

1122 HIPP RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg 6673B

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 Granville Wayne Holt

Mecklenburg County Permit# 1000 1170 WELL CONTRACTOR CERTIFICATION # 2427

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

1122 Hipp Rd. Oakdale Tax Lot# 035-161-04

(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Charles & Virginia R. Long

4. ADDRESS: 1796 Hickory Springs Lane Lincolnton, NC 28092

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

6. TOTAL DEPTH: 74' DIAMETER 2"

7. CASING REMOVED:

feet	diameter
0	

8. DISINFECTION: 3 oz HTH (Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

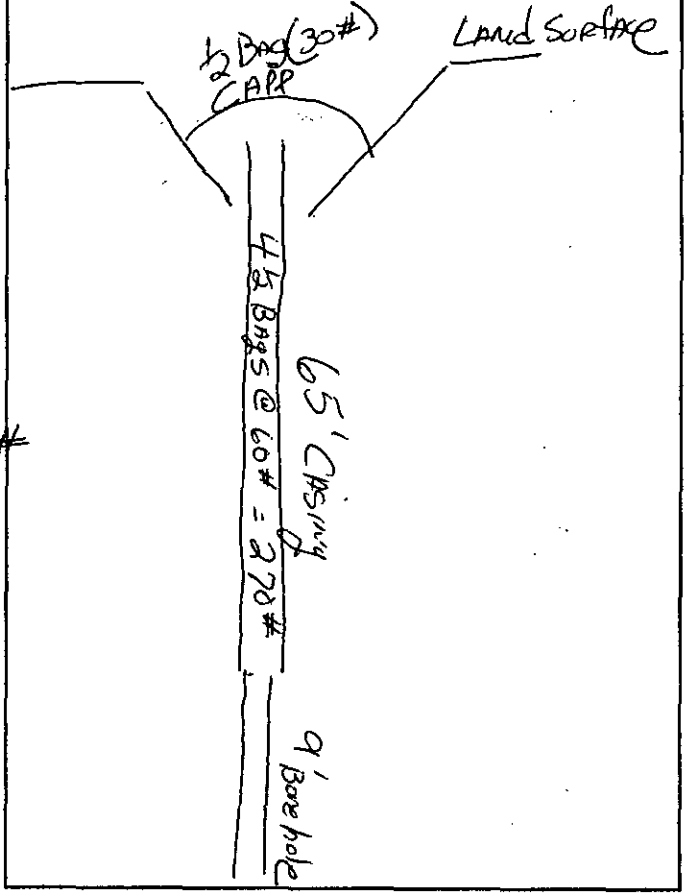
Neat Cement	Sand Cement
bags of cement	bags of cement 50 60#
gallon of water	gallons of water 6

Other
Type material
Amount

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Each Bag mixed in wheelbarrow, Placed in well Hand full @ a time until Full 4½ Bags in well ½ Bag Cover

11. DATE WELL ABANDONED 07 Aug 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 materials used.



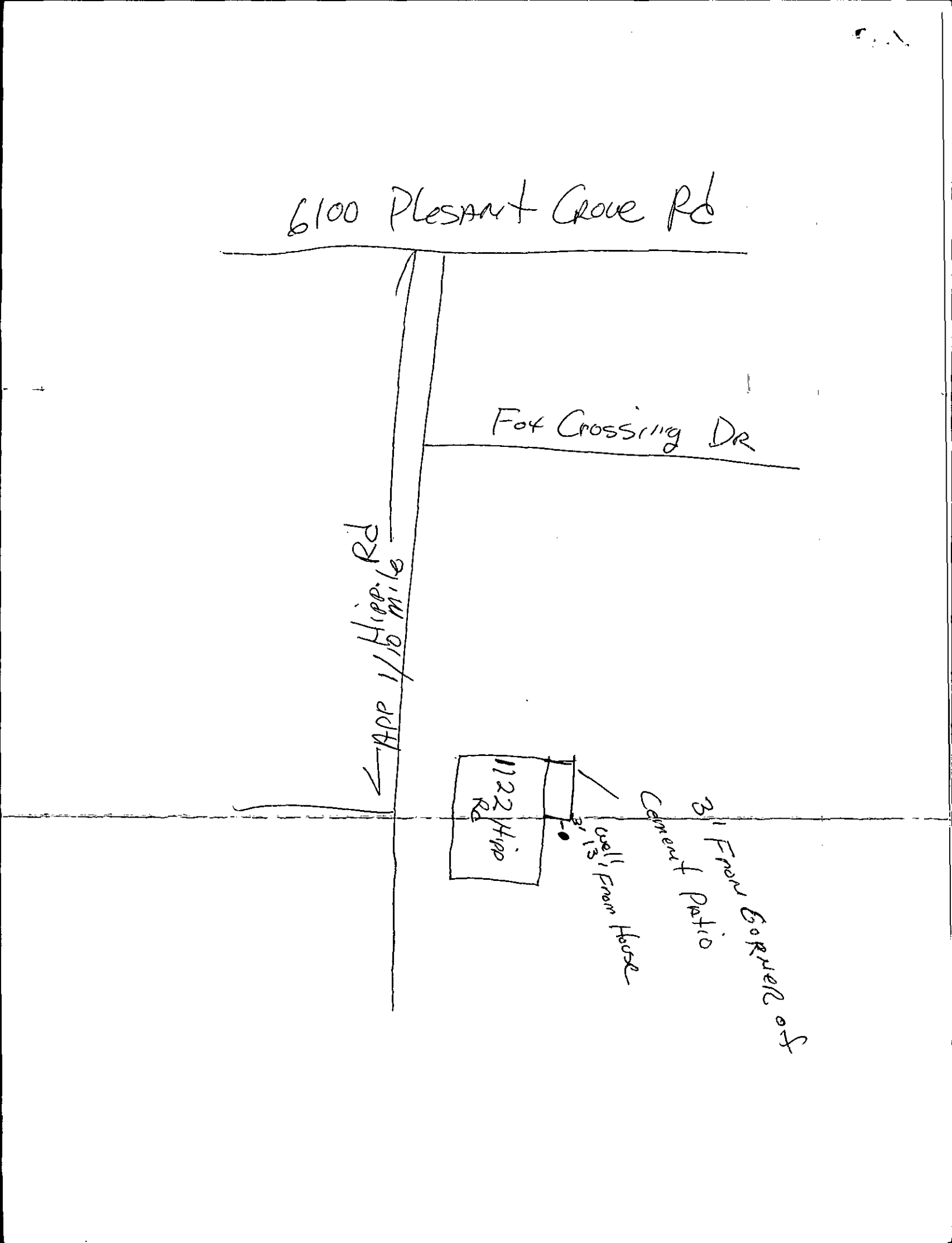
I do hereby certify that this well was abandoned in accordance wit 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Granville Wayne Holt Date 7 Aug 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


6100 Pleasant Grove Rd
Fox Crossing DR
Appx 1/16 Hippo Mile Rd
1122 Hippo Rd
3' from Corner of Cement Patio
3' Well 13 From House

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2427

1. WELL CONTRACTOR:

Granvil Wayne Holt
Well Contractor (Individual) Name

Granvil Holt Pump + Well Inc.
Well Contractor Company Name

STREET ADDRESS 2708 South Point Rd

Belmont NC 28012
City or Town State Zip Code

(704) 825 5058
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

Mecklenburg Abandonment #

COUNTY WELL PERMIT # (if applicable) 1000 1170

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 Mecklenburg QUADRANGLE NAME

NEAREST TOWN: Charlotte

1122 Hipp Rd., Tax Parcel 035-161-04
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

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

LATITUDE 35.30165

LONGITUDE 80.90183

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 and 4b. (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

4b. CONTACT PERSON/WELL OWNER:

NAME Charles + Virginia R. Long

STREET ADDRESS 1796 Hickory Springs Lane

Lincolnton NC 28092
City or Town State Zip Code

(704) 748-2095
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 74 ft. Diameter: 2" in.

b. Water Level (Below Measuring Point): 21 ft.

Measuring point is 1 ft. ~~above~~ Below land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	65 ft.	____ in.
b. Casing Removed:	0 ft.	____ in.

7. DISINFECTION: 3 oz HTH

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

8. SEALING MATERIAL:

Neat Cement	Sand Cement
Cement 5-60# Bags lb.	Cement 300 lb.
Water ____ gal.	Water ____ gal.

Bentonite

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

Other

Type material

Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Each Bag mixed in wheelbarrow dropped in well Handfull at a time until Full, 4½ Bags in Well, 5 Bag around + top well

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 7 Aug. 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.

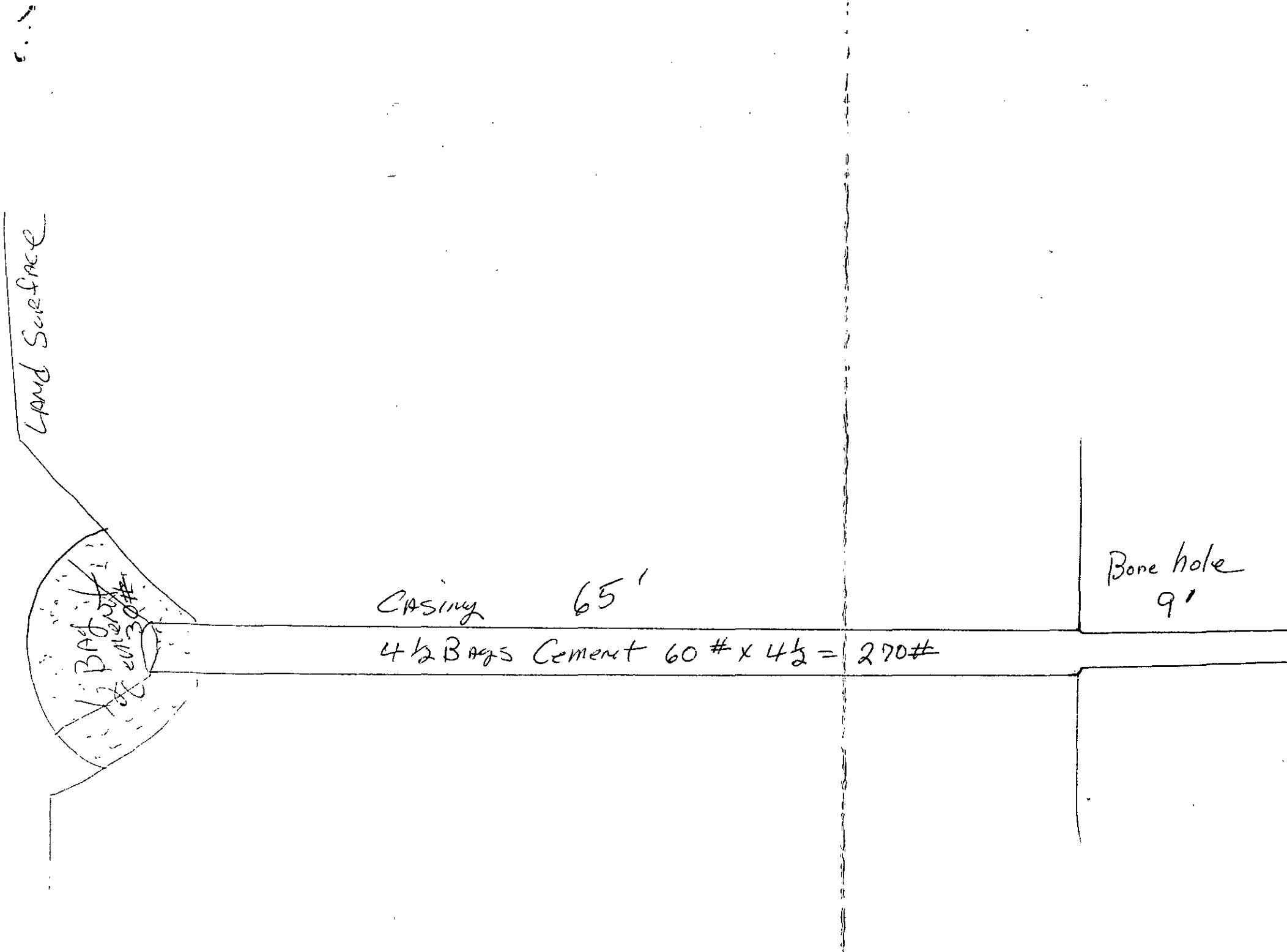
Granvil Wayne Holt 7 Aug 06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

Granvil Wayne Holt
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


Land Surface
Bags Cement 30#
Casing 65'
4½ Bags Cement 60# x 4½ = 270#
Bone hole
9'

66738

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#: 10001170 **Tax Parcel #:** 035-161-04
Property Owner: CHARLES P & VIRGINIA R LONG
Job Location Address:1122 HIPP RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 7/20/2006
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: 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 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:

No additional requirements prescribed per ARGU review DFT 7/24/2006.

Jeremy Michelone R.S.
Authorized Agent: Print Name

Jeremy Mich R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

FAX 704-336-6894

GWS RES. APP 07/05

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 # 6673B

WELL FEE: _____
DATE: _____
CRT [ ]

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 035-161-04
STREET ADDRESS: 1122 Hipp Rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME: OAKdale
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING: FRAME.
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 1210
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE: Concrete Block

☐ 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: Charles P + Virginia R. Long
ADDRESS: 1796 Hickory Springs Lane
CITY: Lincolnton
STATE: NC ZIP: 28092
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Granvil Holt
ADDRESS: 2708 South Point Rd
CITY: Belmont
STATE: NC ZIP: 28012
HOME PHONE: 704-825-[redacted] WORK PHONE: 704-825-3058
MOBILE PHONE: 704 460 6307 FAX: [redacted]
Lic #2427 Granvil Holt Pump + Equip. Inc.

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1955
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? NONE.

*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.

Granvil W Holt 19 Aug 06
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 the 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