


4100 MT HOLLY-HUNTERSVILLE RD

03304115

WELL FILE

7/7/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 13106 WASPS App #: 3145

Primary ES assigned to project: Kim Garrett

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 ☐ |

Comments: # Items requiring correction/modification: _____

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 ☐ | |

Comments: # Items requiring correction/modification: _____

Application received date: 1/11/08 ES assigned date: _____ Permit issued date: 1/14/08

Well approval date: 4/14/08 Number of days to complete project: _____

Review performed by: L. Stl Date performed: 4/18/08

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#:** 10003145 **File #:** 13106 **Tax Parcel #:** 033-041-15
**Property Owner:** COX INVESTMENT MGMT, LLC
**Job Location Address:** 4100 MT HOLLY-HUNTERSVILLE RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 1/14/2008
**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:**

Kim Garrett, RSI — Authorized Agent: Print Name
Kim Garrett, RSI — Signature:
McCall Brothers, Inc. — Owner/Legal Agent: Print Name
Joe McCalpine — Signature:

#500033183
COX invest.

File 1/3/08

# WELL ABANDONMENT RECORD

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

**WELL CONTRACTOR CERTIFICATION #** 3155

**1. WELL CONTRACTOR:**

Charlie Nichols
Well Contractor (Individual) Name

McCall Bros.
Well Contractor Company Name

STREET ADDRESS 6700 Brooklyn Fairy.

Charlotte N.C. 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) 10003145

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: 4100 Mt Holly Huntersville rd Charlotte N.C.

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)

LATITUDE 35° 19.774

LONGITUDE 80° 56.467

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 and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY Residential Hous Hold

STREET ADDRESS 4100 Mt Holly Huntersville rd

Charlotte N.C.
City or Town State Zip Code

**4b. CONTACT PERSON/WELL OWNER:**

NAME Cox Investment Mangment

STREET ADDRESS P.O. Box 690816

Charlotte N.C. 28216
City or Town State Zip Code

(704) - 363-8387
Area code - Phone number

**5. WELL DETAILS:**

a. Total Depth: 350 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): 28 ft.

Measuring point is 2 ft. above land surface.

**6. CASING:**

| | Length | Diameter |
|---|---|---|
| a. Casing Depth (if known): | 80 ft. | 6 in. |
| b. Casing Removed: | 0 ft. | in. |

**7. DISINFECTION:** HTH 1.5 lb.

(Amount of 65%-75% calcium hypochlorite used)

**8. SEALING MATERIAL:**

**Neat Cement**

Cement 150 4 lb.
Water 96 gal.

**Sand Cement**

Cement lb.
Water gal.

**Bentonite**

Bentonite 4' 250 lb.
Type: Slurry Pellets
Water gal.

**Other**

Type material

Amount

**9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:**

fill with Bentonite pellets to 85ft then trimmie Grout to Top

**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** 1-17-08

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.

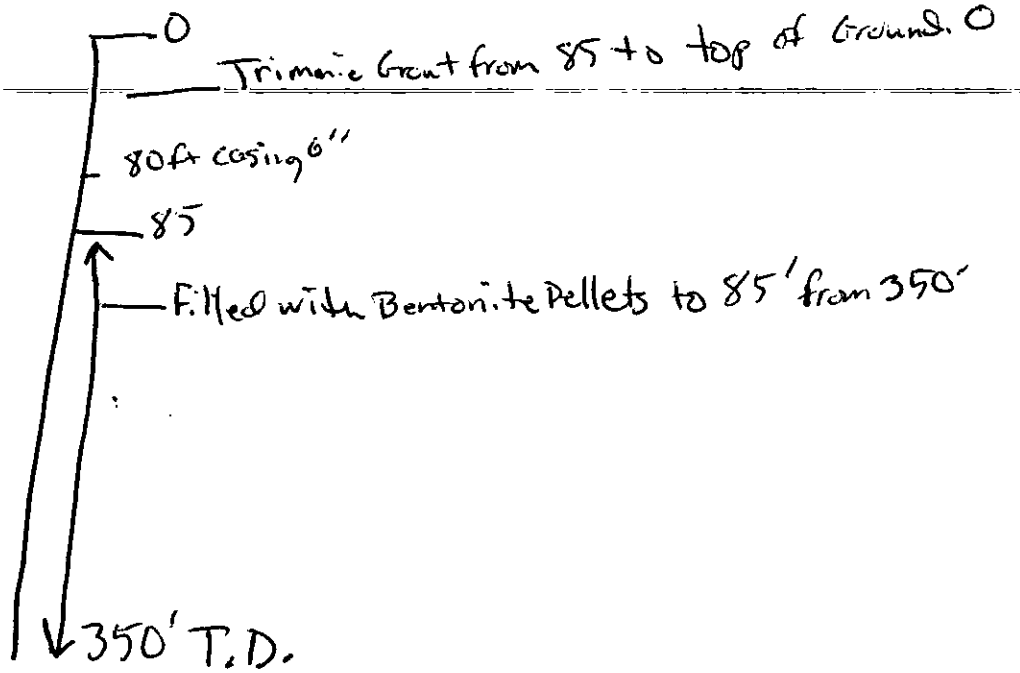
Charlie Nichols — 1-17-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE

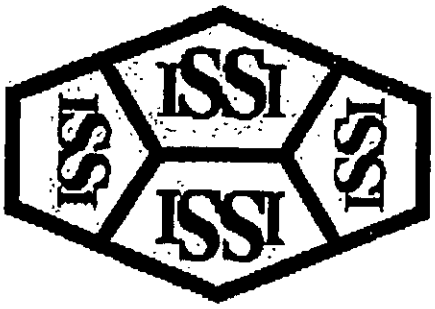
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL — DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Charlie Nichols
PRINTED NAME OF PERSON ABANDONING THE WELL

**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


0
Trimanic Grout from 85 to top of Ground. 0
80ft casing 6"
85
Filled with Bentonite Pellets to 85' from 350'
350' T.D.




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The following is a

# Poor Original

*The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.*

*ISSI Operations Center Staff*

Kim G

FILE NUMBER: 13106

Revised On: January 3, 2007

APPLICATION NUMBER: 3145

SEPTIC FEE: _____
DATE: _____

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: _____
DATE: 1-11-08

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: 033.041.15
STREET ADDRESS: 4100 Mt. Holly-Huntersville Rd.
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
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 ☐ BASMENT 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: Rep
NAME: Cor Investment Mgmt.
ADDRESS: PO Box 668816
CITY: Charlotte
STATE: NC ZIP: 28216
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: MCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 334-1506
MOBILE PHONE: 309-0311 FAX: 358-2605

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

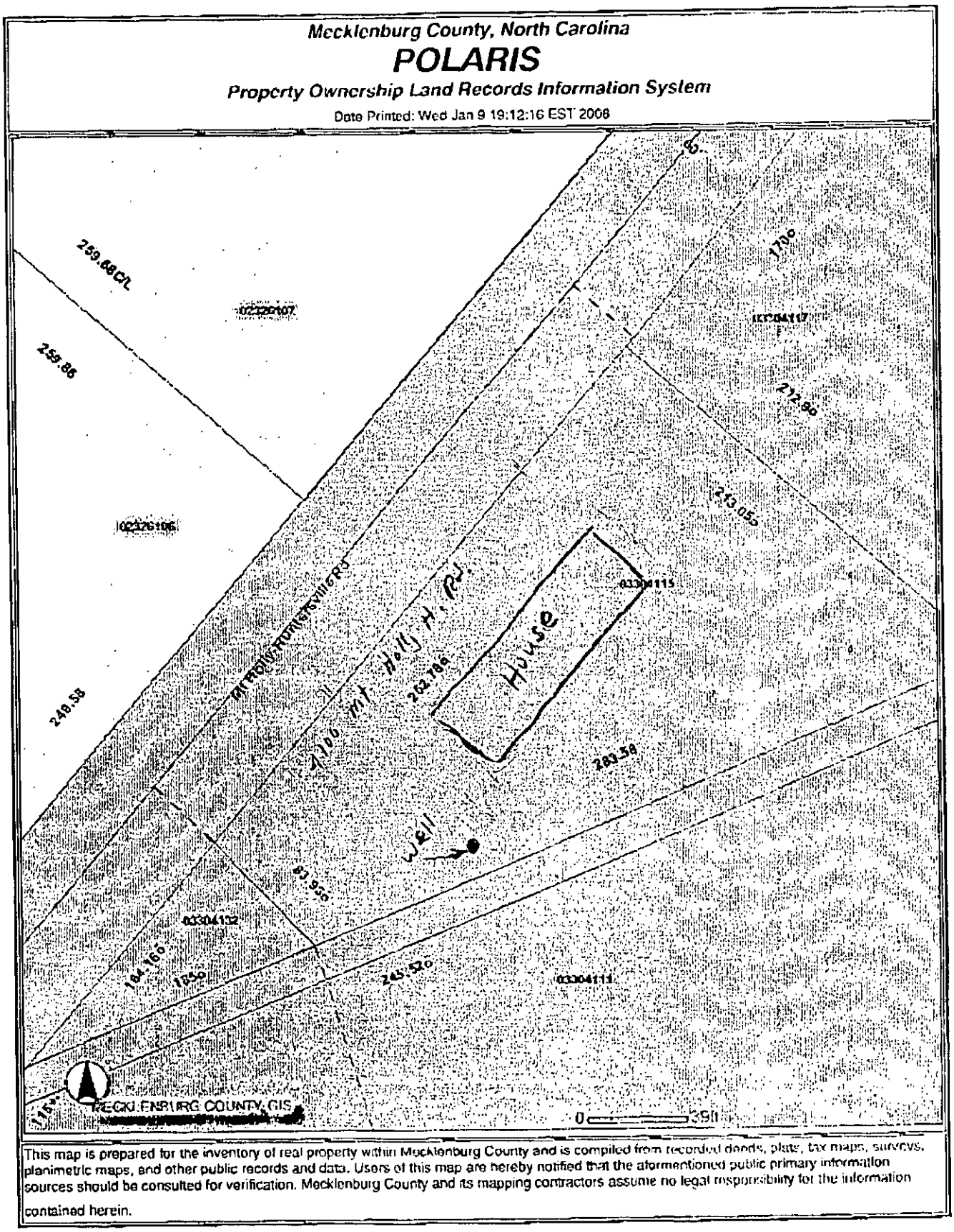
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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.

Joe McGraw (CW) 1-8-08
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED




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.