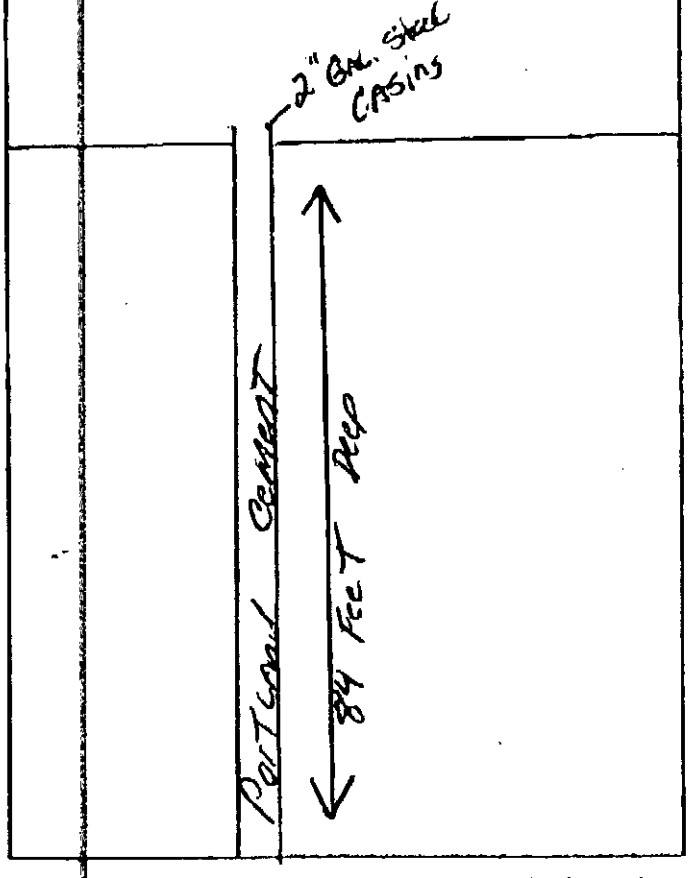
8. DISINFECTION: Granual
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement: bags of cement 4, gallon of water 15
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 8-18-05

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.



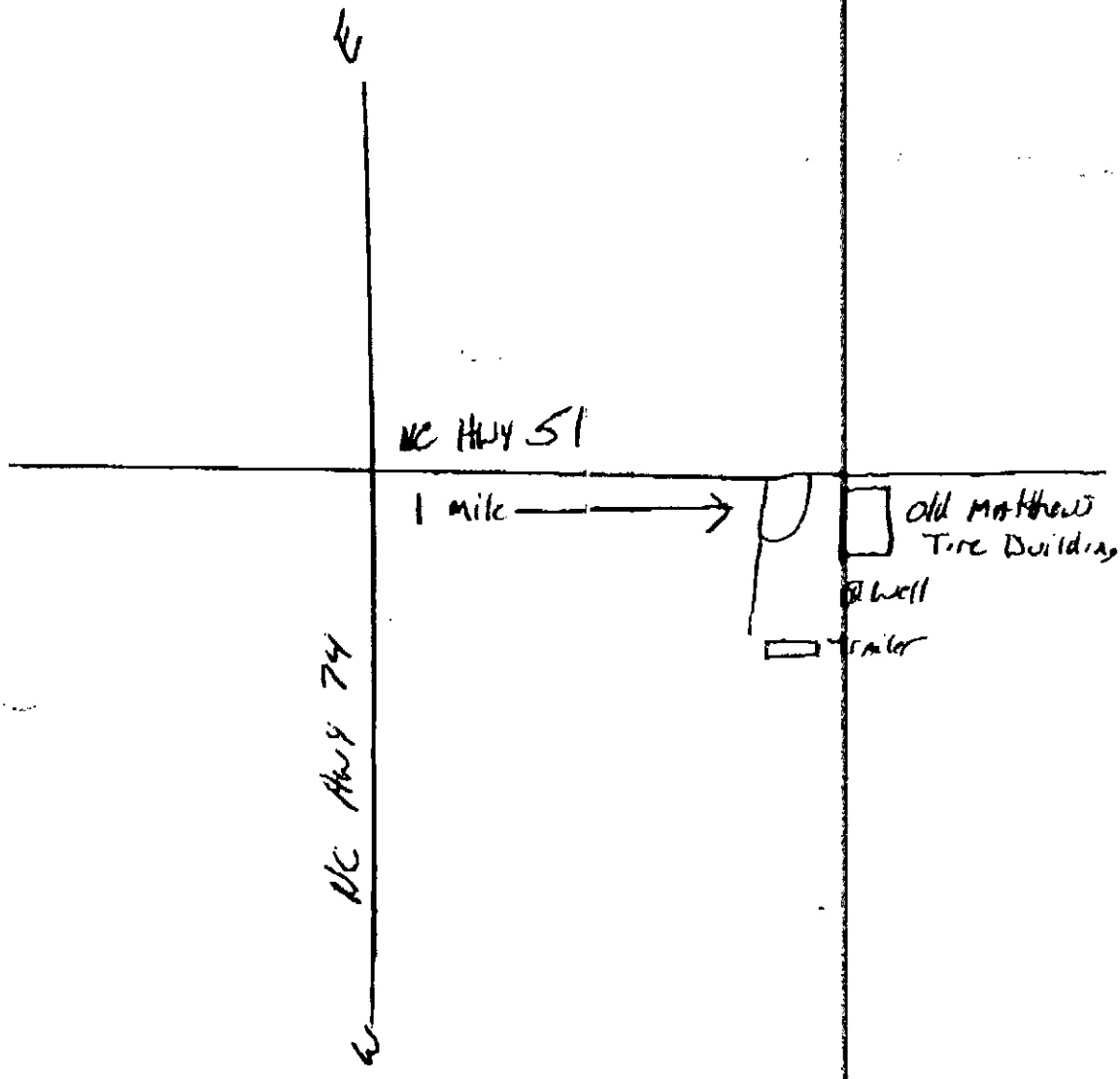
I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well [signature] Date 8-18-05

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


NC HWY 51
1 mile
Old Matthews Tire Building
Well
Trailer
NC Hwy 74

#1123

COPY

GWS-COM. APP 12/04

[redacted]

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 # 60836

[redacted]

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 #: 19329405

STREET ADDRESS: 1031 Matthews Mint Hill Rd

CITY: Matthews

STATE: NC ZIP: 28105

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
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: Kantantinos (Dino) Mantekas

ADDRESS: 1524 LaRochelle Lane

CITY: Charlotte, N.C 28226

STATE: ZIP:

HOME PHONE: 704-365-0265 WORK PHONE: 704-847-9841

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling

ADDRESS: PO Box 691416

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 545-5694

MOBILE PHONE: FAX: 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.

Bill Reynolds 7/27/05

Owner's/Agent's Signature Date

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

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MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX-704-336-8804

#123

GWS- COM. APP 12/04

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