

18665 NANTZ RD

00106101

1/10/2008

duponbj

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

6689B Well #2

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3300 JS

1. WELL CONTRACTOR:

Luther E Bailey
Well Contractor (Individual) Name

B+K Well Drilling
Well Contractor Company Name

STREET ADDRESS 132 Mount Mourne Lp

Mooresville NC 28115
City or Town State Zip Code

(704) - 507-1440
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 10001230

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 MEC QUADRANGLE NAME _____

NEAREST TOWN: Cornelius

18665 Nantz Rd.

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

Slope Valley (Flat) Ridge Other _____

(Circle appropriate setting)

LATITUDE __ __ _____

LONGITUDE __ __ _____

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

b. CONTACT PERSON/WELL OWNER:

NAME Deborah Wright

STREET ADDRESS 414 west 9th street

Charlotte NC 28202
City or Town State Zip Code

(917) - 939-2624
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 185 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): 50 ft.

Measuring point is 2 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	56 ft.	6 in.
b. Casing Removed:	5 ft.	6 in.

7. DISINFECTION: 2 pack Clorine

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

8. SEALING MATERIAL:

Neat Cement

Cement 130 lb.
Water 5 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other

Type material gravel

Amount 2 Scoops

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Cut casing off filled with gravel then capped with cement

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 9-28-06

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.

Luther E Bailey 12-12-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

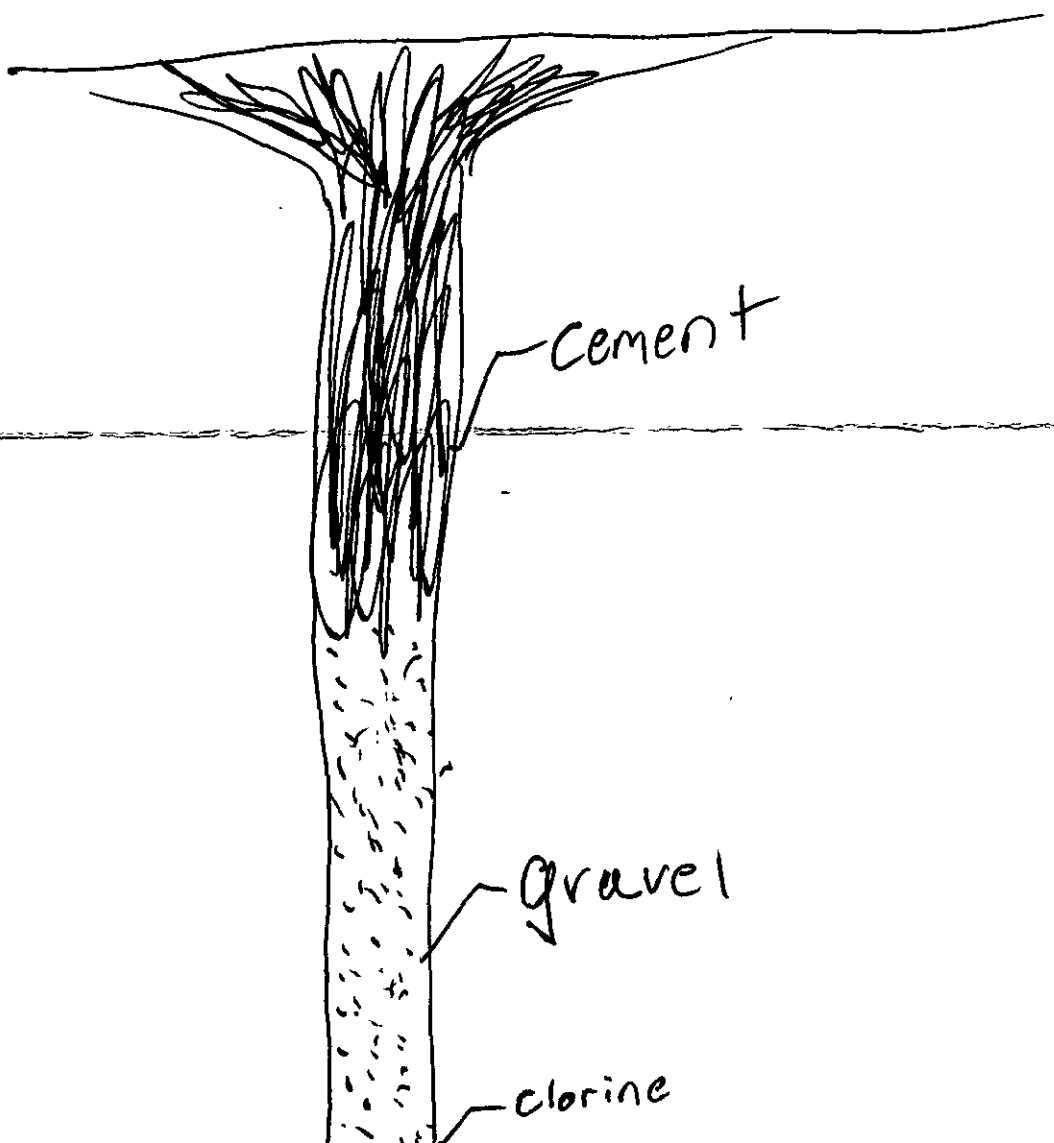
Luther E Bailey
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE

(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Luther E Bailey
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


cement
gravel
clorine

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#: 10001230 **Tax Parcel #:** 001-061-01
Property Owner: Deborah Wright
Job Location Address:18665 NANTZ RD
City/ETJ:CORNELIUS **State:** NC **Zip Code:** 28031
Permit Issuance Date: 8/3/2006
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 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:

Jeremy Michelone, R.S.
Authorized Agent: Print Name

Jeremy Mich, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

704 336 6894 P.02/03

$1208 Residential

GWS- COM. APP 07/05

SEPTIC FEE: _____
DATE: _____
CR# : _____

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

FILE # 6684B

WELL FEE: _____
DATE: _____
CR# : _____ JM

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

COPY

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 001-061-01, [redacted]
STREET ADDRESS: 18665 Nantz Rd.
CITY: Cornelius
STATE: NC ZIP: 28031
LOT #:
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: 8 drms
NUMBER OF SHIFTS:
TYPE OF WASTEWATER: occ 2
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?: CRWL sp
☐ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

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: Deborah Wright
ADDRESS: 414 W. 9th st Unit F
CITY: Charlotte
STATE: NC ZIP: 28202
HOME PHONE: WORK PHONE:
MOBILE PHONE: 919-939-2624 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 entor 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

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Project Mgr 7-25-06
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

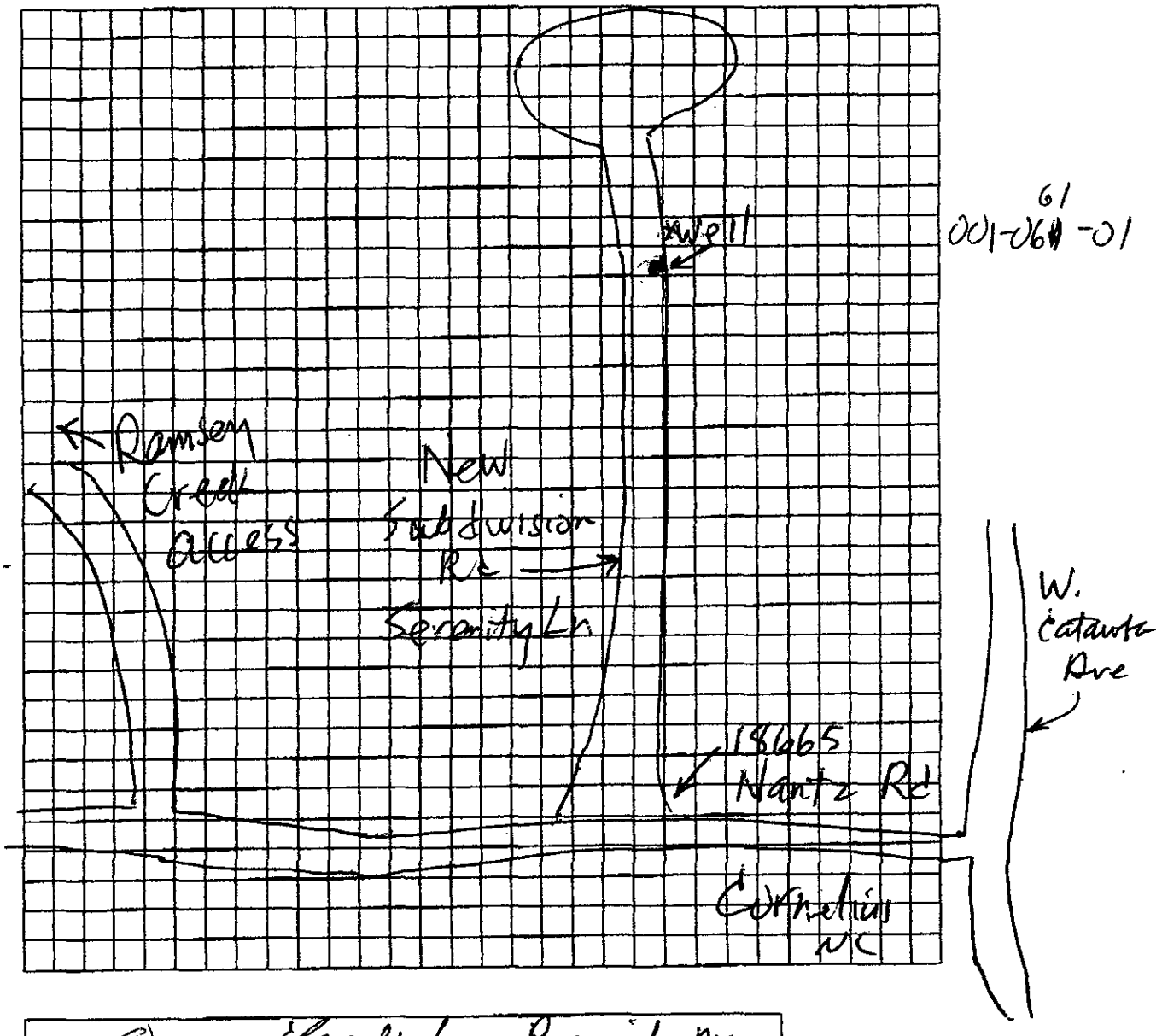
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File #_____
Date_____

PROPOSED PLOT PLAN

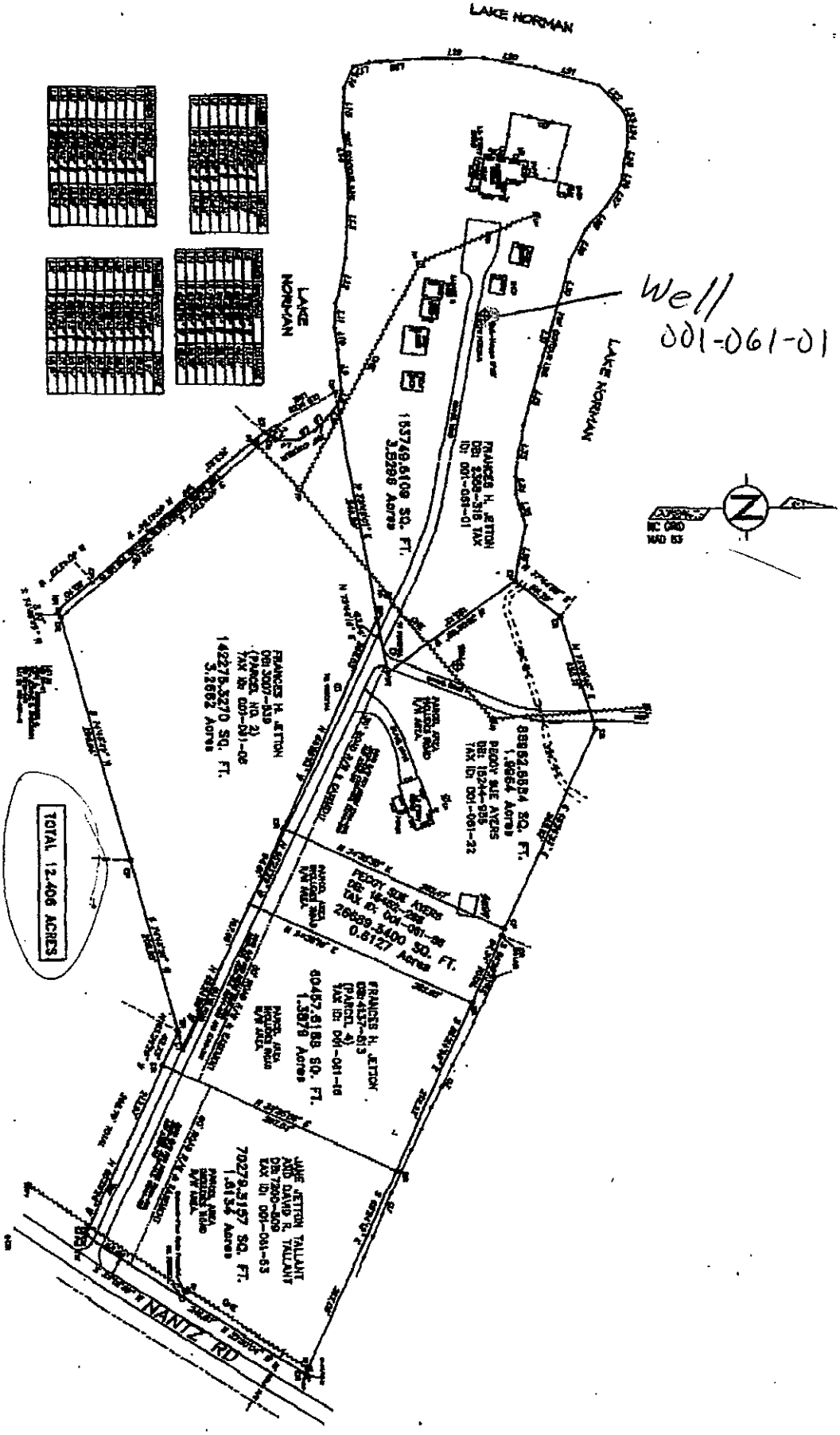
Well abandonment

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.



Owner/Agent Signature Robert Project Mgr
Date 7-25-06

LBC 12/15/04


LAKE NORMAN
LAKE NORMAN
LAKE NORMAN
Well
001-061-01
TOTAL 12.406 ACRES
NANTZ RD

DP WRIGHT INVESTMENTS

BUZZ COBB
PROJECT MANAGER

P.O. BOX 251, HUNTERSVILLE, NC 28070

Phone (704) 634-4306; Nextel 150*175542*1
Fax ~~(877)~~ 449-5608

866 bscobb@msn.com www.dpwrightinvestments.com

G1208 Residential

GWS- COM. APP 07/05

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

FILE # 16847B

SEPTIC FEE: _____
DATE: _____
CR# _____

WELL FEE: _____
DATE: _____
CR# _____ JM

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EXISTING WASTEWATER SYSTEMS	☐ YES ☑ NO		DESIGNATED WETLANDS	☐ YES ☑ NO	
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☑ NO		GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO	

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Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
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OF ENVIRONMENTAL HEALTH ON-SITE
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[signature] Project Mgr 7-25-06
Owner's/Agent's Signature Date

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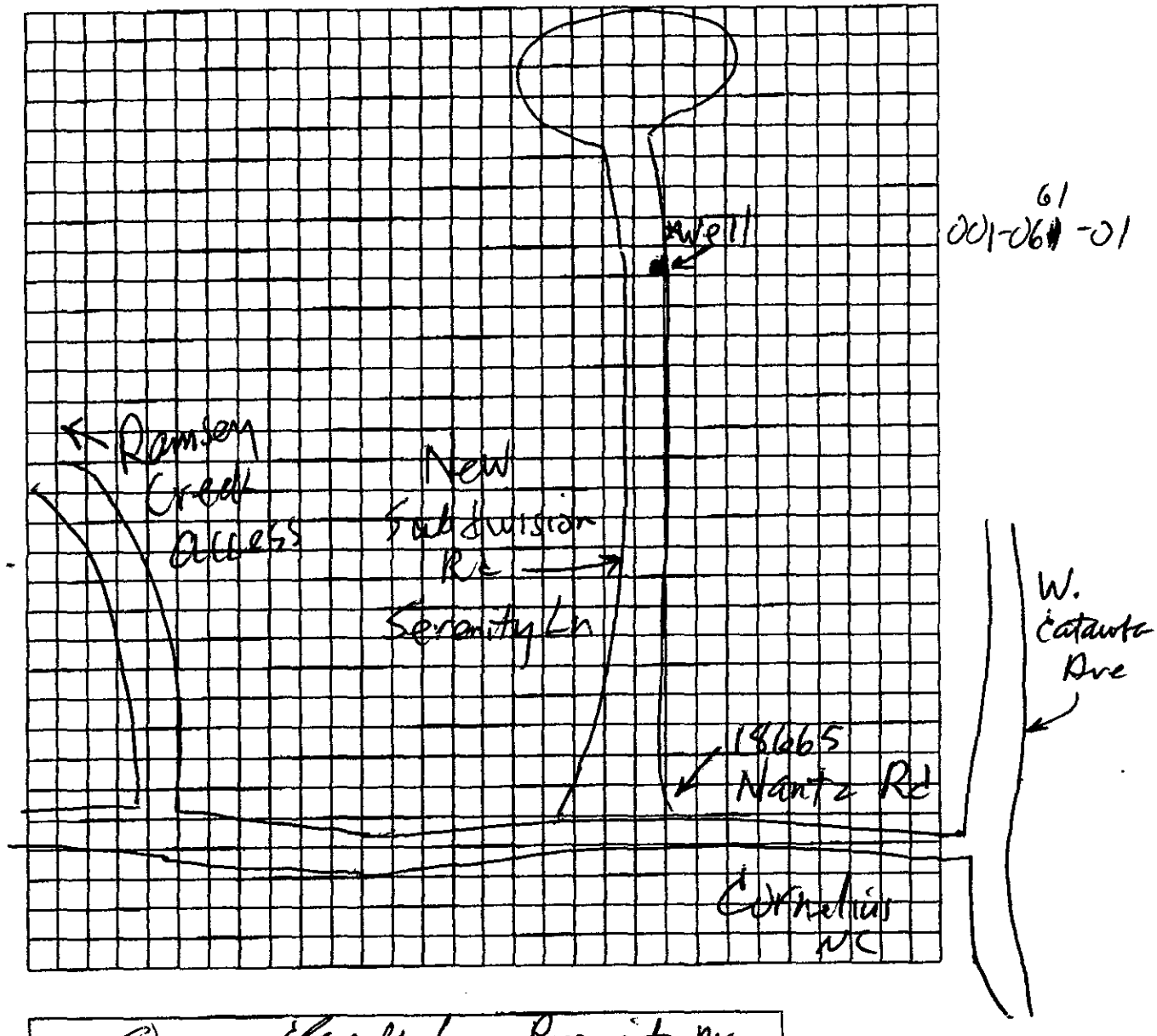
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File #_____
Date_____

PROPOSED PLOT PLAN

Well abandonment

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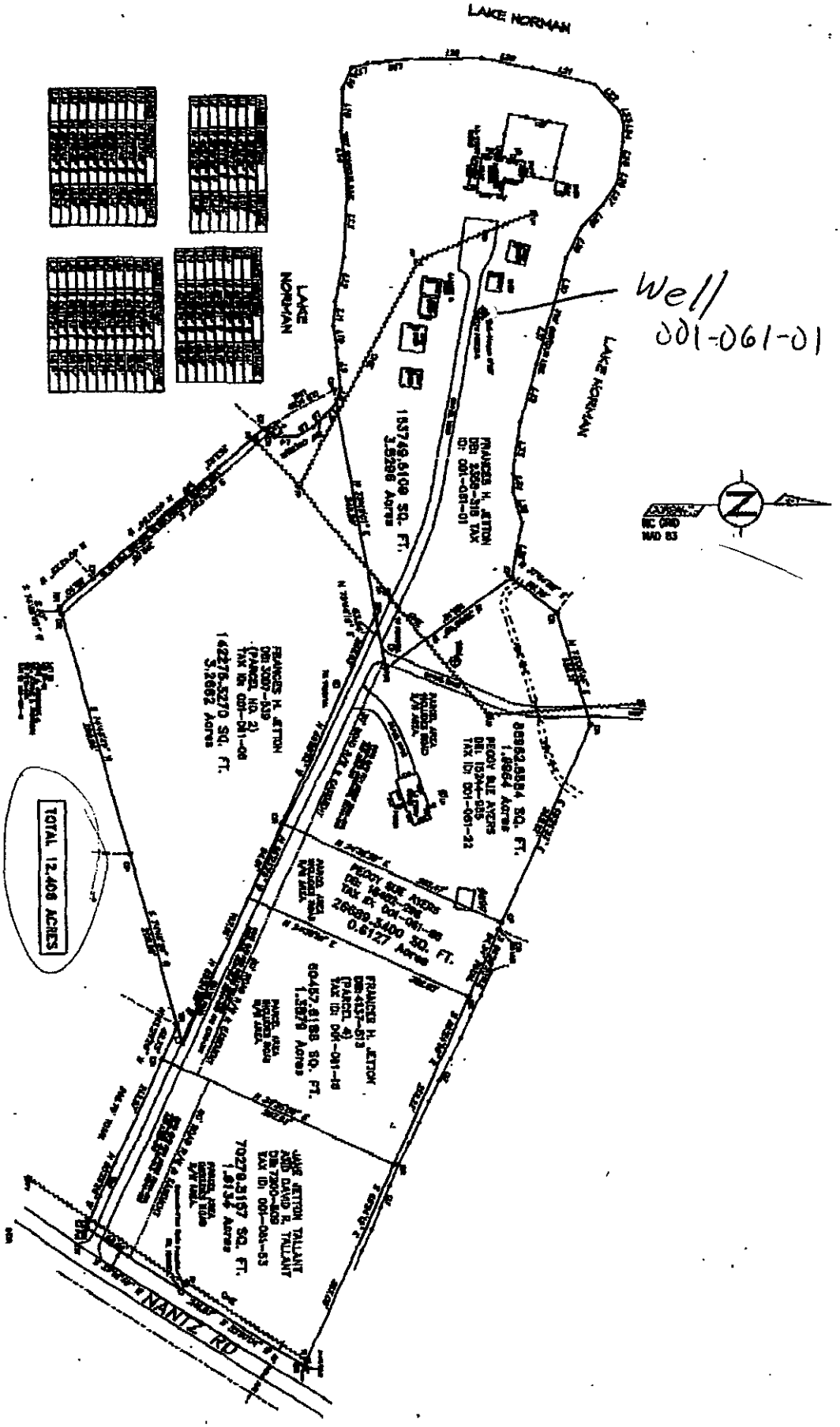


Owner/Agent Signature Elcobb Project Mgr

Date 7-25-06

LBC 12/15/04

TOTAL P.03


LAKE NORMAN
LAKE NORMAN
LAKE NORMAN
Well
001-061-01
TOTAL 12.408 ACRES
NANTZ RD