


14332 STEELE CREEK RD

21912201

6/17/08

marliwr

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

MECKLENBURG COUNTY
**Land Use & Environmental Services Agency**
**Water & Land Resources**
***Groundwater & Wastewater Services***

# Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: MCCALL BROTHER, INC

Fax #: 704-398-2605
Phone #:

From: ANNETTE GLADNEY

Date: 05-21-08

Number of pages transmitted: 1 (including coversheet)

Comments:
PLEASE SIGN AND FAX BACK . THANK YOU

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

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#:** 10003527 **File #:** 10865 **Tax Parcel #:** 219-122-01
**Property Owner:** HOOPAUGH REP GRADING CO
**Job Location Address:** 14332 STEELE CREEK RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28278
**Permit Issuance Date:** 5/20/2008
**Use of Well:** Irrigation
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**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:**

Debra Howell R.S.
Authorized Agent: Print Name

McCall Brothers Inc.
Owner/Legal Agent: Print Name

Debra Howell RS
Signature:

Joe McCall
Signature:

Sig Her

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
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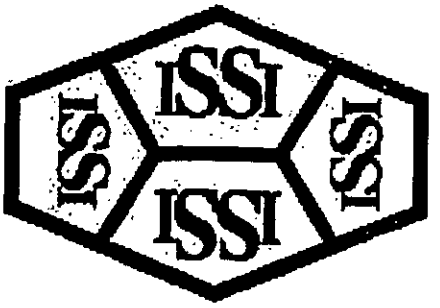
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Debra Howell R.S.
Authorized Agent: Print Name

Owner/Legal Agent: Print Name

Debra Howell RS.
Signature:

Signature:




Imaging Solutions and Services, Inc

The following is a

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*ISSI Operations Center Staff*

D& Howell

FILE NUMBER: 10865

SEPTIC FEE: _____
DATE: _____

Revised C 1: January 3, 2007
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

APPLICATION NUMBER: 3527
DATE: 5-20-08

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFICATION

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 21912201
STREET ADDRESS: 4932 State Creek Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
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 UNIT
☐ DOUBLE WIDE ☐ MULTI-FAMILY UNIT
☐ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT (CONCRETE BLOCK)
☐ CRAWL SPACE ☐ BASEMENT (POURED CONCRETE)

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1=MOST DESIRED, 5=LEAST PREFERRED)

☐ 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 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 |

10. PROPERTY OWNER:
NAME: Hoopaugh Grading Co.
ADDRESS: 222 Westinghouse Blvd.
CITY: Charlotte
STATE: NC ZIP: 28273
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: McCall Brothers Inc.
ADDRESS: PO Box 668716
CITY: Charlotte
STATE: NC ZIP: 28266
HOME PHONE: WORK PHONE: 704-366-7111
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

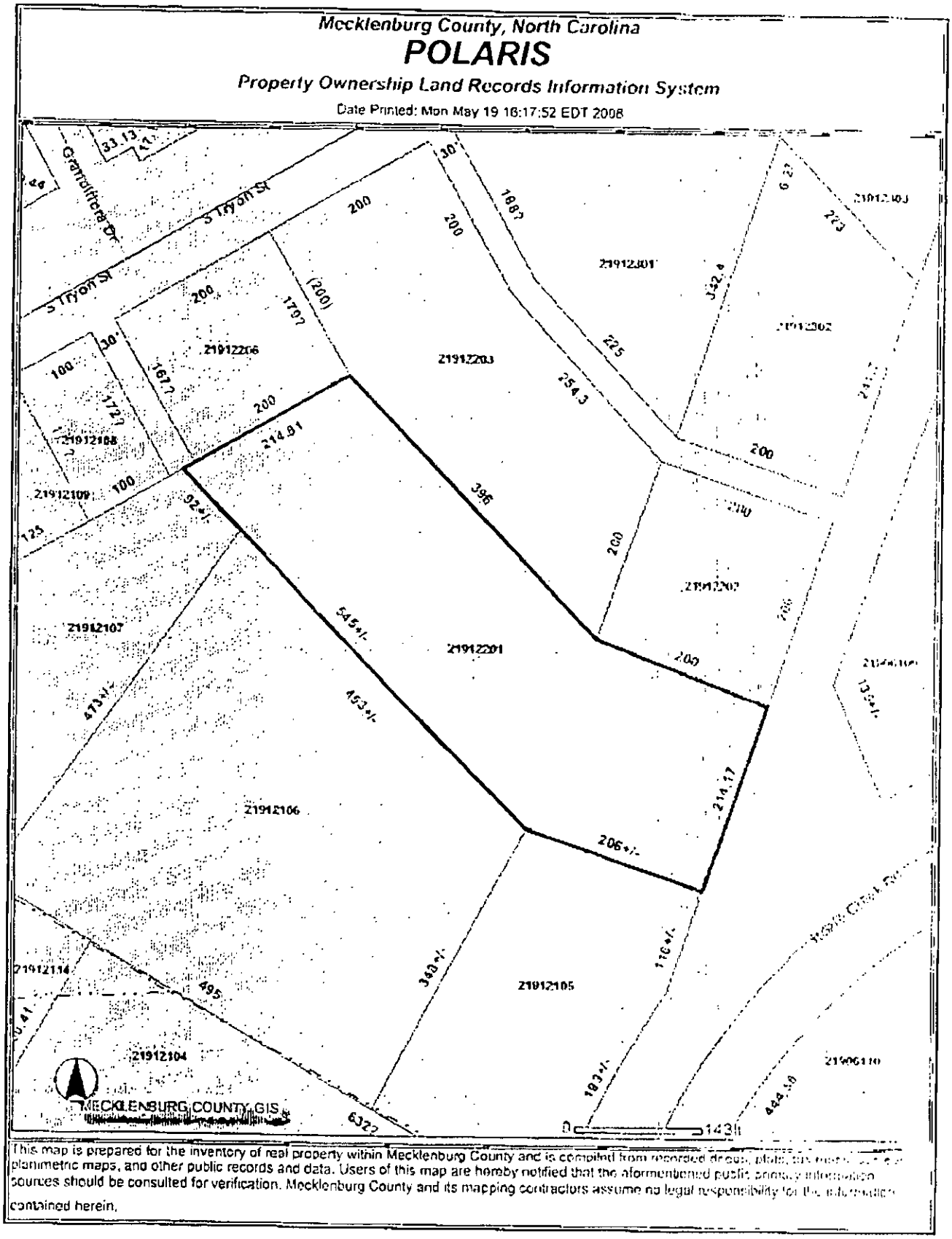
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring..

Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read the 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 12 months from the date of issuance.

Joe McGuire 5-19-08
Property Owner's or Owner's Legal Representative Signature Date

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


Mecklenburg County, North Carolina
POLARIS
Property Ownership Land Records Information System
Date Printed: Mon May 19 16:17:52 EDT 2008
S Tryon St
Granaltiera Dr
21912206
21912203
21912201
21912202
21912107
21912106
21912105
21912104
21912114
21912108
21912109
MECKLENBURG COUNTY GIS
This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, [illegible] planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

McCALL BROTHERS INC.

POST OFFICE BOX 668710 • CHARLOTTE, NC 28266-8710 • TELEPHONE (704) 398-1506 • TELEFAX (704) 398-2600

Founded 1938

# FACSIMILE TRANSMITTAL

DATE: 5-19-08 FAX NO. 704-336-6894

TO: Meck Co

ATTENTION:

FROM: Joe McAlpine

NO. PAGES 8 (Including This One)

MESSAGE: permit applications for well abandonments at:
13211 S. Tryon
14400 Steele Creek Rd
14432 Steele Creek Rd

# WELL ABANDONMENT RECORD

#2

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

WELL CONTRACTOR CERTIFICATION # 2241 500033284

1. WELL CONTRACTOR:
Peter FLOREA
Well Contractor (Individual) Name
McGAIL BROS. INC.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire BLVD.
Charlotte NC 28216
City or Town State Zip Code
(704) 399-1506
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
14332 STEELE 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° 5.961'
LONGITUDE 80° 59.623'
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 DAVID PETTIT
STREET ADDRESS 222 Westinghouse BLVD
Charlotte NC 28273
City or Town State Zip Code
(704) 615-4947
Area code - Phone number

5. WELL DETAILS: DH 10865
a. Total Depth: 40 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 28 ft.
Measuring point is 4 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ft. in.
b. Casing Removed: ft. in.

7. DISINFECTION: 3 oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement lb.
Water gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite 75 lb.
Type: Slurry Pellets ✓
Water 5 gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Poured bentonite down casing

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 6-4-08

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.

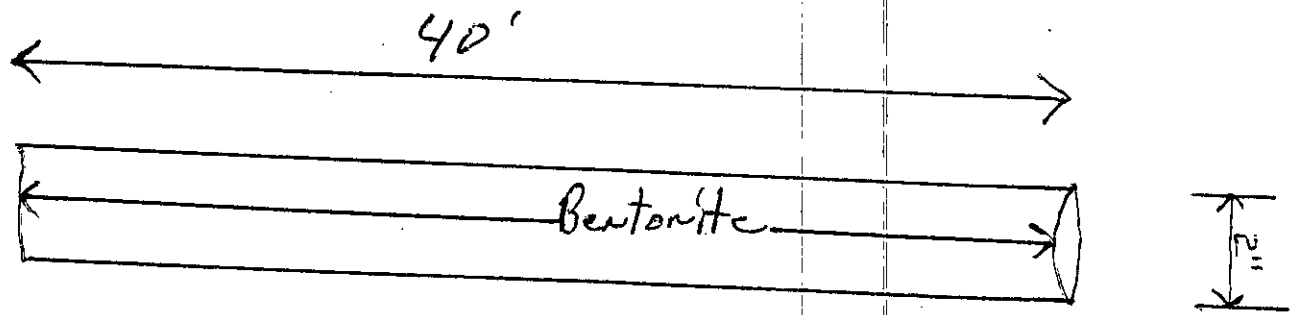
Pete Florea 6-5-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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
ADAM BLANTON

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


40'
Bentonite
2"

#1 file
DH 10865
500332854

# WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

3527

1. WELL CONTRACTOR:
Peter FLOREA
Well Contractor (Individual) Name
McGALL BROS. INC.
Well Contractor Company Name
STREET ADDRESS 6700 BROOKSHIRE BLVD.
CHARLOTTE NC 28216
City or Town State Zip Code
(704) - 399 - 1506
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
14332 STEELE 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° 5.903'
LONGITUDE 80° 58.517'
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 DAVID PETTIT
STREET ADDRESS 222 Westinghouse BLVD
CHARLOTTE NC 28273
City or Town State Zip Code
704 - 615 - 4947
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 40 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 29 ft.
Measuring point is 0 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ft. in.
b. Casing Removed: ft. in.

7. DISINFECTION: 3 oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement lb.
Water gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite 75 lb.
Type: Slurry Pellets ✓
Water 5 gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
POURED bentonite down CASING

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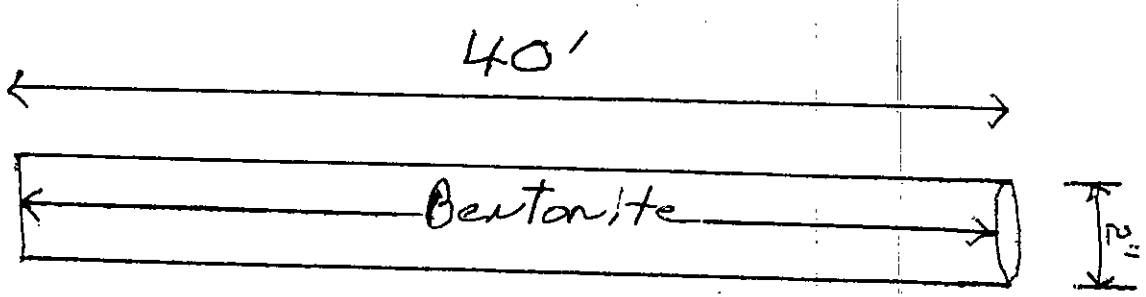
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