

22724235

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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#: 10000041 **Tax Parcel #:** 22724235
Property Owner: Sage Homes
Job Location Address:
City/ETJ: **State:** NC **Zip Code:**
Permit Issuance Date: 5/2/2005
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: 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:

Cina Buchanan, RSI
Authorized Agent: Print Name

Cina Buchanan, RSI
Signature:

Owner/Legal Agent: Print Name

Signature:

GWS – 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 # 5984B

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 #: 22724235

STREET ADDRESS: 5618 Lawson Lane (3506 McKee)

CITY: Charlotte

STATE: NC ZIP: 28270

SUBDIVISION OR MOBILE HOME PARK NAME: Oak Manor

LOT #: 2

TOWNSHIP:

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

BUILDING INFORMATION:

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 (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: Sage Homes, Inc.
ADDRESS: 7937 Longhaven Drive
CITY: Waxhaw
STATE: NC ZIP: 28173
~~HOME PHONE~~: WORK PHONE: 704-243-1800
MOBILE PHONE: FAX: 704-243-1804

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? 4/6/05

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.

Owner's/Agent's Signature 4/22/05 Date

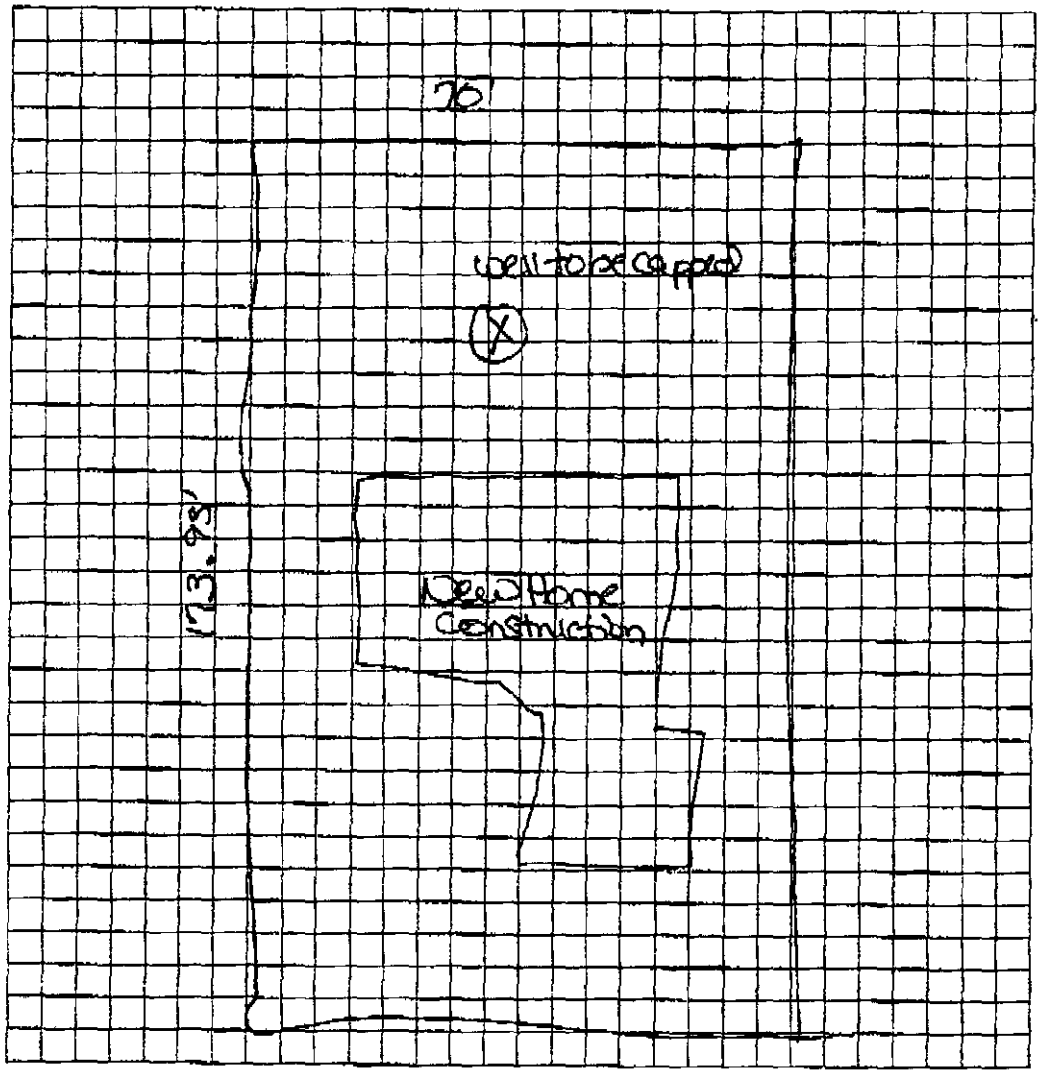
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-6103
Fax: (704) 336-6894

File # 59848
Date 4/29/05

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Lot has had rough grade done

Owner/Agent Signature Angela Sag - Sage Homes Inc.
Date 4/22/05

LBC 12/15/04

5984B

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

227-242-35

WELL CONTRACTOR D.L. Mullis

WELL CONTRACTOR CERTIFICATION # 3039

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: Matthews County Mecklenburg
3506 McKee Rd
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Sage Homes

4. ADDRESS: 3506 McKee Rd

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

6. TOTAL DEPTH: 51 Feet DIAMETER 24"

7. CASING REMOVED: NO

feet	diameter
51 Feet	24"

8. DISINFECTION: 1½ pounds
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

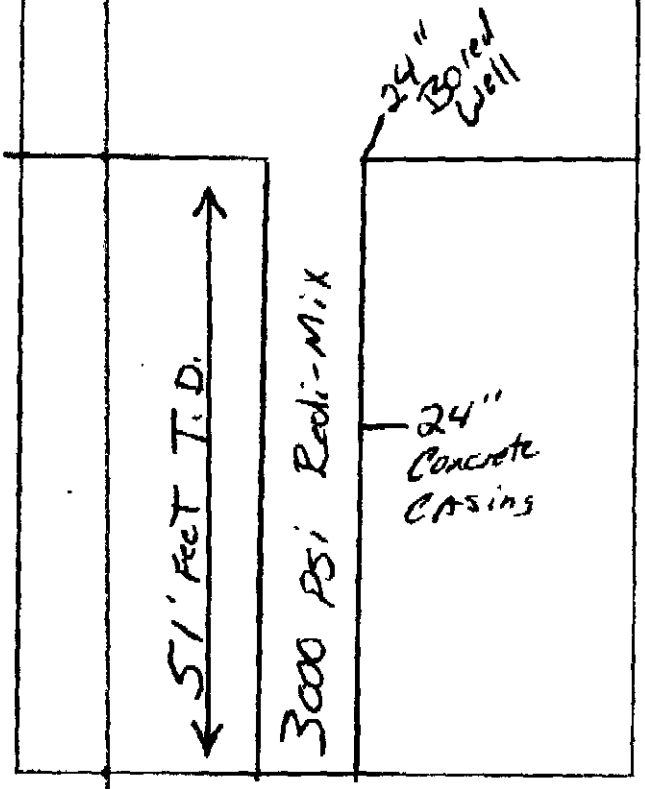
Neat Cement	Sand Cement
bags of cement____	bags of cement____
gallon of water____	gallons of water____

Other
Type material 3000 PSI Redi-Mix
Amount 4 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Poured with Mixer Truck

11. DATE WELL ABANDONED 5-2-05

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 D.L. Mullis Date 5-2-05

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.

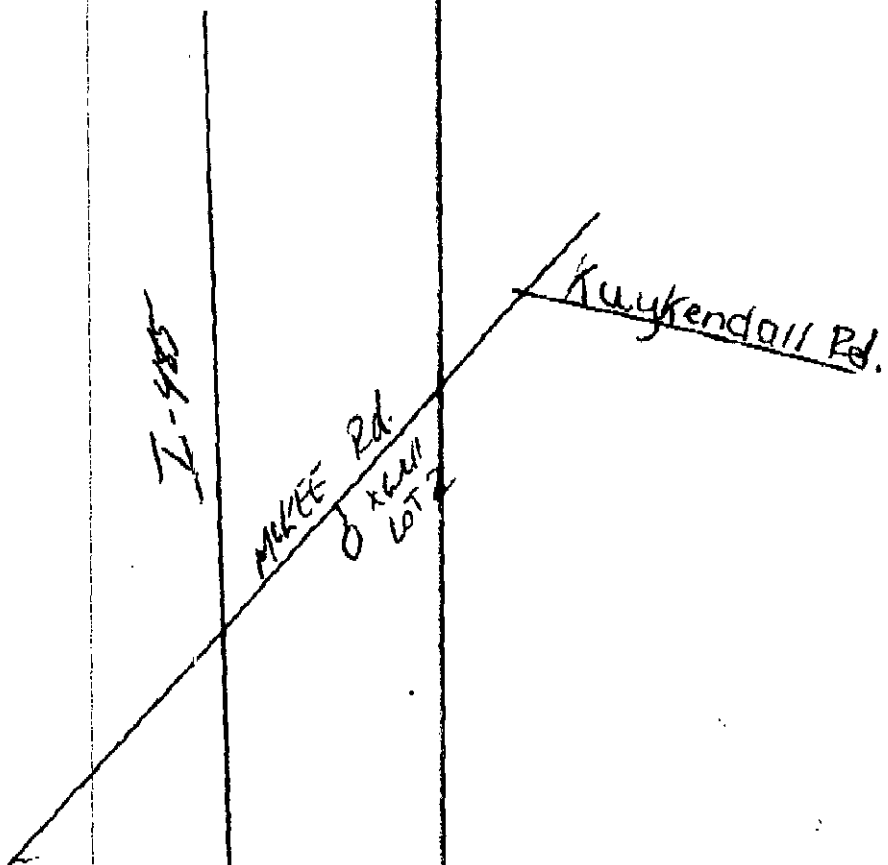
Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW – 30 Revised 12/99

Phillo

Lina
I think this is
yours. It came to
me in my box.

Phila


I-485
Mills Rd.
Kluykendall Rd.
LOT 2

P.O. BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

D.L. MULLIS WELL DRILING, INC.
MULLISWELL.COM

Fax

To:	SINA BUCHANAN	FROM	CHAD MULLIS
Fax:	704-336-6894	Pages:	2
Phone:	704-545-5694	Date:	5-10-05
RE:	WELL ABANDONMENT	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments: D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

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 D.L. Mullis
WELL CONTRACTOR CERTIFICATION # 3039

1. WELL USE (check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:

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Nearest Town: Matthews County Mecklenburg
3506 McKee Rd
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Sage Homes

4. ADDRESS: 3506 McKee Rd

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

6. TOTAL DEPTH: 51 Feet DIAMETER 24"

7. CASING REMOVED: NO
feet 51 Feet diameter 24

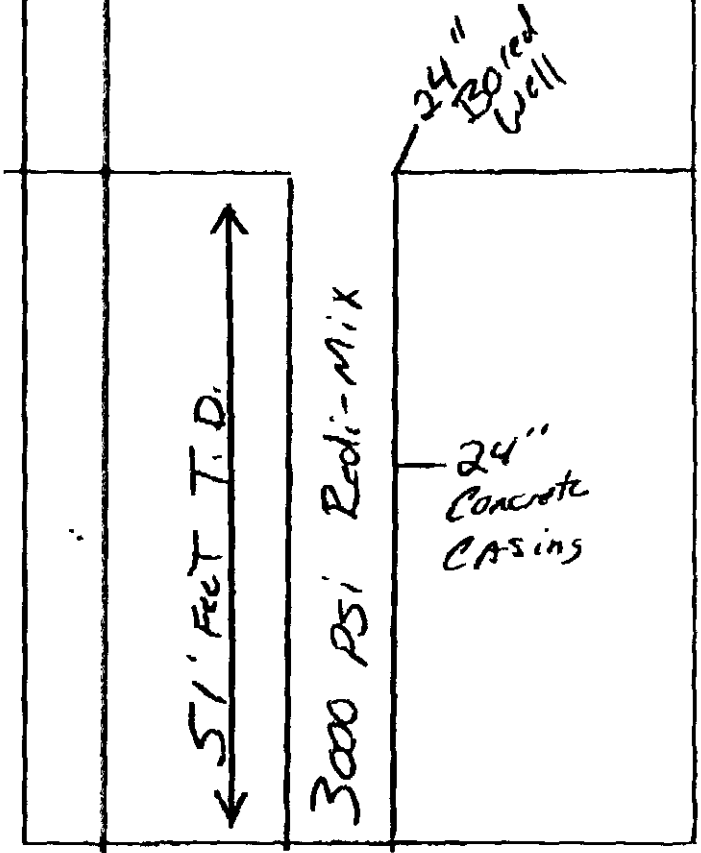
8. DISINFECTION: 2½ pounds
(Amount of 70% Hypochlorite used)

9. SEALING MATERIAL:
Neat Cement: bags of cement ____ gallon of water ____
Sand Cement: bags of cement ____ gallons of water ____
Other: Type material 3000 PSI Redi-Mix; Amount 3 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Poured with Mixer Truck

11. DATE WELL ABANDONED 5-3-05

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.



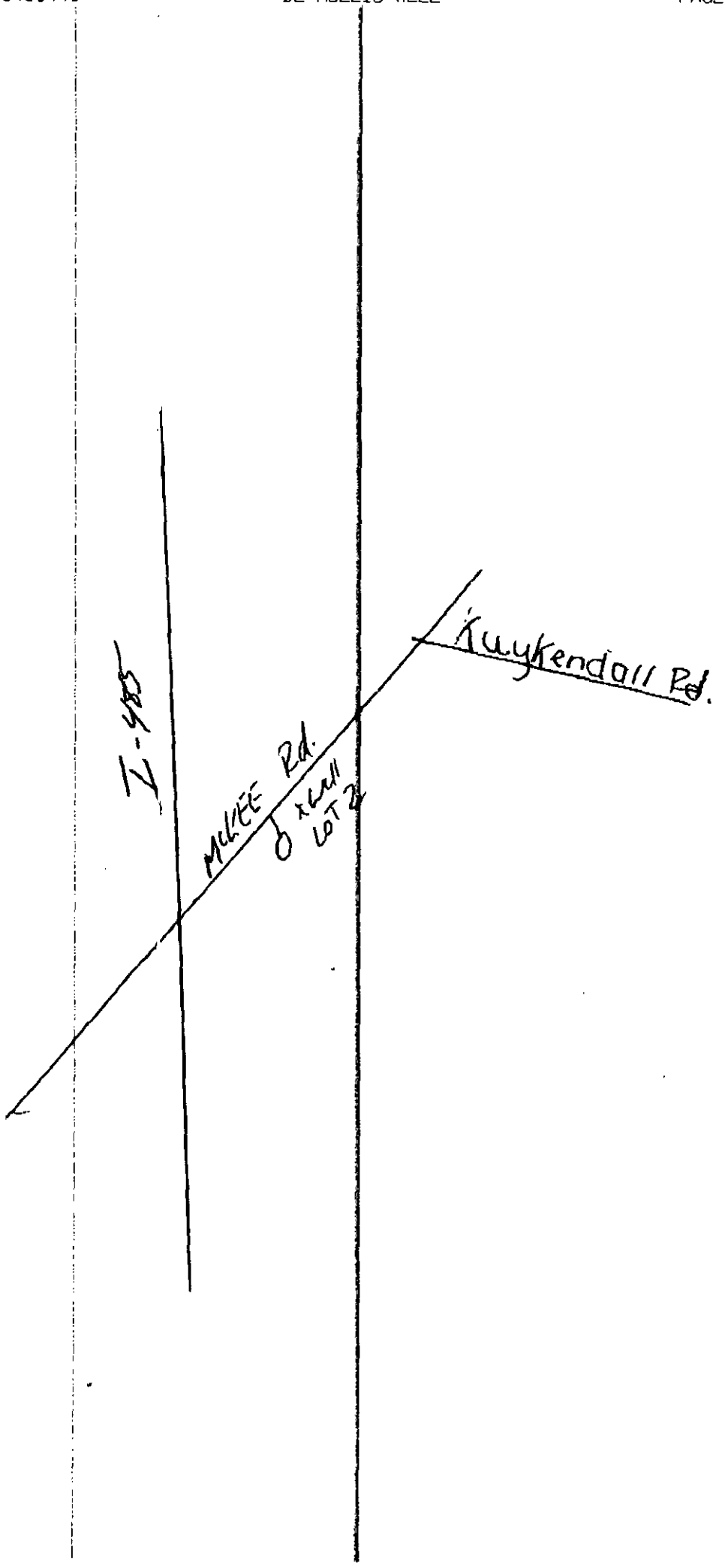
I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well D.L. Mullis Date 5-3-05

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


I-485
McKee Rd.
Kuykendall Rd.