

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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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

COPY

WELL ABANDONMENT RECORD

5922B

WELL CONTRACTOR D.L. Mullis
WELL CONTRACTOR CERTIFICATION # 2039

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

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

3. OWNER: NCDOT

4. ADDRESS: 1708 Woodlea Road

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

6. TOTAL DEPTH; 25 Feet DIAMETER 4inch

7. CASING REMOVED: NO

feet	diameter
Unknown	4inch

8. DISINFECTION: 2 Pints
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 4	bags of cement_____
gallon of water 12	gallons of water_____

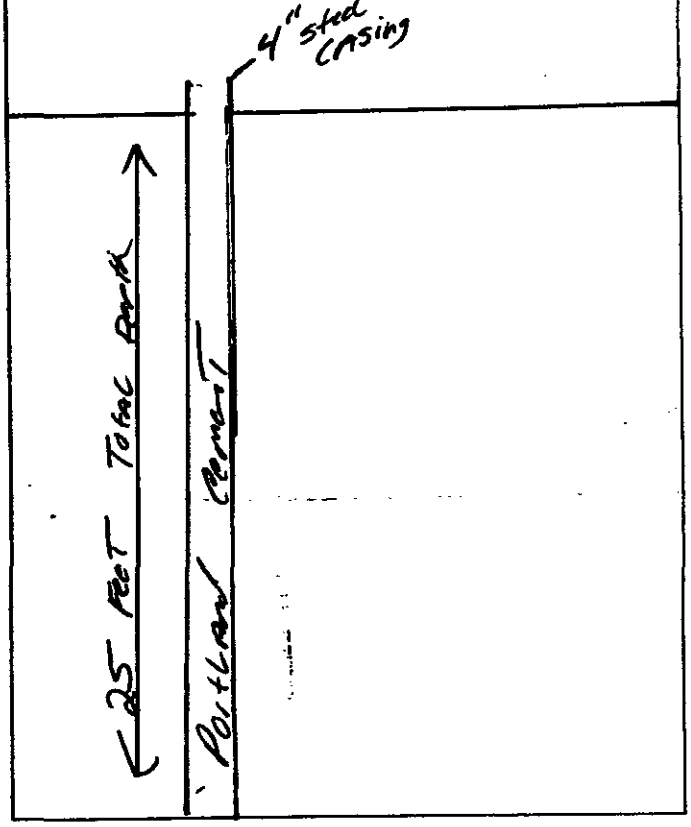
Other
Type material _____
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

Pumped with 1" Tremmie

11. DATE WELL ABANDONED 4-26-05

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 _____ Date 4-26-05

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

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#: 10000003 **Tax Parcel #:** 03105406
Property Owner: NCDOT
Job Location Address: 1708 WOODLEA RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 4/5/2005
Use of Well: Other
Type of Facility Served by Well: Other Residential
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 Certified Well Contractor that is currently registered with the Department 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.

Other Conditions of This Permit:

DAVID CORNELIUS, RS 4/27/05
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

03/31/05 THU 17:17 FAX 704 545 9449 MCWHIRTER GRADING CO.
03/31/2005 13:49 7045459449 DL MULLIS WELL

OWS - RES. APP 12/04

[redacted]

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

[redacted]

FILE #

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 #: NO PARCEL - I-485
STREET ADDRESS: ABANDONED WOODLEA Road
CITY: CHARLOTTE
STATE: NC ZIP: OFF NC 27
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION: N/A

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER

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

FOUNDATION FOR RESIDENCE:

☐ 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 (S) ☒ PRIVATE WELL (P) ☐ SHARED WELL (W) ☐ 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: NCDOT
ADDRESS:
CITY: Raleigh NC
STATE: NC ZIP: 27611
HOME PHONE: WORK PHONE: 704 483-5580
MOBILE PHONE: 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/Agent Signature [signature] 3-31-05 Date
Mwinwater for NCDOT

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE

"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.

Owner/Agent Signature [signature] 3/31/05 Date
Mwinwater for NCDOT

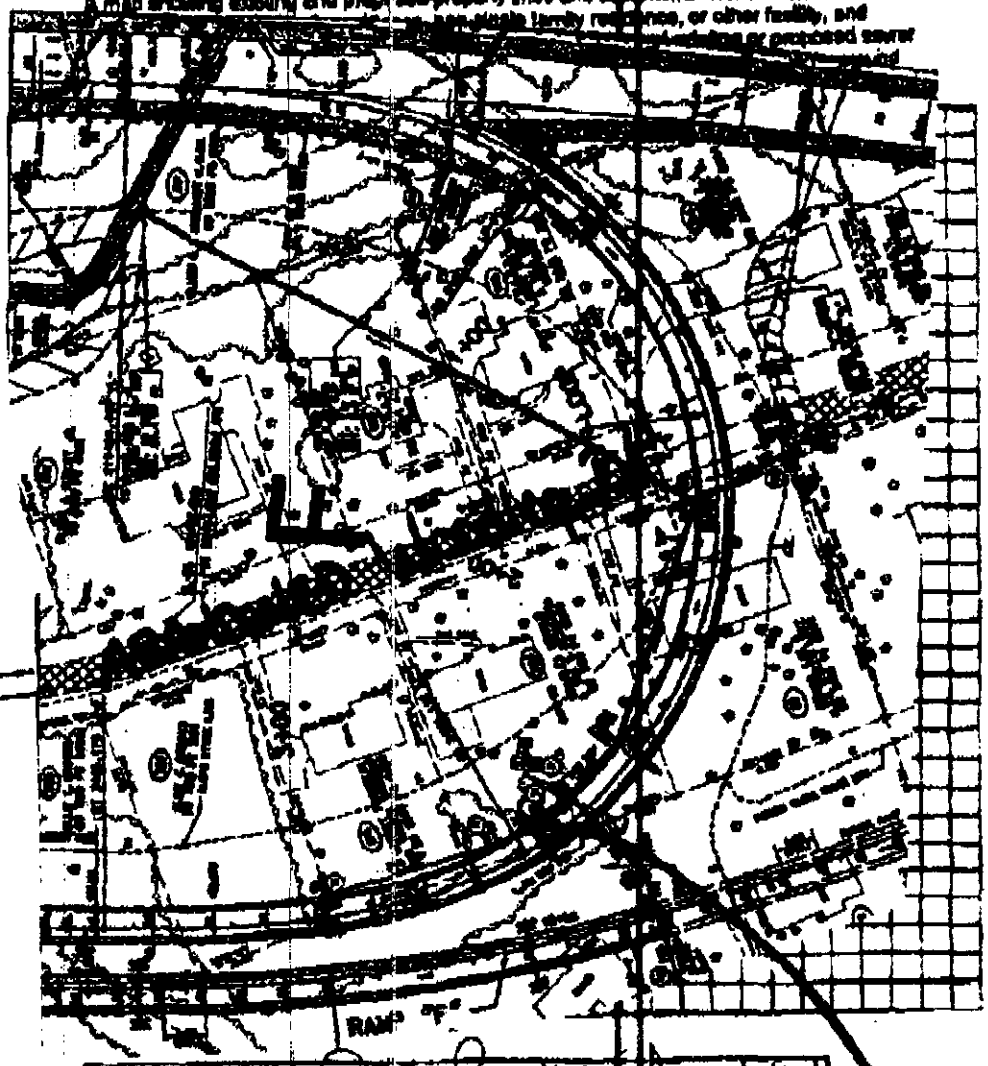
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

Mecklenburg County
Land Use & Environmental Services Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 610
Charlotte, NC 28202
Phone: (704) 336-5100
Fax: (704) 336-5994

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location and size of any single family residence, or other facility, and existing or proposed sewer lines and



Owner/Agent Signature
Date 3/31/05

Well location

LBC 12/16/04

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

COPY

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

Permit#: 10000003 **Tax Parcel #:** 03105406
Property Owner: NCDOT
Job Location Address:1708 WOODLEA RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 4/5/2005
Use of Well: Other
Type of Facility Served by Well: Other Residential
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 Certified Well Contractor that is currently registered with the Department 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.

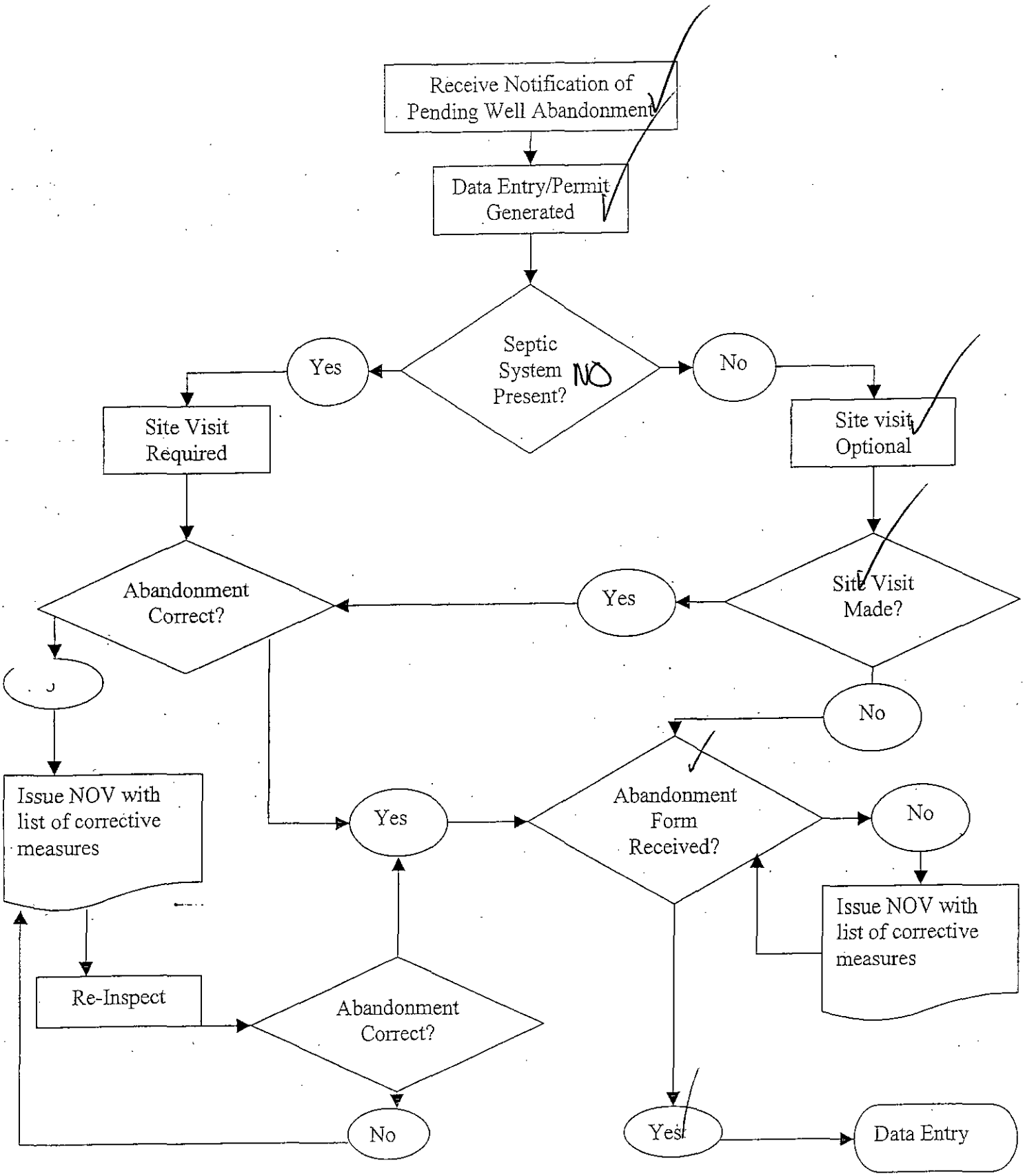
Other Conditions of This Permit:

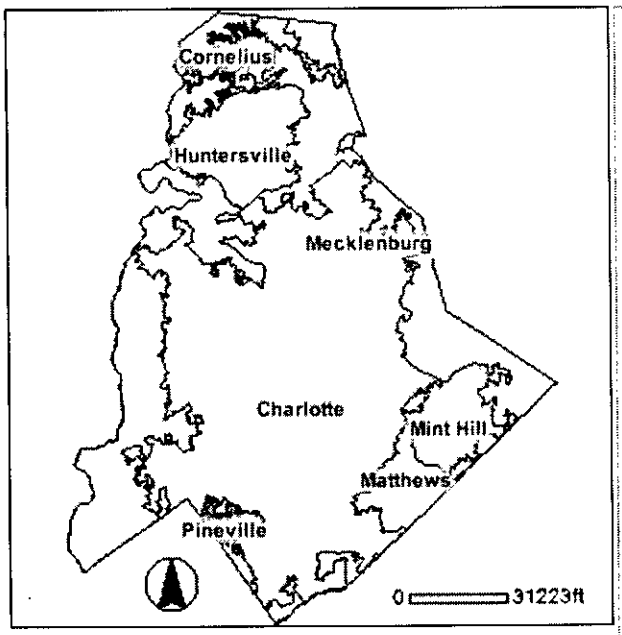
DAVID CORNELIUS, RS 4/27/05
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:


Receive Notification of Pending Well Abandonment
Data Entry/Permit Generated
Septic System Present?
NO
Yes
No
Site Visit Required
Site visit Optional
Abandonment Correct?
Yes
Site Visit Made?
No
Issue NOV with list of corrective measures
Yes
Abandonment Form Received?
No
Issue NOV with list of corrective measures
Re-Inspect
Abandonment Correct?
No
Yes
Data Entry



Search | Results | Layers | Legend

Parcel Number

03105406 Master Address Table

Submit

Subdivision Name

100 NORMAN PLACE Submit

Street Address

Start House Number: End House Number:

Street Direction: Street Name:

ANY

Street Type: Street Suffix:

ANY ANY

Submit

	ParcelID	House#	Dir	StreetName	StType	Suffix	Unit	Juris	Lot	Block	Us
Submit Query	03105406	1708		WOODLEA	RD			MECKLENBURG			SINC FAMI RESI

59 22B

The system said you had issued permit-

Chad is waiting on this permit

Mullis

If you have the permit - please call Chad (Driller) (704-545-5694) and get a Fax # to send to him

Thank You

Well Abandonment Activity Tracking Permit #: 10000003

1. Application & Review

- ☐ Complete application on file
- ☐ Site Plan and other appropriate documentation submitted
- ☐ Registered Well Driller. Certification Number: _____
- ☐ Temporary Abandonment
- ☐ Permanent Abandonment
- ☐ Abandonment Permit Issued

◯ Yes ◯ No Septic system on site

2. Inspection

◯ Yes ◯ No On site inspection

☐ Observed ☐ Driller Valid permit on site with registered driller

Temporarily Abandoned

☐ Observed ☐ Driller Watertight cap (cannont be removed easily by hand)

☐ Observed ☐ Driller Well cover

Well Contractor Identification Plate

- ☐ Plate installed securely on well cassing
- ☐ Information not obscured
- ☐ Information accurately completed

Permanent Abandonment

☐ Observed ☐ Driller Well free from obstruction

◯ Yes ◯ No Water from a known contamination *zone*

☐ Observed ☐ Driller Disinfected

☐ Observed ☐ Driller Properly sealed

3. Documentation

- ☐ Well Abandoment Record received

4. Approval

- ☐ Abandonment approval granted
- ☐ Abandonment approval denied

5. Additional Comments / Observations

App. #: 3

Septic Fee: 0

Date: CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ONSITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
FILE # 5922B

Well Fee: 0

Date: 4/5/2005 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 #: 031-054-06
STREET ADDRESS: 1708 WOODLEA RD
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 0
TOWNSHIP:
Label

BUILDING INFORMATION:
TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)
( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)
( ) HOUSE (H) (•) OTHER

HEATED SQUARE FOOTAGE: 0
NUMBER OF BEDROOMS: 0
NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING
[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: NCDOT
ADDRESS: 1531 Mail Service Center
CITY: Raleigh
STATE: NORTH CAROLINA ZIP: 27611
HOME PHONE: WORK:
MOBILE: 704-482-5580 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jay Eaves
ADDRESS: P.O. Box 23510
CITY: Charlotte
STATE: NORTH CAROLINA ZIP: 28227
HOME PHONE: WORK:
MOBILE: 704-545-4115 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

McWhirter Grading Company, Inc.

FACSIMILE TRANSMITTAL SHEET

TO: JACK STUTTS FROM: JAY EAVES

COMPANY: DATE: 4-5-05

FAX: 704-336-4391

RE: WELL ON NCDoT PROJECT

MESSAGE: JACK THE BEST I CAN READ THE PREVIOUS OWNER WAS Charles A + Iris McSwain? 392-5056

1st page - overview of area from plan cover.

2nd page - adjacent old parcel owners.

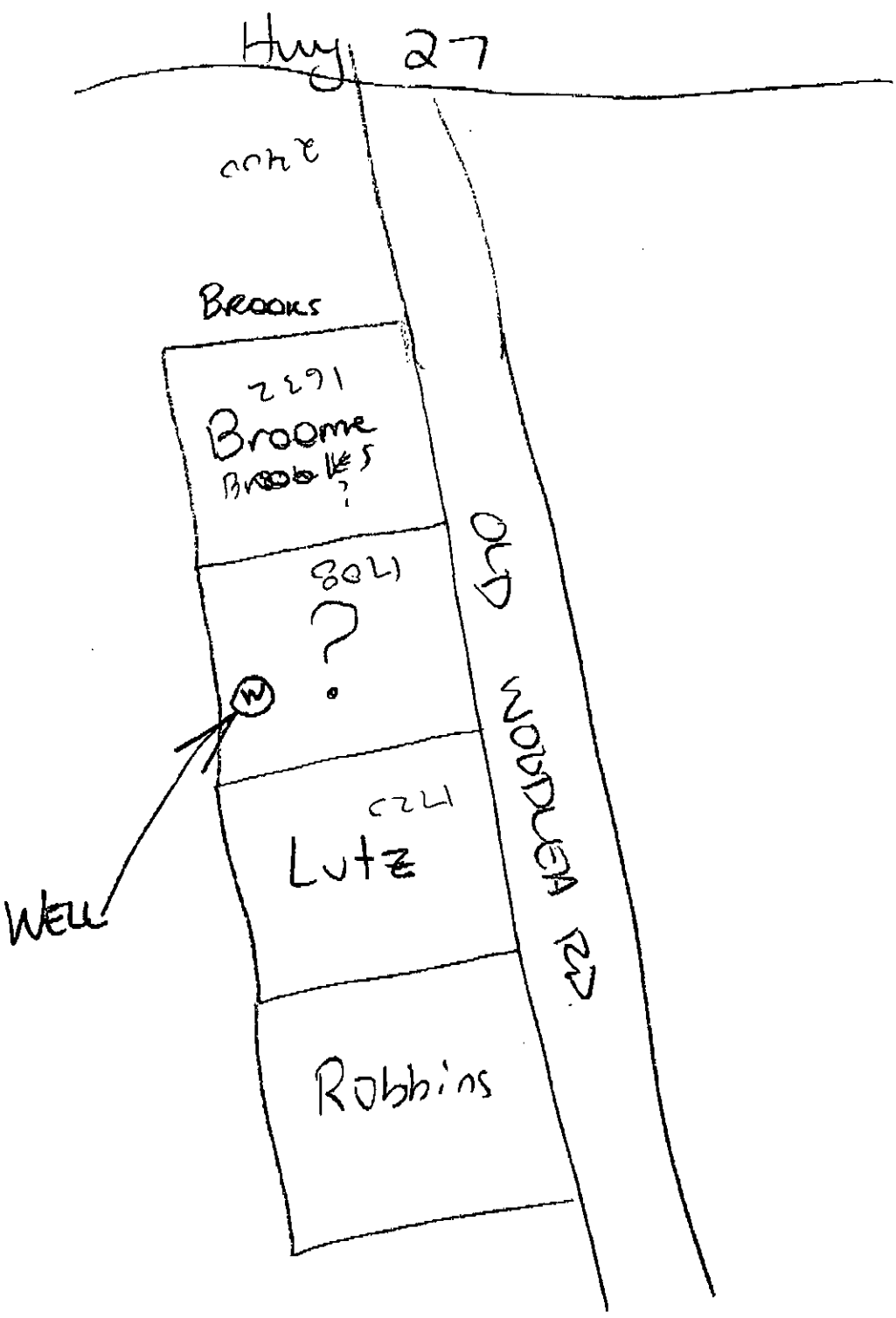
Jay

cell - 704-363-6067

NUMBER OF PAGES INCLUDING COVER LETTER: 3

P.O. Box 23510 Charlotte, North Carolina 28227-0272

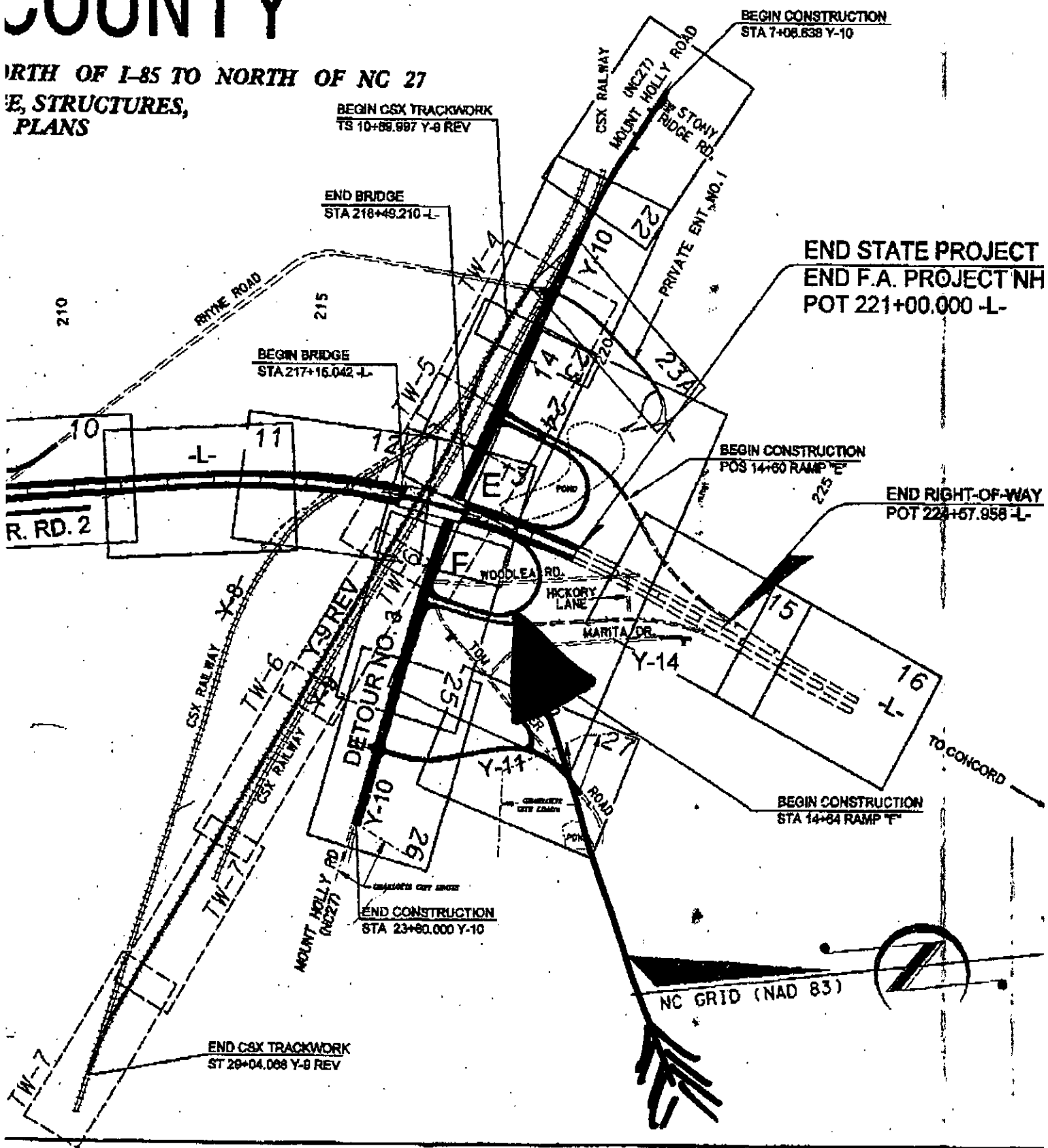
Phone: (704) 545-4115 Fax: (704) 545-2641


Hwy 27
Brooks
2291
Broome
8021
?
Lutz
Robbins
Old Wonder Rd
WELL

UNLESS OTHERWISE SHOWN

COUNTY

ORTH OF I-85 TO NORTH OF NC 27
E, STRUCTURES,
PLANS



Prepared in the Office of:

Stantec

Stantec consulting Inc.
801 Jones Franklin Road, Suite 300
Raleigh, NC U.S.A.
27606
Tel. 919.851.6866 Fax. 919.851.7024
www.stantec.com

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

STANDARD SPECIFICATIONS

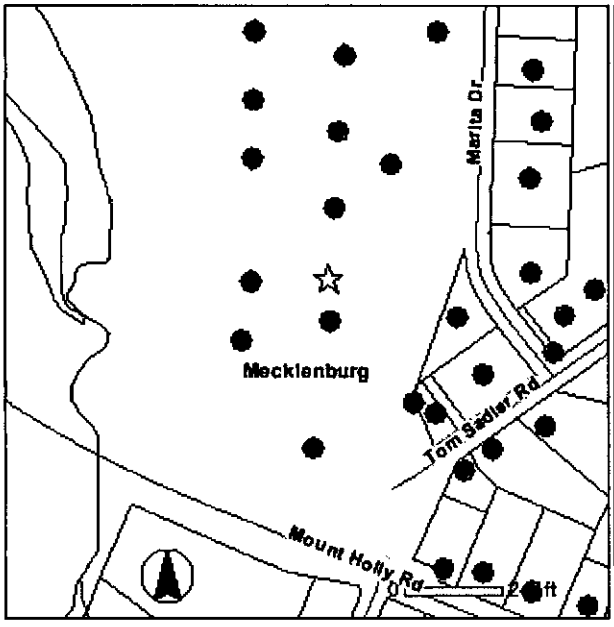
KEITH F. HUDSON

HYDRAULICS ENGINEER

NORTH CAROLINA PROFESSIONAL SEAL 20255 ENGINEER

1-11-02

DIVISION
STATE OF N



Search | Results | Layers | Legend

Selected Address

Parcel ID:
03105406
Parcel Number does not exist in CAMA

Street Address:
1708
WOODLEA RD
MECKLENBURG
28214-

Block: **Land Use Code:** SINGLE FAMILY RESIDENTIAL

Lot: **Subdivision:**

	ParcelID	House#	Dir	StreetName	StType	Suffix	Unit	Juris	Lot	Block	UseCode	Posta
Submit Query	03105406	1708		WOODLEA	RD			MECKLENBURG			SINGLE FAMILY RESIDENTIAL	CHARL