

1130 WILLHAVEN DR

18511115

1/11/2008

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6959B WASPS App #: 1927

Primary ES assigned to project: Chris Shemwell

Secondary ES assigned to project: Debra Howell

Project Type: New Well ☐ Well Abandonment ☑ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☐ N/A-Sewer ☑

I. File Review:

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

Items requiring correction/modification: 0

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 ☐	

Items requiring correction/modification: 0

Comments:

Application received date: 2/16/07 ES assigned date: 2/16/07 Permit issued date: 2/20/07

Well approval date: 3/20/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 3/27/07

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3085

1. WELL CONTRACTOR:

Stephen M. Hamilton
Well Contractor (Individual) Name

Spectrum-Nationwide Environmental, Inc.
Well Contractor Company Name

STREET ADDRESS PO Box 7351 (117 Sylvania Ave

Charlotte, NC 28241
City or Town State Zip Code

(704) 334-2164
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 10001927

***DWQ or* OTHER PERMIT #** (if applicable)

WELL USE (Check applicable use): ☐ **Monitoring** ☑ **Residential**

☐ ***Municipal/Public*** ☐ **Industrial/Commercial** ☐ **Agricultural**

☐ **Recovery** ☐ **Injection** ☐ **Irrigation**

☐ Other (list use)

3. WELL LOCATION:

COUNTY Mecklenbur QUADRANGLE NAME Charlotte East

NEAREST TOWN: Charlotte, NC

1130 Wilhaven Drive, Charlotte, NC 28211
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(Check appropriate setting)

LATITUDE 35 09. 807N

LONGITUDE 080 47. 618W

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 Mecklenburg County, LUESA

STREET ADDRESS 5800 Rozzelles Ferry Rd.

Charlotte, NC 28214
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME

STREET ADDRESS

5. WELL DETAILS:

a. Total Depth: unknown ft. Diameter: 6 in.

b. *Water Level* (Below Measuring Point): na ft.

Measuring point is na ft. above land surface.

6. CASING: *Length* Diameter

a. Casing Depth (if known): na ft. 6 in.

b. Casing Removed: na ft. na in.

7. DISINFECTION: 0.25 oz

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

8. *SEALING MATERIAL:*

Neat Cement

Cement 150 lb.

Water 9 gal.

Sand Cement

Cement lb.

Water gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water gal.

Other

Type material

Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

The well was blocked or previously filled in to a depth of 7-8 feet below land surface. Approx. 10 gallons of neat cement were poured into the 6" dia casing. This was approved by NCDENR Regional

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 3/9/07

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.

Stephen M. Hamilton 3-9-07

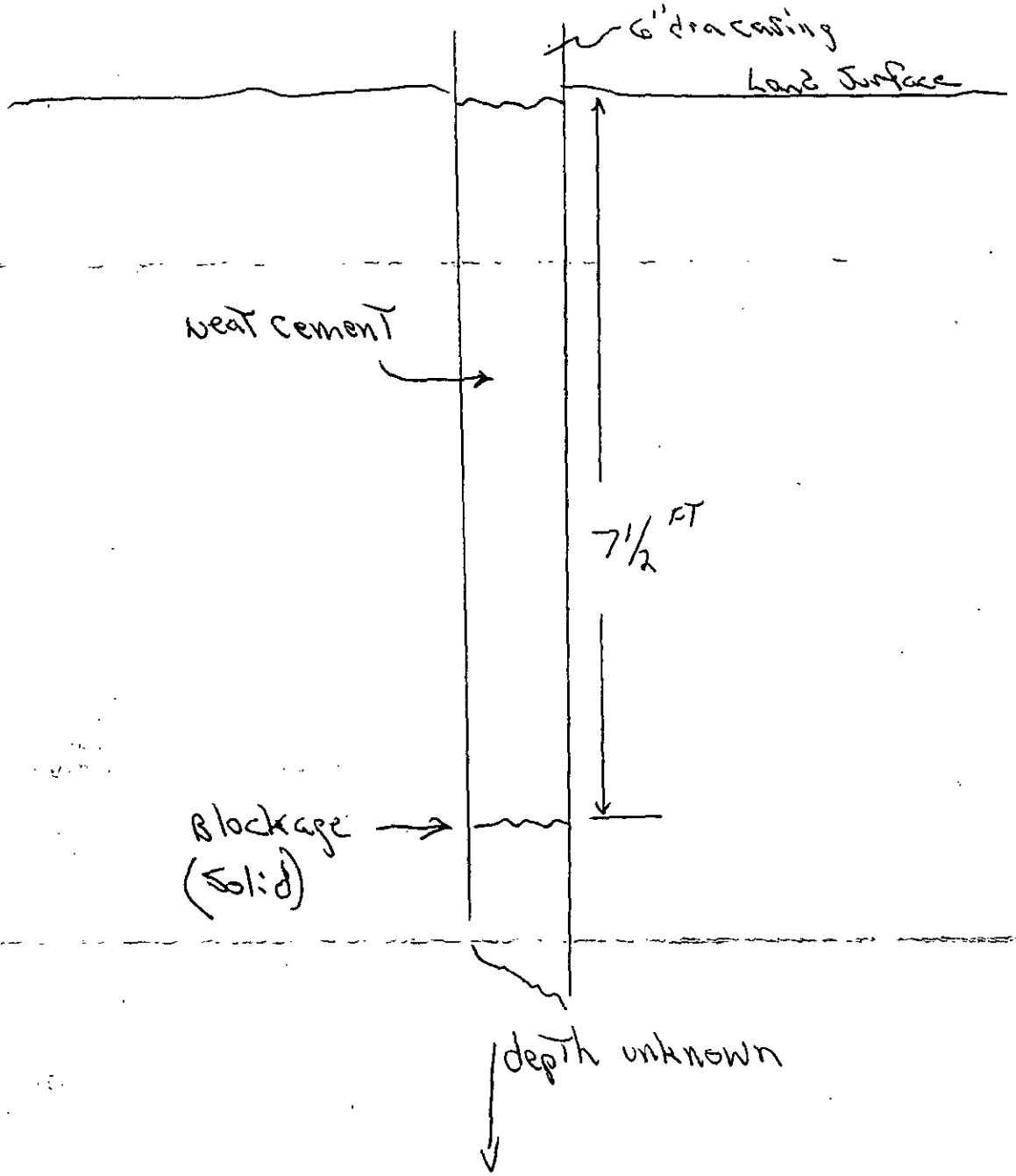
SIGNATURE OF CERTIFIED WELL CONTRACTOR **DATE**

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

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


6" dia casing
Land Surface
neat cement
7 1/2 FT
Blockage
(Solid)
depth unknown

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 214
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WA[illegible]

Permit#: 10001927 **Tax Parcel #:** 155-[illegible]
Property Owner: mecklenburg county
Job Location Address: 1130 WILLHAVEN DR
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28211
Permit Issuance Date: 2/20/2007
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 [illegible]
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

Other Conditions of This Permit:

Chris Sherrill, RS, LSS
Authorized Agent Print Name

Signature:

ERIC L. BULLMAN
Owner/Legal Agent: Print Name

Signature:

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#: 10001927 **Tax Parcel #:** 185-111-15
Property Owner: mecklenburg county
Job Location Address:1130 WILLHAVEN DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28211
Permit Issuance Date: 2/20/2007
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.
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- 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:

Chris Shemill, RS, CSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Rept. for ARGU Review
1130 Willhaven Dr., Charlotte, NC
PID# 185-111-15
File # 6959B
Appl.# 1927

Public water supplied by CMUD is currently available at this site.

2/16/07 (Fri.) - Received request for ARGU review for private well abandonment for a WSW located at 1130 Willhaven Dr., Charlotte, PID#185-111-15. According to the WIS, there is not an existing well at this property.

2/19/07 (Mon.) - Conducted ARGU Review. Identified 1 MPL site within 2,000' of the subject parcel.

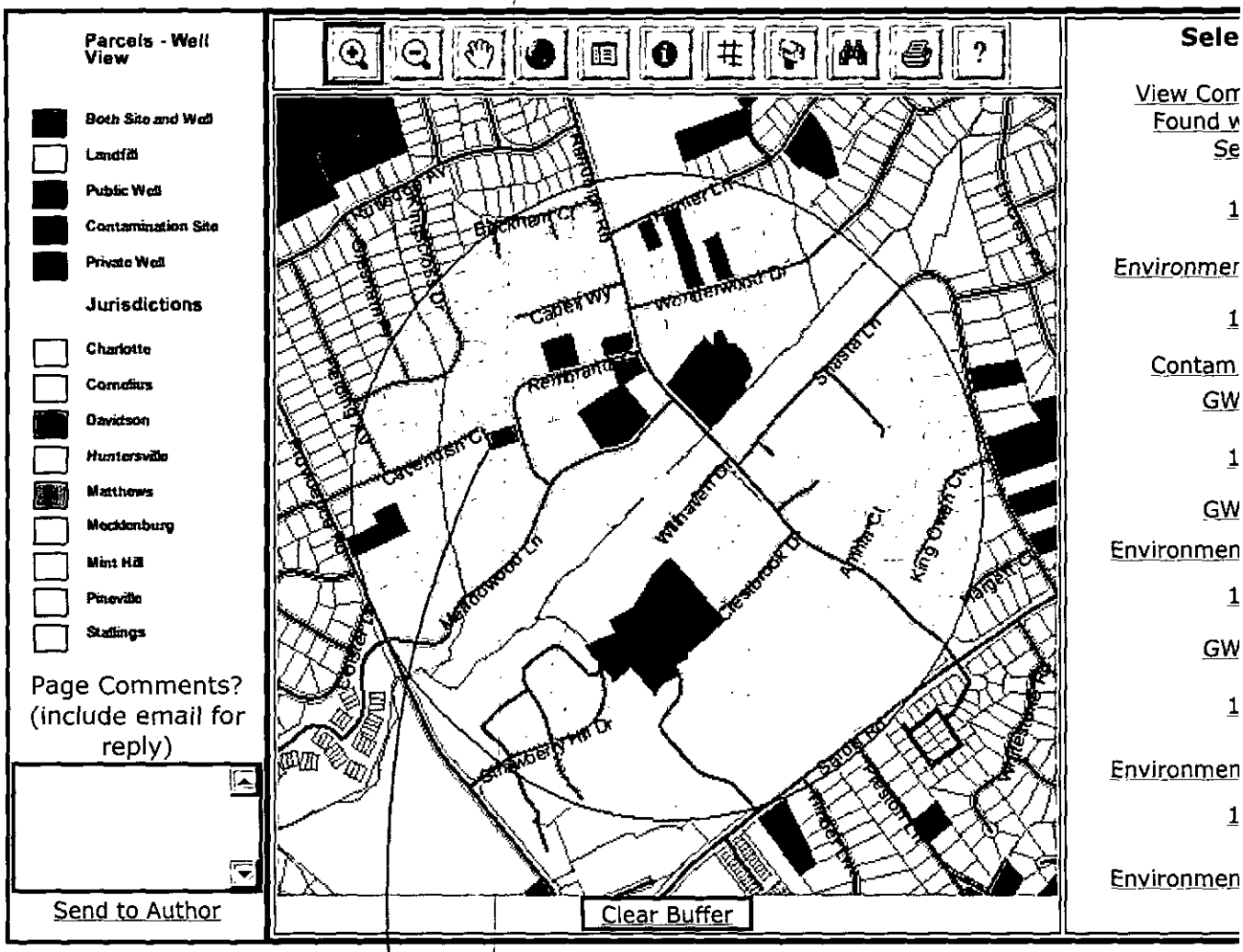
MPL# 1206 Alice Gaddy Griffin
1322 Rembrandt Circle., Charlotte, NC
PID# 185-082-12
NCDENR UST Section Inc. #27712
Source-heating oil UST

NCDENR UST database indicates a groundwater incident closed in 2006. Because the file indicates that all contaminated soil was removed and GW<2L, the status of this site will be changed from MPL to GWMPL.

MPL investigation completed in 2004. Nine WSWs were located within 1,500'. Three WSWs were sampled with no detections. There is no record of sampling a WSW at the subject site.

This property is approximately within 1,500' of the subject site.

Based on review of our files, the permit for a private well abandonment at PID# 185-111-15, 1130 Willhaven Dr., Charlotte, NC is approved. No record of well sampling was noted and the referenced MPL site will be changed to a GWMPL site, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.


Parcels - Well View
Both Site and Well
Landfill
Public Well
Contamination Site
Private Well
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
Stallings
Page Comments? (include email for reply)
Send to Author
Clear Buffer
Sele
View Com
Found v
Se
1
Environmer
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GW
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MPL# 1206

DH

FILE NUMBER: 69596 Revised On: January 3, 2007 APPLICATION NUMBER: 1927

SEPTIC FEE: _____ DATE: _____

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

WELL FEE: _____ DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 185 111 15
STREET ADDRESS: 1130 Willhaven Dr.
CITY: Charlotte
STATE: NC ZIP: 28211
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): .95
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☒ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE: Residential house
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1934
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 0
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

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 DESIRED)*:

☐ 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: Mecklenburg County
ADDRESS: 600 E. 4th St.
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Mecklenburg County Stormwater
ADDRESS: 5300 Rozzelles Ferry Rd.
CITY: Charlotte NC
STATE: ZIP: 28214
HOME PHONE: WORK PHONE: 704-336-3751
MOBILE PHONE: FAX: 704-353-0096

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/27/83
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2/14/07

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.

Eric K Burlew 2-16-2007
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 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 12 months from the date of issuance.

Eric K Burlew 2-16-2007
Property Owner's or Owner's Legal Representative Signature Date

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

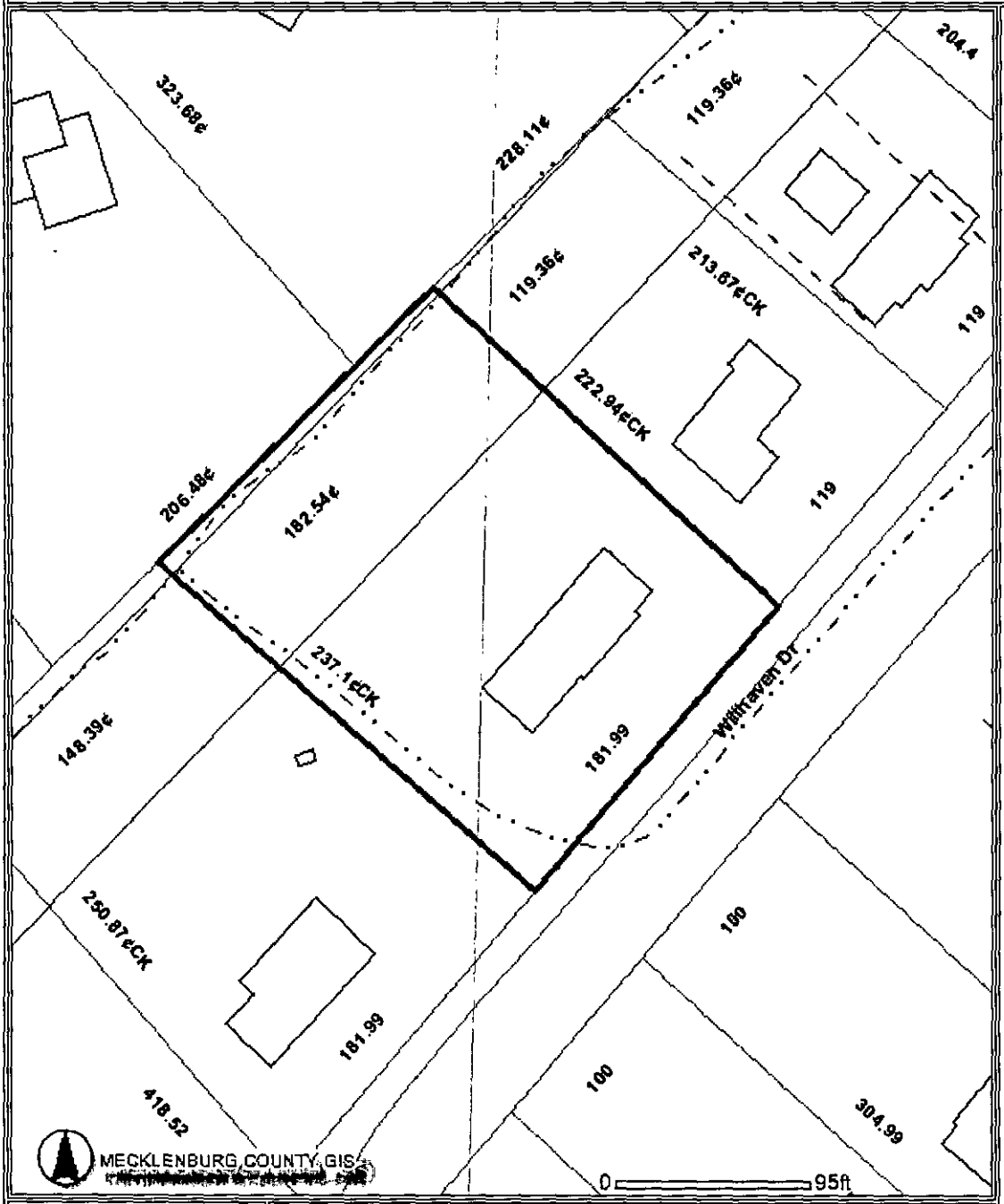
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Mar 26 16:55:30 EDT 2007

1130 Willhaven Dr. / 185-111-15



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, 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.



Selected Featu
Lot Dimensions
County Bounda
Utility ROW
Railroad ROW
Tax Parcel Easements
Miscellaneous F Lines
Original Lot Lines
Private Roads
Private Roads
Pipelines
Pipelines
Pipelines
Condo Outlines
Condo Outlines
Parcel Lines in other
Rights of Way in othe
Air Rights Parcels
Streets
Interstates
Major Roads
Minor Roads
Streams
Water Bodies
Building Footpr
Jurisdictions
Charlotte
Cornelius
Davidson
Huntersville
Matthews
Mecklenburg
Mint Hill
Pineville
StatSngs
Tax Parcels