

9931 SAM FURR RD

00504211

1/10/2008

duponbj

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

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM
PO BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

Fax

To: JEREMY MICHELONE **FROM** DREAMA

Fax: 704-336-6894 **PAGES** 2

Phone: 704-545-5694 **Date:** 06-07-06

RE: WELL ABANDONMENT

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:** D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

6536B

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 # 2041

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: Huntersville County Meck.
9931- Sam Furr Road 28078
(Road Name and Number, Community, Subdivision, Lot No.)
005-042-11
Quadrangle No.

3. OWNER: NorthCross II LLC.

4. ADDRESS: 3700 Arco Corporate Drive ste 350 Charlotte, NC 28273

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

6. TOTAL DEPTH: 305 DIAMETER 6"

7. CASING REMOVED:
feet 85' diameter 6"

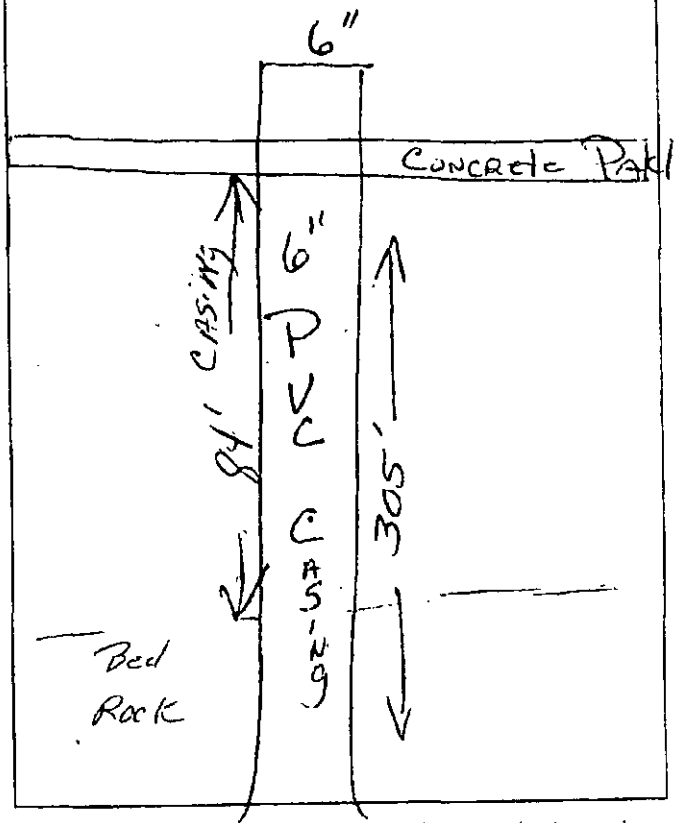
8. DISINFECTION: H.T.H.
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement: bags of cement ✓ gallon of water ✓
Sand Cement: bags of cement ✓ gallons of water ____
Other: Type material 3 yds Concrete Amount ____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Poured from Bottom to top of well

11. DATE WELL ABANDONED 6-6-06

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 matenals 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 Dave L Mullis Date 6-6-06

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

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#: 10000884 **Tax Parcel #:** 005-042-11
Property Owner: Northcross II LLC
Job Location Address: 9931 SAM FURR RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 5/30/2006
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: 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:

Jeremy Mickelson R.S.
Authorized Agent: Print Name

Jeremy Mickelson R.S.
Signature:

AAL Robert Holland (6/1/06)
Owner/Legal Agent: Print Name

R. Holland Ex. V.P.
Signature:

MECKLENBURG COUNTY

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

Fax Coversheet

****NOTICE****

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To: Northcross II, LLC Fax #: 295-4059

Phone #: 295-4035

From: Jeremy Michelone Date: 5/31/06

(704) 336-5572

Number of pages transmitted: 2 (including coversheet)

Comments: Well Abandonment Permit for:
9931 Sam Furr Road

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

AMERICAN ASSET CORPORATION

3700 ARCO CORPORATE DRIVE
SUITE 350
CHARLOTTE
NORTH CAROLINA
28273

TELEPHONE:
(704) 295-4018
FACSIMILE:
(704) 295-4059
EMAIL:
rholland@aacusa.com

FACSIMILE TRANSMITTAL

To:	**Jeremy Michelone**	**Fax:**	704-336-6894	**Phone:**	704-336-5572
From:	Robert Holland	**Phone:**	704-295-4018	**Date:**	6/1/06
Re:	Northcross II LLC Well Abandonment Permit			**Pages:**	3
CC:		**Fax:**		If you do not receive all pages please call 295-4000 immediately.	

☐ Urgent ☒ For Your Information ☐ For Review ☐ Please Comment ☐ Please Reply

Original material will: ☐ not be sent ☐ be sent via US Mail ☐ be sent via Overnight Mail ☐ be hand delivered

NOTES:

This communication may contain confidential or legally privileged information and is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, copying or other use of this communication or any information contained herein is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return original message to us at the above address via the U.S. Postal Service. We will be glad to reimburse you for postage. Thank you.

MECKLENBURG COUNTY

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

Fax Coversheet

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☐ Pesticides ☐ Herbicides ☐ Other (See Below)

Other Conditions of This Permit:

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

Jeremy Michelone, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

#884

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 65366

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00504211
STREET ADDRESS: 9931 SAM FURR RD.
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

1987

BUILDING INFORMATION: Jeremy

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 2824
NUMBER OF BEDROOMS: 3
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: NORTH CROSS II LLC
ADDRESS: 3700 ARCO CORPORATE DR. SUITE 350
CITY: CHARLOTTE
STATE: NC ZIP: 28273
HOME PHONE: WORK PHONE: 704-295-4035
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: PAUL HERNDON
ADDRESS: 3700 ARCO CORPORATE DR
CITY: CHARLOTTE
STATE: NC ZIP: 28273
HOME PHONE: WORK PHONE: 704-295-4035
MOBILE PHONE: FAX: 295-4059

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JANUARY 26, 2006
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.

Kevin Catlett for Paul Herndon 5/30/06
Owner's/Agent's Signature Date

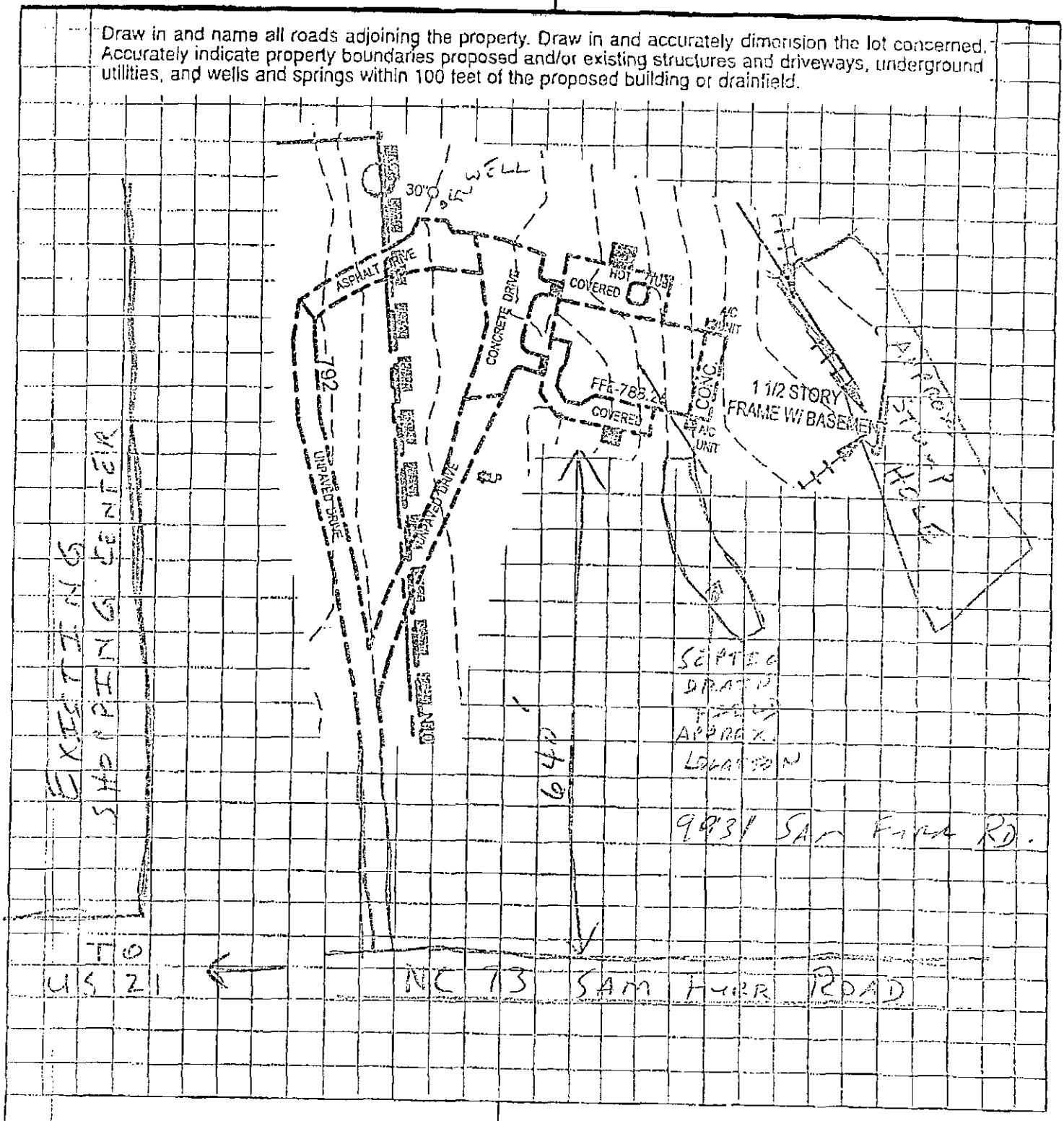
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 65368

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

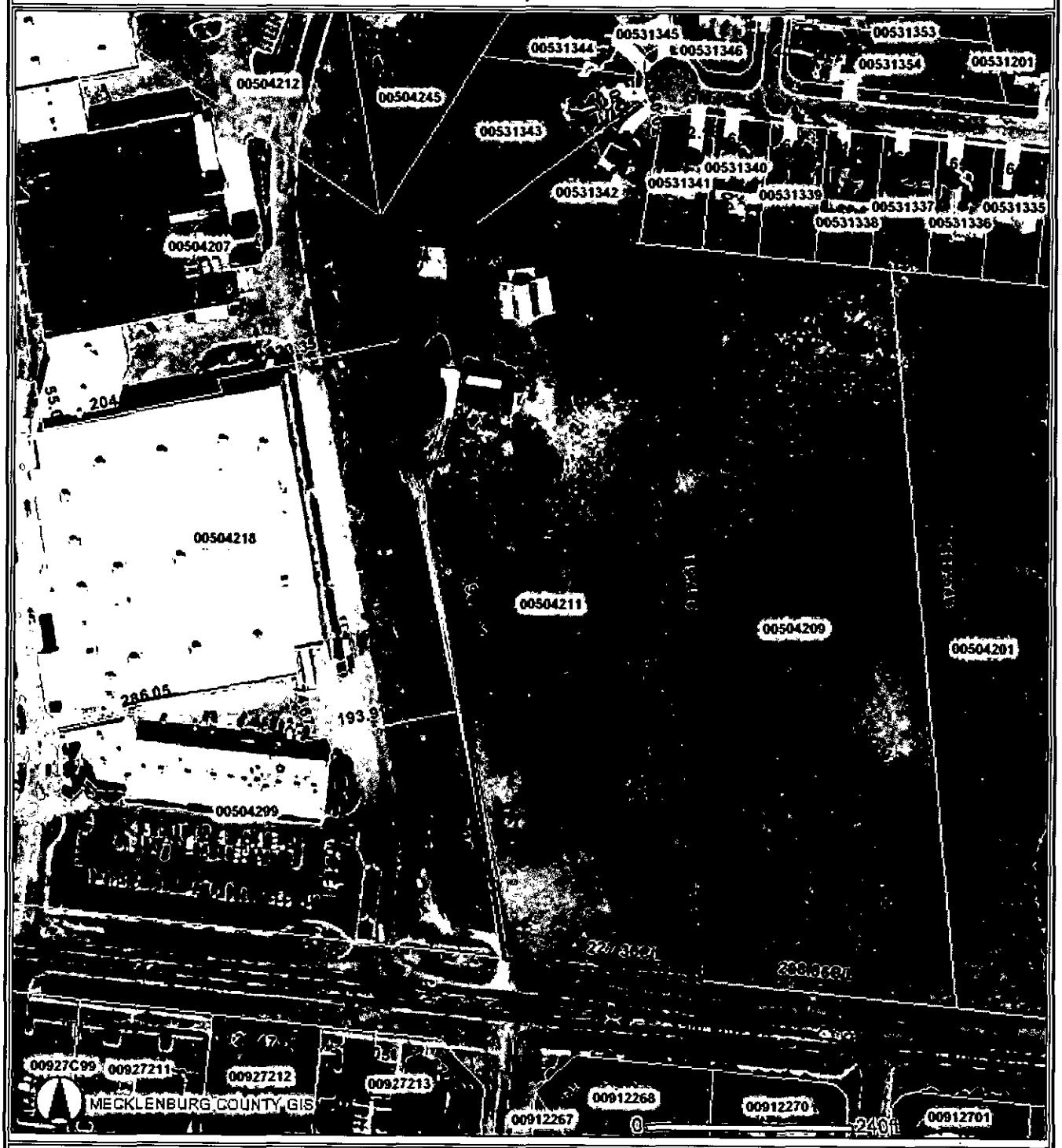
Canary - E.H.S. Copy

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed May 31 11:03:20 EDT 2006



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.