

1/10/2008

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Groundwater and Wastewater Services File Imaging Project

May 2007

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WELL ABANDONMENT RECORD

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

66848 Well #1

WELL CONTRACTOR CERTIFICATION # 3300 J.S

1. WELL CONTRACTOR:

Luther E Bailey
Well Contractor (Individual) Name

B+K Well Drilling
Well Contractor Company Name

STREET ADDRESS 132 Mountmourne Lp

Mocksville NC 28115
City or Town State Zip Code

(____) - _____
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 10001208

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 Dav QUADRANGLE NAME _____

NEAREST TOWN: Cornelius

19665 Nantz Rd

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

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

LATITUDE __ __ _____

LONGITUDE __ __ _____

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 _____

STREET ADDRESS _____

City or Town State Zip Code

b. CONTACT PERSON/WELL OWNER:

NAME Deborha Wright

STREET ADDRESS 414 west 9th Street

City or Town State Zip Code

(917) 939-2624
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 65 ft. Diameter: 2" in.
b. Water Level (Below Measuring Point): 10 ft.
Measuring point is 2 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	65 ft.	2" in.
b. Casing Removed:	5 ft.	2" in.

7. DISINFECTION: 2 packs

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

8. SEALING MATERIAL:

Neat Cement
Cement 100 lb.
Water 7 gal.

Sand Cement
Cement _____ lb.
Water _____ gal.

Bentonite
Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other
Type material _____
Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Cut casing off then filled with cement

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 9-28-06

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.

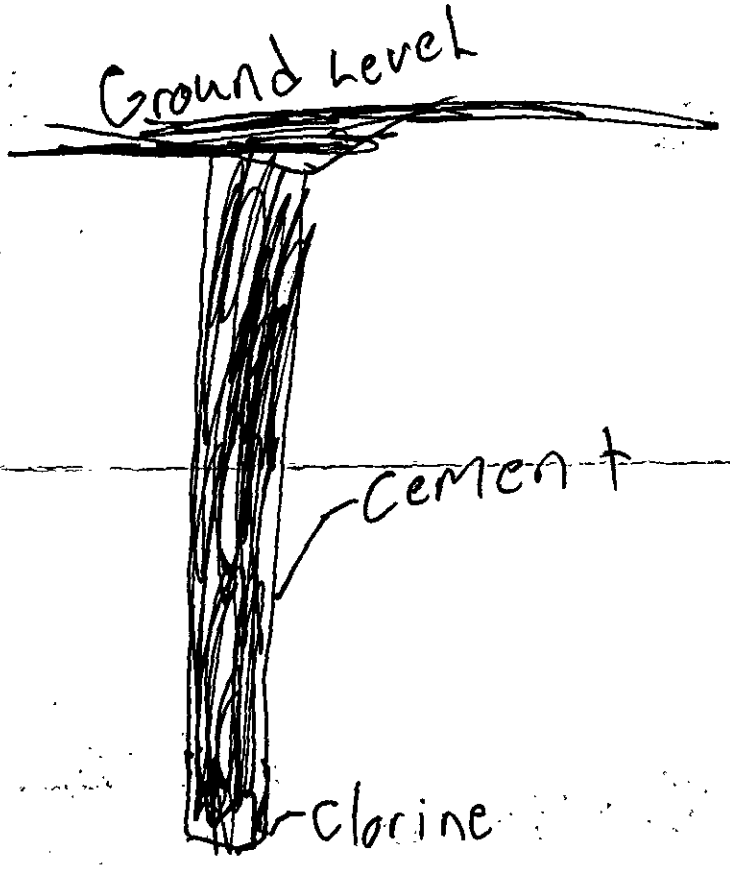
Luther E Bailey 12-12-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Luther E Bailey
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.)

Luther E Bailey
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


Ground Level
Cement
Clorine

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#: 10001208 **Tax Parcel #:** 001-061-01
Property Owner: Deborah Wright
Job Location Address:18665 NANTZ RD
City/ETJ:CORNELIUS **State:** NC **Zip Code:** 28031
Permit Issuance Date: 8/2/2006
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 Micheloue, R.S.
Authorized Agent: Print Name

Jeremy Micheloue, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

#1230 ~~EDU~~ Residential

GWS- COM. APP 07/05

PERMIT APPLICATION FOR A ~~COMMERCIAL~~ SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

SEPTIC FEE: _____
DATE: _____
CK# [ ]:

WELL FEE: _____
DATE: _____
CK# [ ]:

FILE # 6838

JPAWN-thin J.M

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

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

JOB LOCATION INFORMATION 001-061-01

PROJECT TRACKING #: 18665 Nantz Rd

TAX/PARCEL #: 001-061-22

STREET ADDRESS: 18655 Nantz Rd

CITY: Cornelius

STATE: NC ZIP: 28031

LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☑ 3-CORNELIUS ☐ 7-MINT HILL 1982

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY:

NUMBER OF EMPLOYEES PER SHIFT:

NUMBER OF SHIFTS: 3 Farms 3

TYPE OF WASTEWATER: OCC 3

☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?: Crnl

☐ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS Spc

☐ FLOOR DRAINS ☐ OTHER

COPY

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: Deborah Wright
ADDRESS: 414 W. 9th St Unit F
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: WORK PHONE:
MOBILE PHONE: 919-939-2824 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
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.

EE Cobb Project Mgr 7-25-06
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

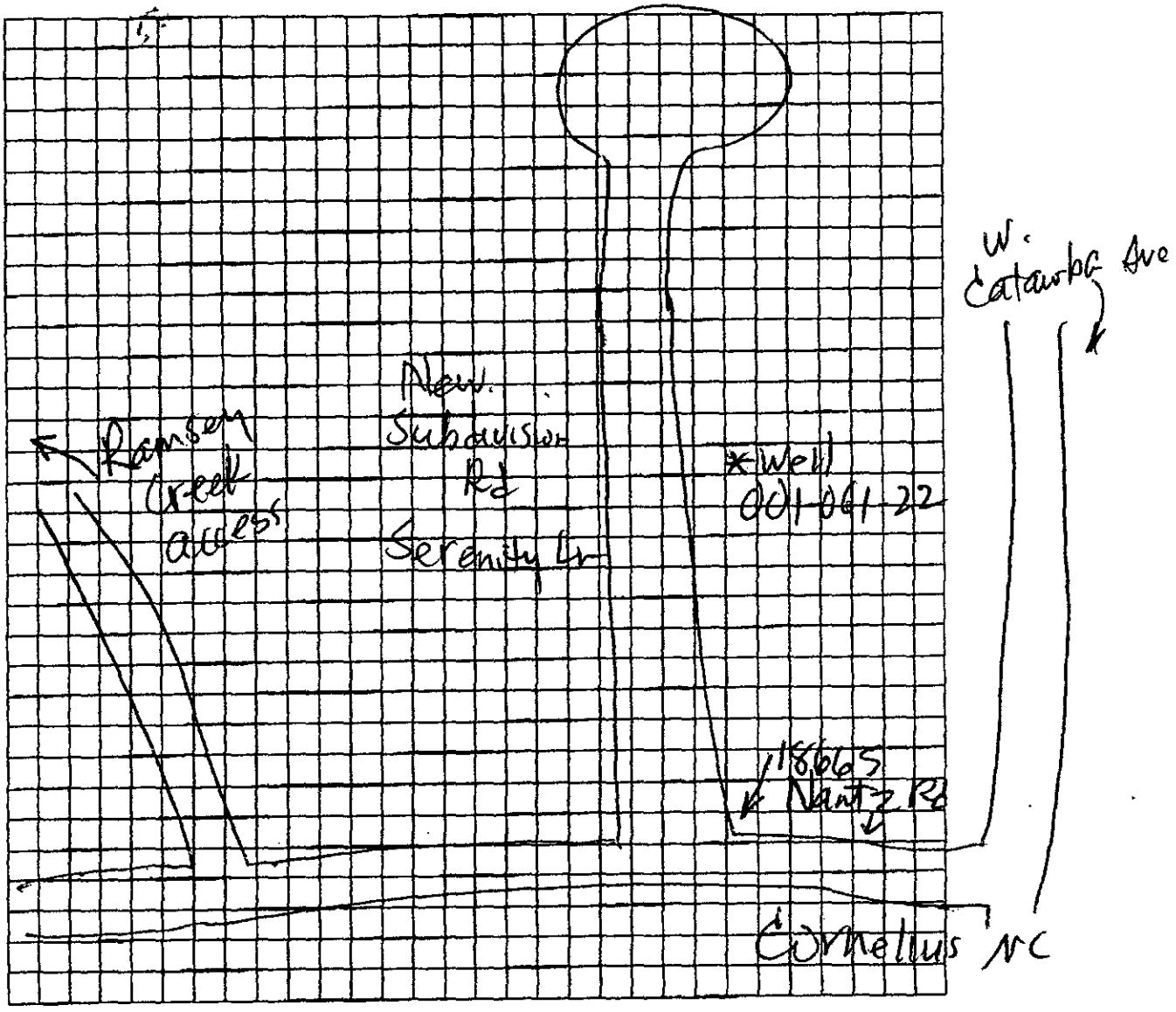
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File #_____
Date_____

PROPOSED PLOT PLAN

Well abandonment

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.

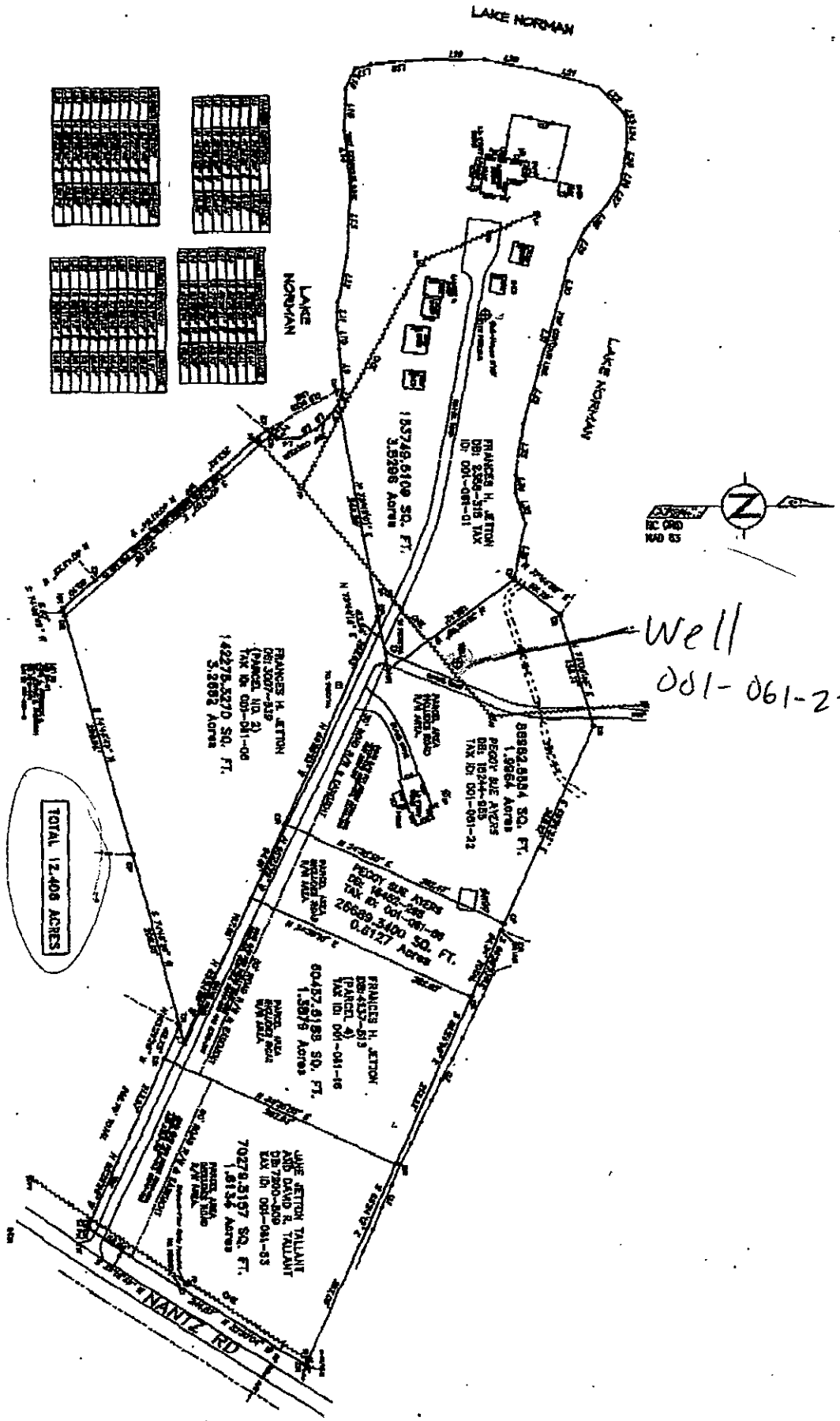


Owner/Agent Signature Project mgr

Date

LBC 12/15/04

TOTAL P.03


LAKE NORMAN
LAKE NORMAN
LAKE NORMAN
155748.6109 SQ. FT.
3.5986 Acres
FRANCES H. JETTON
DB: 2369-515 TAX
ID: 001-061-01
Well
001-061-22
FRANCES H. JETTON
DB: 3007-819
(PARCEL NO. 2)
TAX ID: 001-061-06
142275.5270 SQ. FT.
3.2662 Acres
TOTAL 12.408 ACRES
PEGGY SUE AYERS
DB: 16244-885
TAX ID: 001-061-22
88882.8884 SQ. FT.
1.9964 Acres
PEGGY SUE AYERS
DB: 16482-265
TAX ID: 001-061-06
26689.3490 SQ. FT.
0.6127 Acres
FRANCES H. JETTON
DB: 4157-813
(PARCEL 4)
TAX ID: 001-061-16
60457.6188 SQ. FT.
1.3878 Acres
JANE JETTON TALLANT
AND DAVID R. TALLANT
DB: 7200-969
TAX ID: 001-061-03
70279.3197 SQ. FT.
1.6134 Acres
NANTZ RD

#1207 Residential

GWS- COM. APP 07/05

PERMIT APPLICATION FOR A [redacted] SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

SEPTIC FEE: _____ DATE: _____ CR# : _____

WELL FEE: _____ DATE: _____ CR# : _____

FILE # 6683B

DRAWN thru J.M

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

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LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE

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EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

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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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EE Cobb Project Mgr 7-25-06

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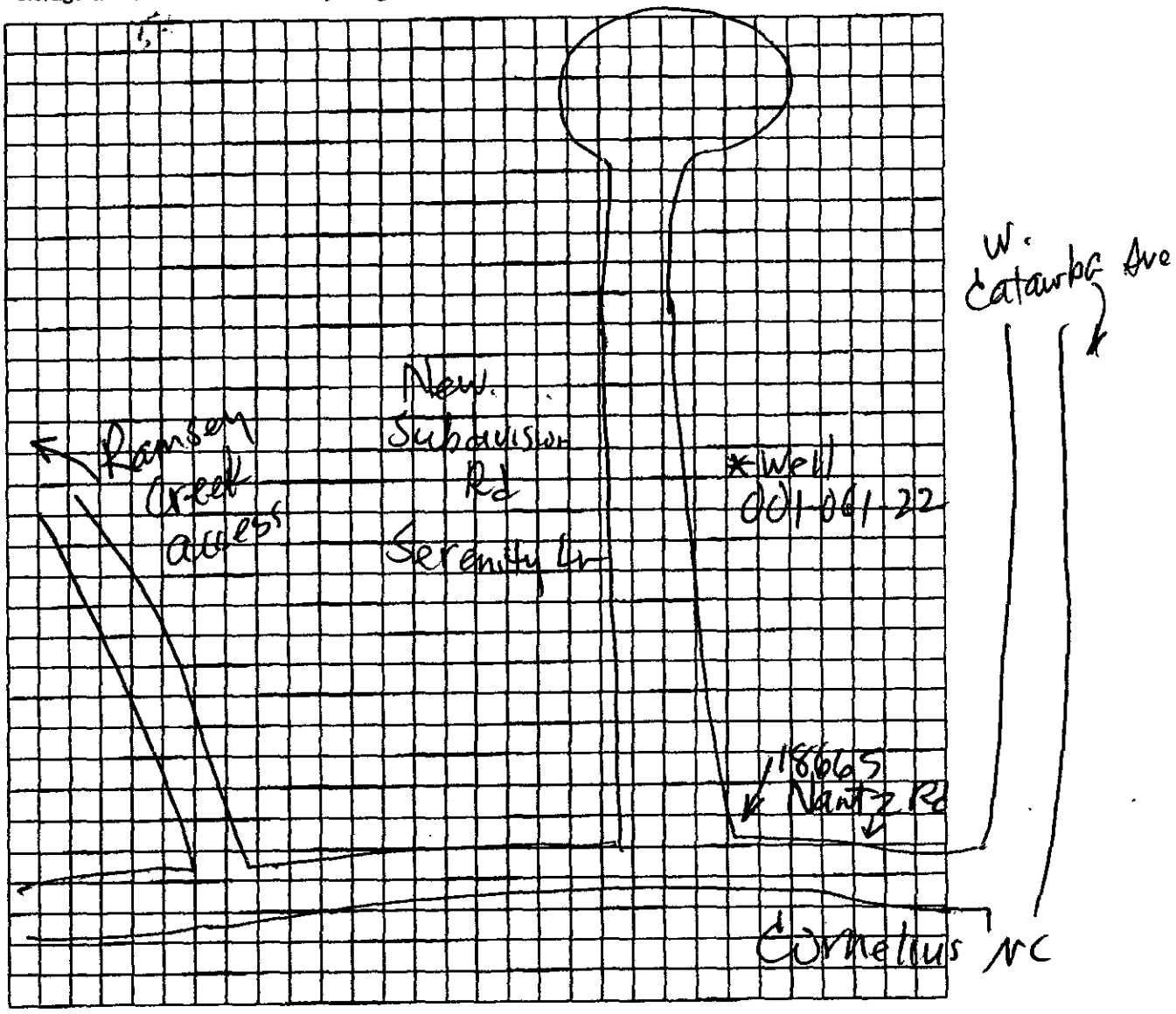
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File #_____
Date_____

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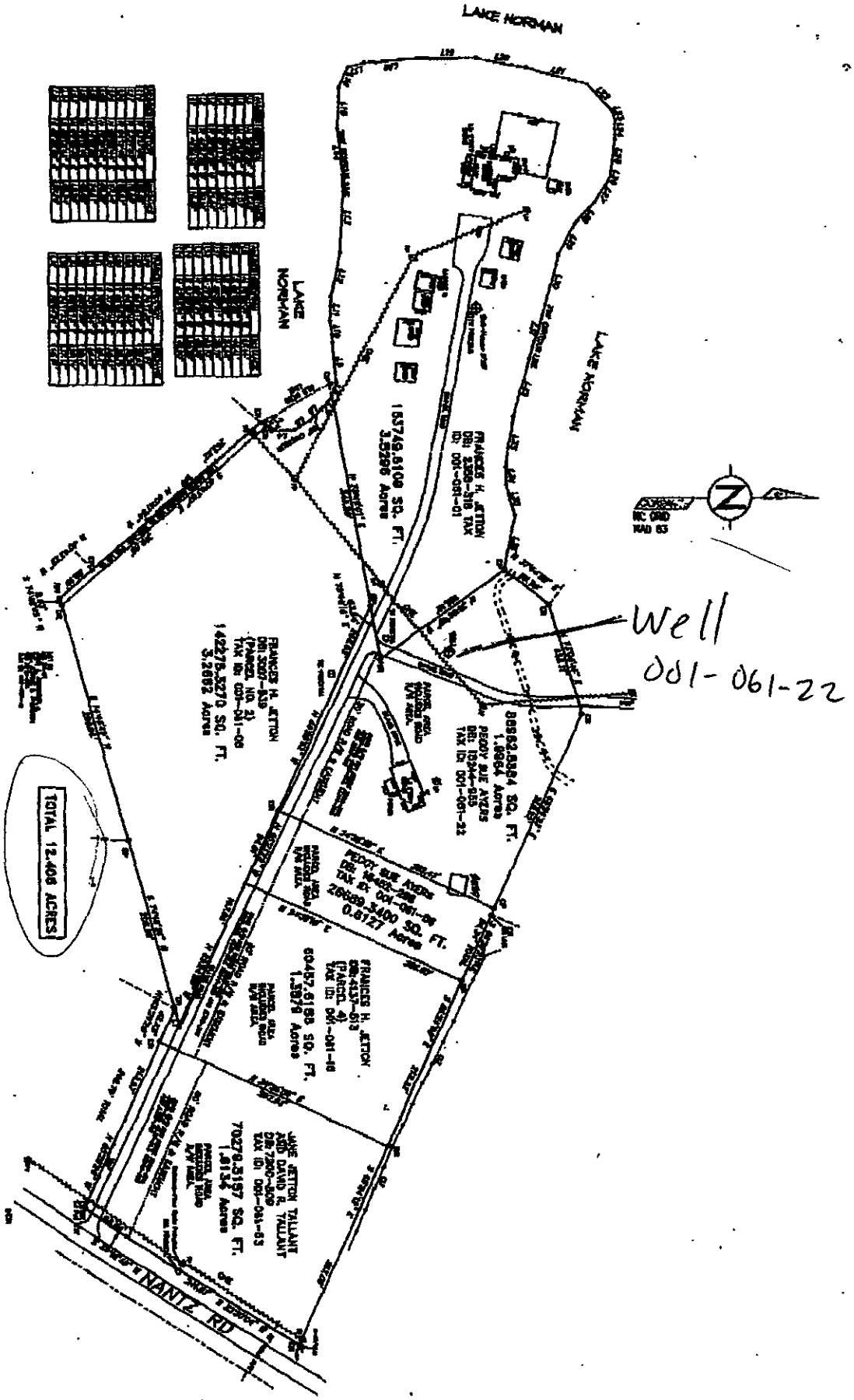
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal 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 Project mgr

Date

LBC 12/15/04


LAKE NORMAN
LAKE NORMAN
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TOTAL 12.406 ACRES
NANTZ RD
Well
001-061-22