

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Well Abandonment Activity Checklist **Permit #: 10000703** Well Contractor Database

1. Application & Review

☑ Registered Well Driller. Certification Number:	454. Vernon Lassiter	5/3/2006
☑ Abandonment Permit Issued		4/28/2006

2. Inspection

◉ Yes ○ No	On site inspection	5/3/2006

3. Documentation

☑ Well Abandoment Record received		5/3/2006

4. Approval

☑ Abandonment approval granted		5/10/2006
☐ Abandonment approval denied		

5. Additional Comments / Observations

Submit

Well Information: Date Added: Date Updated: Updated By: SIP #: Add

Seq. #:	Well #:	Well Type:	Well Status:	Date Abandoned:	Well Verified:
1		Drinking Water	Active	5/3/2006	Pending

Site Parcel:	Well Parcel:	Installer Name:	Certification #:	Registration #:	Install Date:
219-011-15					

Well Depth: 0 Casing Depth: 0 Diameter: 0 Yield-GPM: 0 Yield-SC: 0

Water Level: 0 Level Date: NC Grid X: 0 NC Grid Y: 0

GPS Lat.: 0 GPS Long.: 0

EPIC Well: False EPIC Parcel ID:

Initial MPL Proximity: Exceeds 2L: False

MPL Proximity Updated: False

MPL Proximity Update Date:

Well Comments:

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

6461B

Chris

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Company

WELL CONTRACTOR CERTIFICATION # 454

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 Mecklenburg
11801 S. Tryon St. 219-011-15
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Crosland Development

4. ADDRESS: 141 Scaley Bark rd Chlt 28209

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

6. TOTAL DEPTH: 132' DIAMETER 6 1/4"

7. CASING REMOVED:

feet	diameter
5'	6 1/4"

8. DISINFECTION: 216 HTH
(Amount of 70% hypochlorite used:)

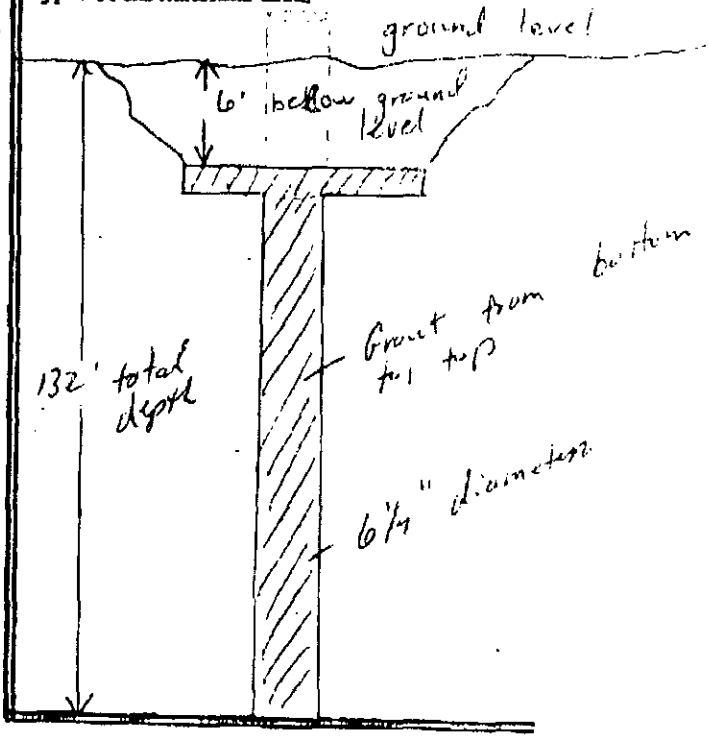
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement _____	bags of cement _____
gallons of water _____	gallons of water _____

Other
Type material Grout
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Poured from bottom to top using cement truck

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.



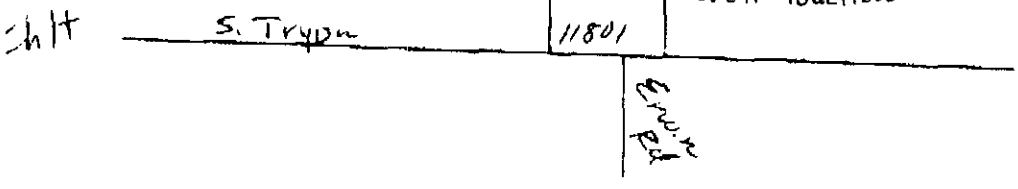
11. DATE WELL ABANDONED 5-3-06

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 Vernon Lassiter Jr. Date 5-3-06

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

Chris
703

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

FILE # 64618

GWS - RES APP 10/04

WELL FEE:
DATE:
CRT( )

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

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

JOB LOCATION INFORMATION:
- TAX/PARCEL #: 21901115
- STREET ADDRESS: 11801 S. Tryon St
- CITY: Charlotte
- STATE: NC ZIP: 28273

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:
- ■ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING:
- ☐ SINGLE MOBILE HOME (S)
- ☐ MODULAR HOME (M)
- ☐ DOUBLE WIDE (D)
- ☐ MULTI-FAMILY (U)
- ■ HOUSE (H)
- ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE: N/A
- ☐ CONCRETE SLAB
- ☐ BASEMENT WITH PLUMBING
- ☐ CRAWLSPACE
- ☐ BASEMENT WITH NO PLUMBING

COPY

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: N/A

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 Abandonment

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

N/A

PROPERTY OWNER:
- NAME: Crosland Land Development at Longsgate
- ADDRESS: 141 Scaley Bark Rd
- CITY: Charlotte
- STATE: NC ZIP: 28209
- HOME PHONE:
- WORK PHONE: 704-201-0136
- MOBILE PHONE:
- FAX: 704-527-5181

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
- NAME: Lassiter Well Company
- ADDRESS: 600 Rhyne Rd
- CITY: Charlotte
- STATE: NC ZIP: 704-392-5704
- HOME PHONE:
- WORK PHONE:
- MOBILE PHONE: 704 614 9573
- FAX: 704-399-4485

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A
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

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Vernon Lassiter Jr 4-26-06
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211

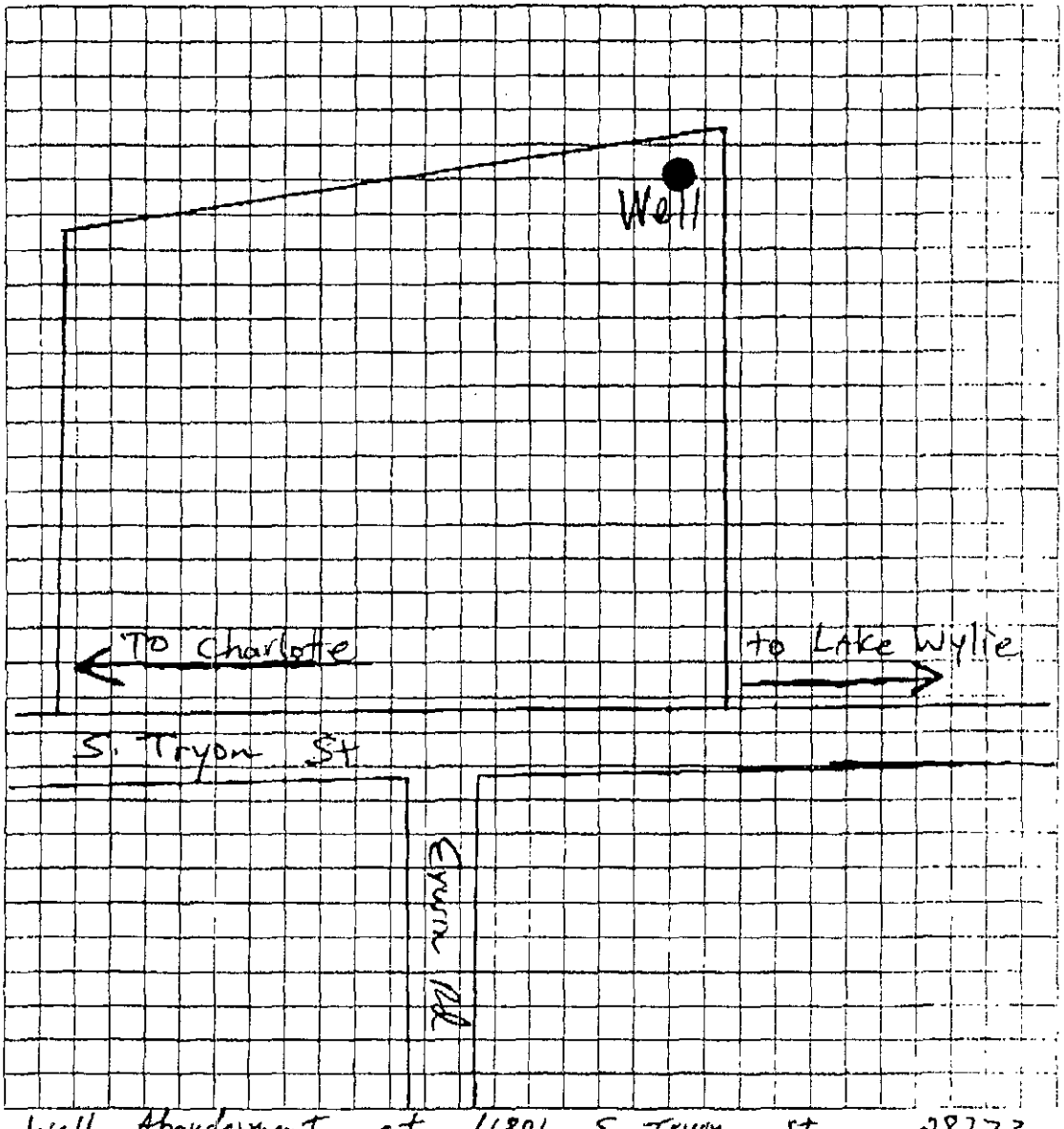
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 04601B
Date

COPY

PROPOSED PLOT PLAN

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.



Well Abandonment at 11801 S. Tryon St 28273

parcel # 2190113

Owner/Agent Signature Vernon Lassiter Jr

Date 4-26-06

Fax# 704-399-4485
704-392-5704

LBC 12/15/04

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#: 10000703 **Tax Parcel #:** 219-011-15
Property Owner: CROSLAND DEVELOPMENT
Job Location Address:11801S TRYON ST
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28273
Permit Issuance Date: 4/26/2006
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:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte NC 28202
Phone: (704) 336-5103
Fax: (704) 318-5894

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

Permit#: 10000703 **Tax Parcel #:** 219-011-16
Property Owner: CROSLAND DEVELOPMENT
Job Location Address: 11801S TRYON ST
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28273
Permit Issuance Date: 4/26/2006
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:

- This 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:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

LASSITER WELL CO INC
Owner/Legal Agent: Print Name

Vivian Lassiter
Signature:

MAY-02-2006 08:50 AM LASSITER WELL CO 704 399 4485
APR-28-2006 10:05 MECKLENBURG CO GWS 704 336 8594

703

GWS – RES APP 12/04

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

FILE # 6461B

WELL FEE:
DATE:
CRT [ ]

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☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
■ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE: N/A

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☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

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WORK PHONE: 704-201-0136
MOBILE PHONE:
FAX: 704-527-5181

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CITY: Charlotte
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HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 614-9573 FAX: 704-399-4485

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Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ONSITE

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Vernon Lassiter Jr 4-26-06
Owner's/Agent's Signature Date

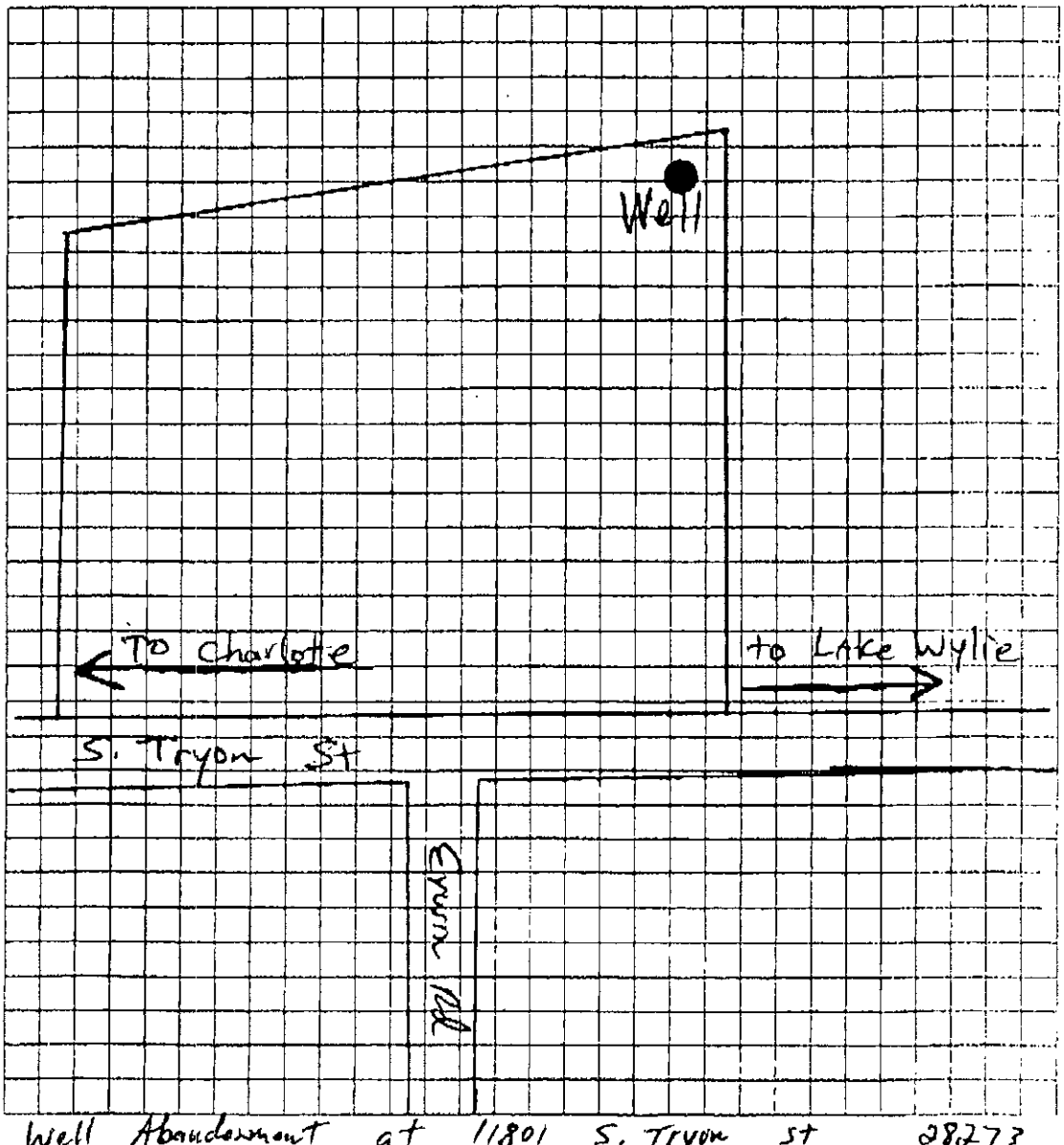
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 6461B
Date

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Well Abandonment at 11801 S. Tryon St 28273

parcel # 2190113

Owner/Agent Signature Vernon Lassiter Jr

Date 4-26-06

Fax# 704-399-4485
704-392-5704