


13932 MALLARD CREEK RD

02910180

10/5/09

thomatc

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

# Groundwater & Wastewater Services
## Well Project File & Data Review Worksheet

GWS File #: 2826A WASPS App #: 4101

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 ☐ Installation Complete ☐ N/A-Sewer ☑

**I. File Review:**

| | | | |
|---|---|---|---|
| Completed application | Yes ☑ | No ☐ | |
| ARGU review report | Yes ☐ | No ☐ | N/A ☑ |
| Signed permit | Yes ☑ | No ☐ | |
| Sample Results | TC ☐ | Nitrate/Nitrite ☐ | Other ☐ N/A ☑ |
| GW-1 / GW-30 | Yes ☑ | No ☐ | |
| Certificate of Completion | Yes ☐ | No ☑ | |
| Other related documentation | Yes ☐ | No ☐ | N/A ☑ |

Comments:

_____

_____

_____

_____

_____

**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:

_____

_____

_____

_____

_____

Application received date: _____ Well approval date: _____

Review performed by: _____ Date performed: 8/12/09

K.G.

MECKLENBURG COUNTY
28262 GROUNDWATER & WASTEWATER SERVICES 4101

**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN
2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☑ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 02910102
STREET ADDRESS: 13932 MALLARD Creek Rd.
CITY: Charlotte
STATE: NC ZIP: 28262
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: 1959
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC 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 ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER ___

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER ___

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED)
☐ N/A ☐ 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 (SEPTIC) 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 |
| CHEMICAL/PETROLEUM STORAGE TANKS | ☐ YES | ☑ NO | KNOWN UNDERGROUND CONTAMINATION | ☐ YES | ☑ NO |
| WASTE STORAGE | ☐ YES | ☑ NO | GROUNDWATER USE RESTRICTIONS/VARIANCES | ☐ YES | ☑ NO |

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☑ UNKNOWN
11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☑ N/A

12. PROPERTY OWNER:
NAME: SCOTT Twiggy
ADDRESS: 2649 BREAKBRIDGE CNTA. DR.
CITY: MONROE
STATE: NC ZIP: 28110
HOME PHONE:
WORK PHONE: (704) 577-0429
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE IF APPLICABLE:
NAME: AO ENVIRONMENTAL
ADDRESS: 4414 GOLDEN VIEW DR.
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE:
WORK PHONE: (704) 504-5730
MOBILE PHONE:
FAX:

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

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 sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

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 twelve (12) months from the date of issuance.

MH (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Mike Holcomb
Property Owner's or Owner's Legal Representative Signature

3-6-09
Date

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*OFFICE USE ONLY*

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

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ 0 N/A DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 2826A

APPLICATION ID NUMBER ASSIGNED: 4101

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8694

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#:** 10004101 **File #:** 2826A **Tax Parcel #:** 029-101-50
**Property Owner:** SCOTT TWIGGY
**Job Location Address:** 13832 MALLARD CREEK RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28262
**Permit Issuance Date:** 3/11/2009
**Use of Well:** N/A
**Type of Facility Served by Well:** House
**Project Type:** 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 or 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, RS
Authorized Agent: Print Name

Kim Garrett, RS
Signature:

McCall Brothers Inc
Owner/Legal Agent: Print Name

J. Michael McCall
Signature:

KG

# WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211 2323052

1. WELL CONTRACTOR:
Peter FLOREA
Well Contractor (Individual) Name
McCall Bros. Inc.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire Blvd.
Charlotte NC. 28216
City or Town State Zip Code
(704) 201-9615
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
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: Charlotte
13932 Mallard Creek Rd.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

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

LATITUDE 35° 21.049'
LONGITUDE 80° 43.583'
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

4b. CONTACT PERSON/WELL OWNER:
NAME MIKE Holcomb
STREET ADDRESS 6700 Brookshire Blvd
Charlotte NC. 28216
City or Town State Zip Code
(704) 399-1506
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 30 ft. Diameter: 26 in.
b. Water Level (Below Measuring Point): 30 ft.
Measuring point is 0 ft. above land surface.

6. CASING:

| | Length | Diameter |
|---|---|---|
| a. Casing Depth (if known): | ft. | in. |
| b. Casing Removed: | 4 ft. | 26 in. |

7. DISINFECTION: 0
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement lb.
Water gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite lb.
Type: Slurry Pellets
Water gal.

Other
Type material CLEAN CLAY
Amount 5 yds

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
HOVED + TAMPED CLAY WITH TRACK HOE

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 11-28-08

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.

Pete Florea 12-07-08
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.)

PRINTED NAME OF PERSON ABANDONING THE WELL
Pete FLOREA

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

029-101-02

