


4236 STATESVILLE RD

04501206

1/9/2008

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

McCall Brothers, Inc. - Account # X27070

GWS- COM. APP 12/04

704-336-6894 FAX

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

SEPTIC FEE PAID DATE RECEIPT #

Site ID 855

FILE # 61160B

WELL FEE PAID DATE RECEIPT #

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

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

**JOB LOCATION INFORMATION**

PROJECT TRACKING #:

TAX/PARCEL #: 045-012-06

STREET ADDRESS: 4236 Statesville Rd.

CITY: Charlotte

STATE: NC ZIP: 28269

LOT #: well #1

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE

☑ 1-CHARLOTTE ☐ 5-MATTHEWS

☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE

☐ 3-CORNELIUS ☐ 7-MINT HILL

1966, 1970, 1981

**BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS:

☑ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY:

NUMBER OF EMPLOYEES PER SHIFT:

NUMBER OF SHIFTS:

TYPE OF WASTEWATER:

☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

**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: Linde Gas

ADDRESS: 4236 Statesville Rd.

CITY: Charlotte

STATE: NC ZIP: 28269

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: McCall Brothers Inc.

ADDRESS: PO Box 668710

CITY: Charlotte

STATE: NC ZIP: 28266

HOME PHONE: WORK PHONE: (704) 394-1500

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'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 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.

Joe McAlpine

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

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

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

**Permit#:** 10000165 **Tax Parcel #:** 04501206
**Property Owner:** Linda Gas
**Job Location Address:** 4236 STATESVILLE RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28269
**Permit Issuance Date:** 9/29/2005
**Use of Well:** Other
**Type of Facility Served by Well:** SDF #1
**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 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:**

Jackson A. Walker
Authorized Agent: Print Name

Signature:

McCall Brothers Inc
Owner/Legal Agent: Print Name

Signature:

FO032601

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 Charlie Nichols

WELL CONTRACTOR CERTIFICATION # 3155

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

3. OWNER: Linde Gas LLC.

4. ADDRESS: 4236 Statesville rd. charlotte

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

6. TOTAL DEPTH: 195 DIAMETER 6 1/8

7. CASING REMOVED:

| feet | diameter |
|---|---|
| 1 ft. Below | Ce 1/8 Galv. |
| | |

8. DISINFECTION: 1 Lb.
(Amount of 70% hypochlorite used:)

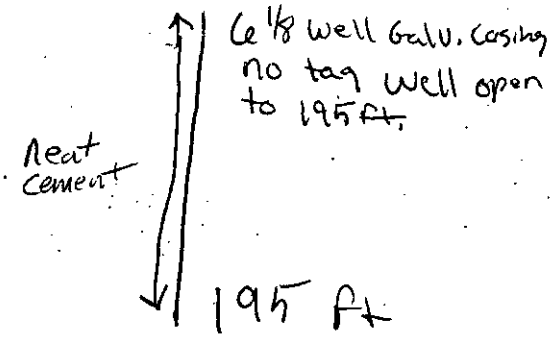
9. SEALING MATERIAL:

| Neat Cement | Sand Cement |
|---|---|
| bags of cement 24 | bags of cement |
| gallons of water 144 | gallons of water |

Other
Type material
Amount

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
trimie to bottom of well + pump grout bottom up till water turns into thick cement.

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 9-30-05

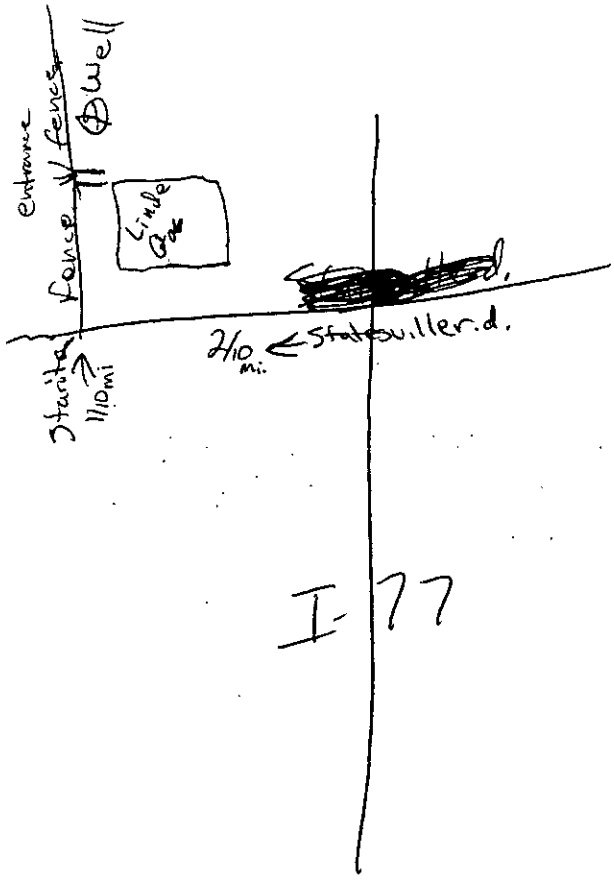
I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Charlie Nichols Date 9-30-05

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


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1/10 mi
I-77

McCall Brothers, Inc. - Account # X27070

GWS-COM. APP 12/04

704-336-6894 fax

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

SEPTIC FEE PAID CHECK #

Site ID: 856

FILE # 16160B

WELL FEE PAID CHECK #

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

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

**JOB LOCATION INFORMATION**

PROJECT TRACKING #:

TAX/PARCEL #: 045-012-06

STREET ADDRESS: 4236 Statesville Rd.

CITY: Charlotte

STATE: NC ZIP: 28269

LOT #: well #2

TOWNSHIP:

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

**BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS:

☑ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY:

NUMBER OF EMPLOYEES PER SHIFT:

NUMBER OF SHIFTS:

TYPE OF WASTEWATER:

☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
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☐ 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: Linde Gas

ADDRESS: 4236 Statesville Rd.

CITY: Charlotte

STATE: NC ZIP: 28269

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: McCall Brothers Inc.

ADDRESS: PO Box 668710

CITY: Charlotte

STATE: NC ZIP: 28266

HOME PHONE: WORK PHONE: (704) 399-1500

MOBILE PHONE: FAX:

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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 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.

Joe McAlpine

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
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**Property Owner:** Linda Gas
**Job Location Address:** 4236 STATESVILLE RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28269
**Permit Issuance Date:** 9/29/2005
**Use of Well:** Other
**Type of Facility Served by Well:** SITE #2
**Sewage System Type:** None

**Type of Repair/Abandonment**

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
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**Other Conditions of This Permit:**

Jackson WALKER
Authorized Agent: Print Name
Signature:

McCall Brothers Inc.
Owner/Legal Agent: Print Name
Signature:

5Q032601 Drew

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

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Nearest Town: Charlotte County Mecklenburg
Statesville r.d.
(Road Name and Number, Community, Subdivision , Lot No.) Quadrangle No.

3. OWNER: Linde Gas. LLC.

4. ADDRESS: 4236 Statesville rd. Charlotte

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

6. TOTAL DEPTH: 200 Ft DIAMETER 6 1/8

7. CASING REMOVED:

| feet | diameter |
|---|---|
| 1 Ft below | 6 1/8 |
| | |

8. DISINFECTION: 1 lb
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

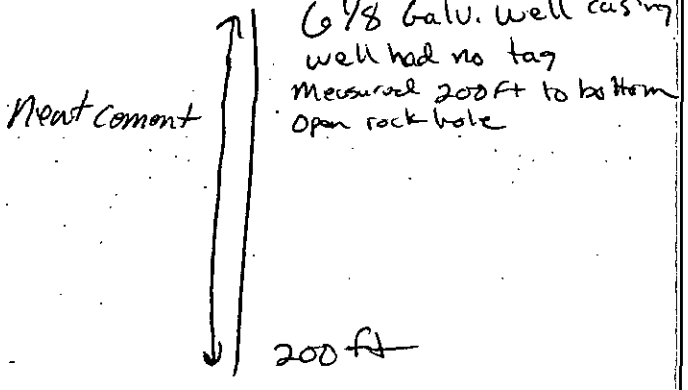
| Neat Cement | Sand Cement |
|---|---|
| bags of cement 26 | bags of cement |
| gallons of water 156 | gallons of water |

Other
Type material
Amount

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
trimmie to bottom & pump cement from bottom up till water turns to thick cement.

11. DATE WELL ABANDONED 9-30-05

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.



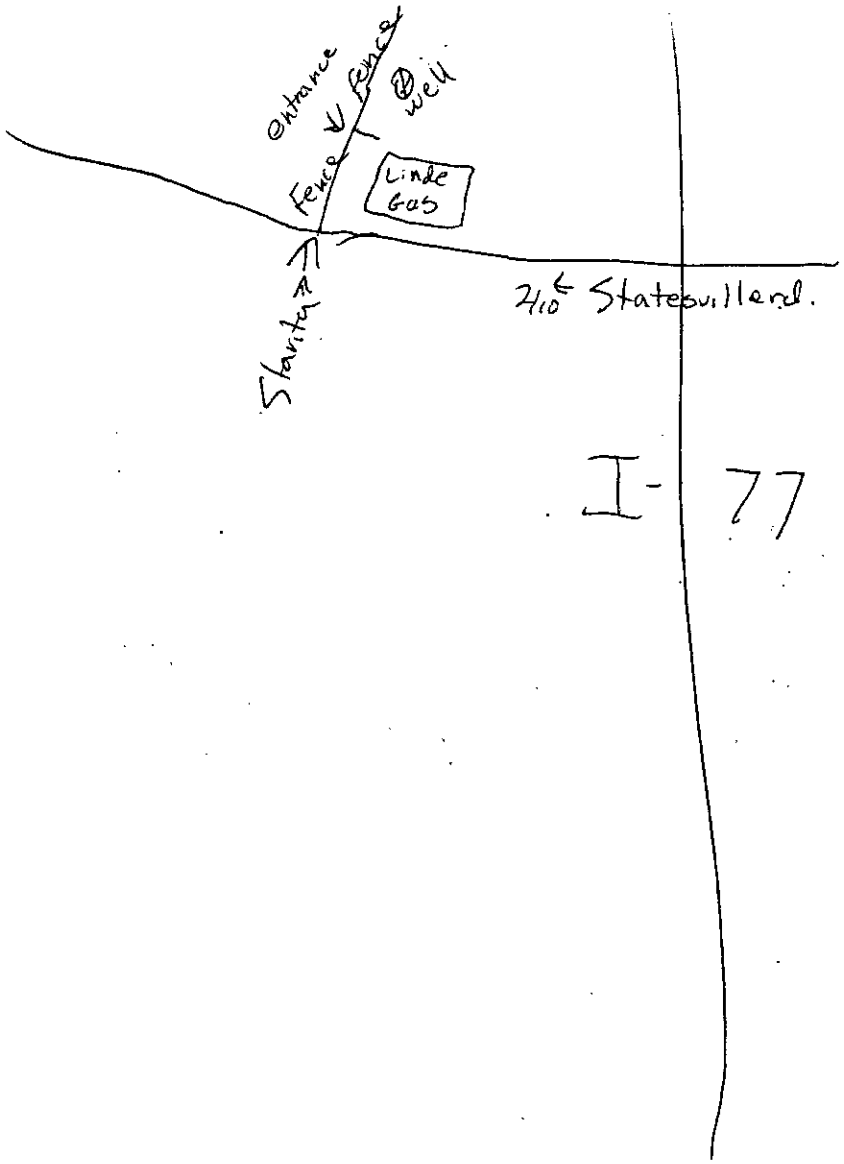

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GW-30 Revised 12/99


Entrance
Fence
Fence
well
Linde Gas
Statesville
21/10
I-77