

5200 BEATTIES FORD RD

03737208

5/21/08

marliwr

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

Jeremy 3297

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 Peter Florea

WELL CONTRACTOR CERTIFICATION # 2211

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 County MECK
5200 Beatties Ford Rd
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Granite Contracting

4. ADDRESS: 5453 Pitts School Rd

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

6. TOTAL DEPTH: 40 DIAMETER 2"

7. CASING REMOVED:

feet	diameter
0	

8. DISINFECTION: 402
(Amount of 70% hypochlorite used:)

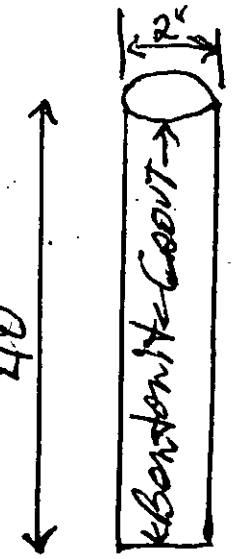
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 2	bags of cement
gallons of water 13	gallons of water

Other
Type material _____
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped from Hiker via Tremmy

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.



11. DATE WELL ABANDONED 9-17-05

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 Peter Florea Date 9-17-05

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

3257

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#: 10000149 **Tax Parcel #:** 03737208
Property Owner: Granite Contracting LLC
Job Location Address:5200 BEATTIES FORD RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 9/8/2005
Use of Well:
Type of Facility Served by Well:
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:

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

Jeremy Micklow, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

McCall Brothers, Inc. - Account # X27070 Permit #49

GWS- COM. APP 12/04

704-336-6894 FAX

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

COPY

SEPTIC FEE
DATE
CK#

FILE # 3297

WELL FEE
DATE
CK#

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 #: 037-372-08
TAX/PARCEL #: 5200 BEATTIES Ford Rd
STREET ADDRESS: CHARLOTTE N.C. 28216
CITY:
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
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: Granite Contracting L.L.C.
ADDRESS: 545-B Pitts School Rd
CITY: Concord, N.C.
STATE: ZIP: 28027
HOME PHONE: WORK PHONE: 704-794-6253
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCALL BROS INC.
ADDRESS: P.O. Box 668710
CITY: CHARLOTTE N.C.
STATE: ZIP: 28266 (114)
HOME PHONE: WORK PHONE: 399-1500
MOBILE PHONE: FAX:

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 Date

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

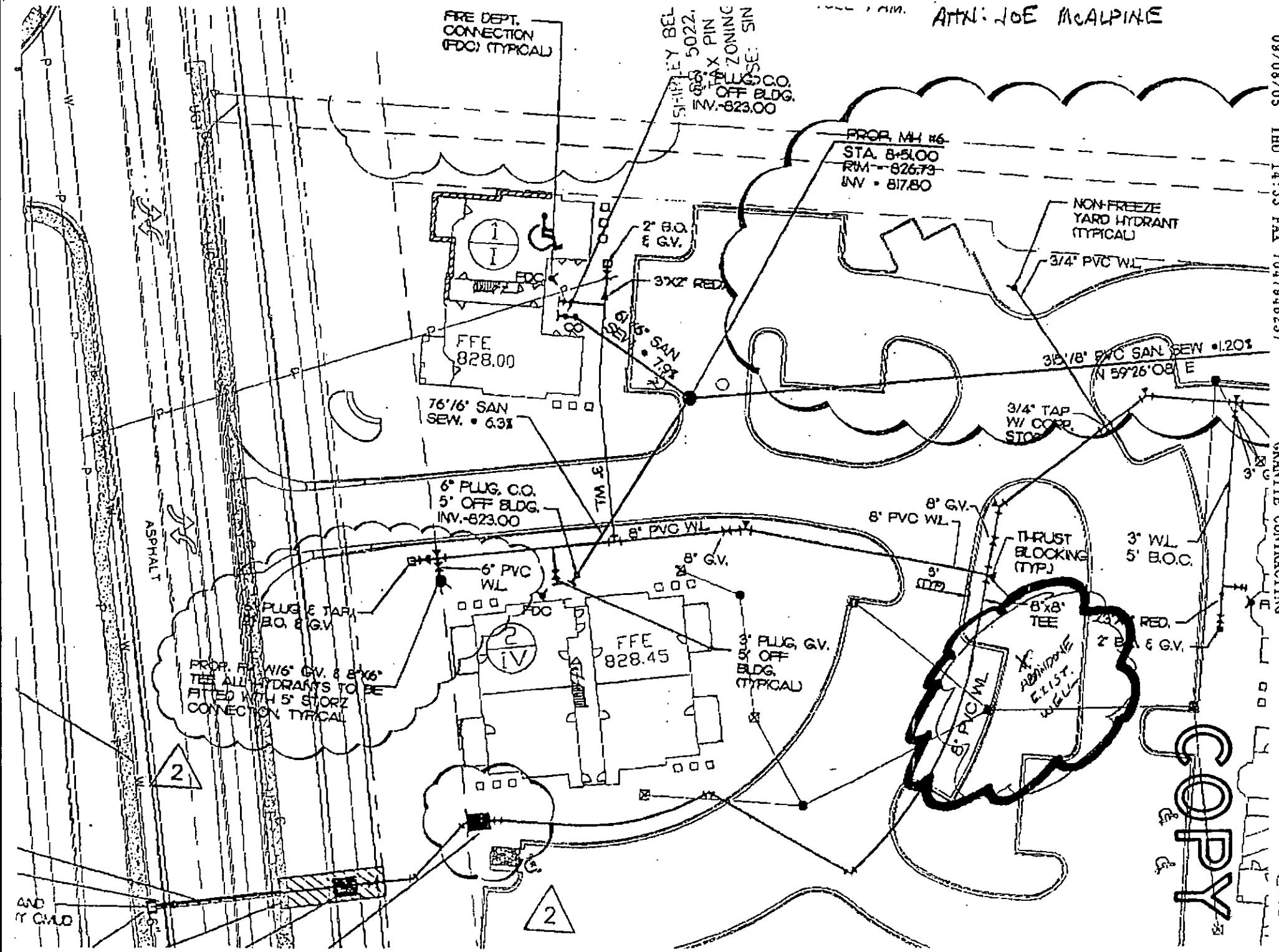
9/7/05

Waiting on Platt Plan

left message for Joe McAlpine to send Jeremy this

Jeremy
Here is the platt plan for 520 Beatties Ford Rd.

File # 3297



09/08/2005 15:01 MCCALL BROTHERS → 7043366894 GRANITE CONTRACTING NO.436 D001
08/08/05 THU 14:33 FAX 7047946257 002

File # 3297

COPY

Serial No. 1936

ICAR(S) Permit No. 3297

Date Issued 1 Mar 72

T. C. No. 037-128-00

Map Date 23 Feb 72

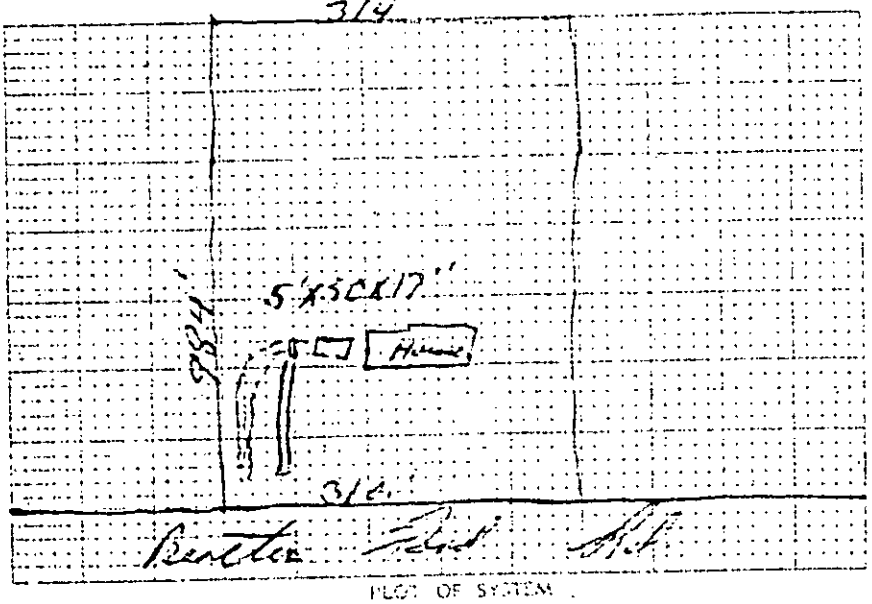
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to _ install or Construct, _ Alter or Repair the individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 3297, dated 1 Mar 72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 15 Mar 72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 47 gpi

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Length 100' (5'X50'X17

Number of Lines 2

Distance from House 50'

Distance from Property Line 25'

Distance from Well @ 100'+

NAME OF OWNER Wester, Wade D

LOCATION OF PROPERTY 532 Beatties Ford Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: J.E. Stowe (Contractor)

_____

_____

_____ Division or Section Head

W. H. Kirby Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4 1-71

HEALTH DEPARTMENTS COPY

McCALL BROTHERS INC.
Founded 1938

POST OFFICE BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 399-1506 • TELEFAX (704) 398-2605

FACSIMILE TRANSMITTAL

DATE: 9-01-05 FAX NO. (704) 336-6894

TO: Mck Co. Health dept.

ATTENTION: Environmental Division

FROM: Joe McAlpine

NO. PAGES 2 (Including This One)

MESSAGE:

Application for permit

McCall Brothers, Inc. - Account # X27070 Permit #49

GWS-COM. APP 12/04

704-336-6894 FAX

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 # 3297

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

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

JOB LOCATION INFORMATION

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CITY:

STATE: NC ZIP:

LOT #:

TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE

☑ 1-CHARLOTTE ☐ 5-MATTHEWS

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DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL

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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

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☐ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☑ YES	☐ NO

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CITY: Concord, N.C.

STATE: ZIP: 28027

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MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCALL Bros Inc.

ADDRESS: P.O. Box 668710

CITY: Charlotte N.C

STATE: ZIP: 28266 (1,4)

HOME PHONE: WORK PHONE: 399-1506

MOBILE PHONE: FAX:

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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:704-336-6894

ATTN: JOE McALPINE
FIRE DEPT. CONNECTION (FDC) TYPICAL
PROP. MH #6
STA. 8+51.00
RIM = 826.73
INV = 817.80
NON-FREEZE YARD HYDRANT (TYPICAL)
3/4" PVC W.L.
2" B.O. & G.V.
3"X2" RED.
FFE 828.00
6" SAN SEW. @ 7.9%
76'/6" SAN SEW. @ 6.3%
315'/8" PVC SAN. SEW @1.20%
N 59°26'08" E
3/4" TAP W/ CORP. STOP
6" PLUG, C.O. 5' OFF BLDG. INV.-823.00
8" PVC W.L.
8" G.V.
6" PVC W.L.
THRUST BLOCKING (TYP.)
3" W.L. 5' B.O.C.
8"x8" TEE
2" RED.
2" B.O. & G.V.
6" PLUG & TAP W/ B.O. & G.V.
PROP. FH W/6" G.V. & 6"x6" TEE ALL HYDRANTS TO BE FITTED WITH 5" STORZ CONNECTION, TYPICAL
FFE 828.45
3" PLUG, G.V. 5' OFF BLDG. (TYPICAL)
8" PVC W.L.
ASPHALT
2
1
2
2
2
IV

Serial No. 1936

ICAR(S) Permit No. 3297

Date Issued 1 Mar-72

T. C. No 037-128-CC

Map Date 23 Feb 72

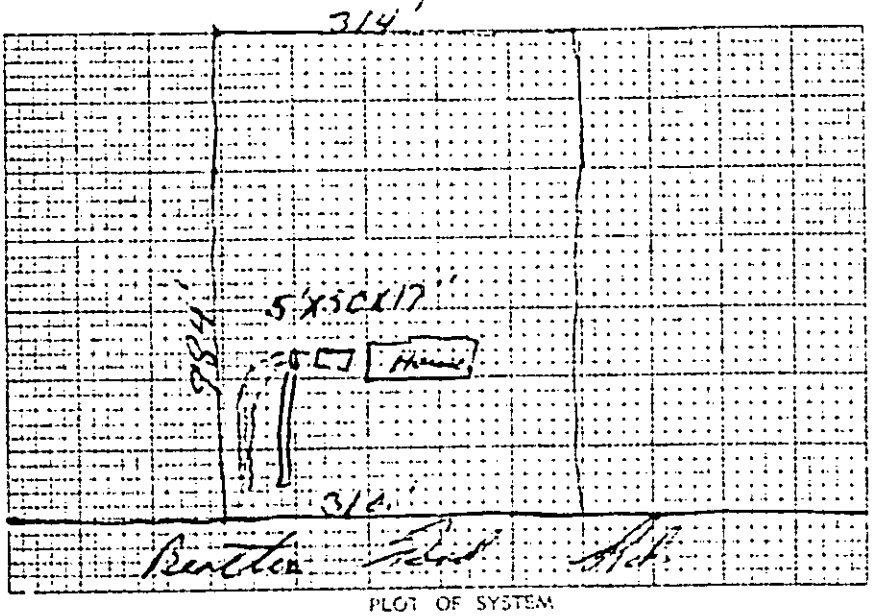
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 3297, dated 1 Mar 72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 15 Mar 72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate Fast

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nutrification Lines:

Total Line Lenght 100' (5'X50'X17")

Number of Lines 2

Distance from House 150'

Distance from Property Line 25'

Distance from Well 100'+

NAME OF OWNER Martin, Wade D

LOCATION OF PROPERTY 5200 Beatties Ford Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: J.E. Stowe (Contractor)

Division or Section Head

W. M. McEvoy
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-1-71

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Application for permit