

13830 LAWTHER RD

01922101

5/21/07

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 4599A WASPS App #: 2218

Primary ES assigned to project: Kim Grant

Secondary ES assigned to project: _____

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: _____

Comments: Ready to fax for signature
Done 4/27/07 JLS

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: _____

Comments:

Application received date: 4/24/07 ES assigned date: _____ Permit issued date: 4/27/07

Well approval date: 9/24/07 Number of days to complete project: _____

Review performed by: J. L. Schuh Date performed: 9/24/07

Plot Plan

FILE NUMBER: 4599A

Revised On: January 3, 2007

APPLICATION NUMBER: 2218

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: 01922102
STREET ADDRESS: 13830 Lauther Rd
CITY: Huntersville
STATE: NC ZIP: 28078
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 HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
■ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1000
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS:
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 N/A
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: McCar Homes
ADDRESS: 10150 Mallard Creek Rd Suite 104
CITY: Char
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 509-5742
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Lassiter Well Company
ADDRESS: 800 Eagle Rd
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE: 392-5704
MOBILE PHONE: FAX: 399-4185

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 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.

Property Owner's or Owner's Legal Representative Signature 4-17-07 Date

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

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

Permit#: 10002218 **Tax Parcel #:** 019-221-01
Property Owner: MCCAR HOMES
Job Location Address: 13830 LAWTHER RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 4/27/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None Well #6

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:

Kim Garrett, PSS — Authorized Agent: Print Name

Vernon Lassiter — Owner/Legal Agent: Print Name

Kim Garrett, PSS — Signature

Vernon Lassiter 4-30-07 — Signature:

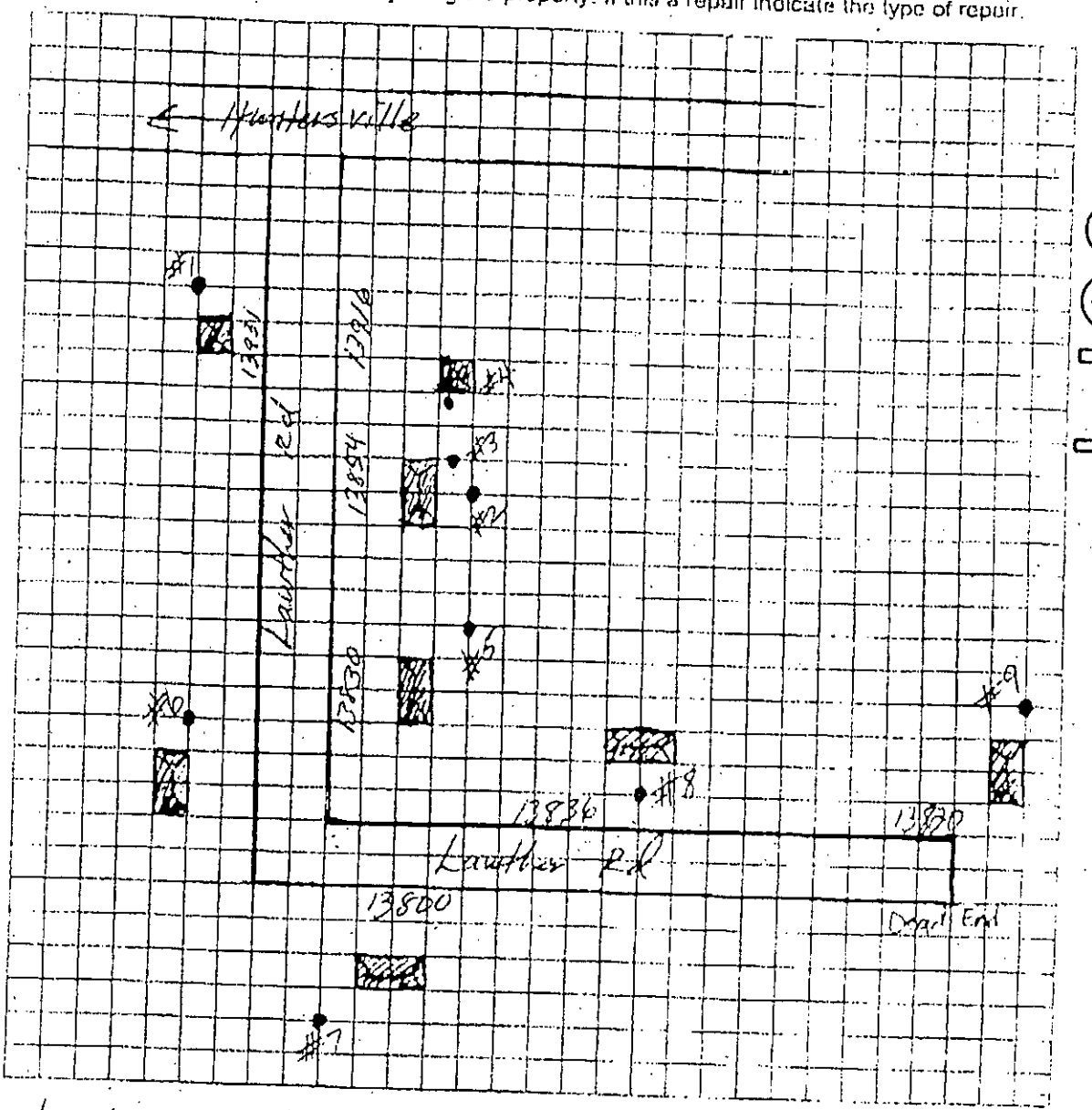
ior & Wastewater Services
ryon St., Suite 211
te, NC 28202
: (704) 336-5103
(704) 336-8894

Date

Well Abandonments

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.



COPY

Lassiter Well Company

Owner/Agent Signature Vernon Lassiter 392-5704

Date 4-24-07

well Abandonment plot plan

Lawther Rd - Huntersville,

9 - wells total

LBC 12/15/04

#6

KG

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 Lassiter Well Co.

WELL CONTRACTOR CERTIFICATION # 2269

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: Huntersville County Meck.
3830 Lawyer Rd 28078 019-221-01
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: McCarr Homes

4. ADDRESS: 10150 Mallard Creek St. 106

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

6. TOTAL DEPTH: 80' DIAMETER 2"

7. CASING REMOVED:
4' feet — 2" diameter

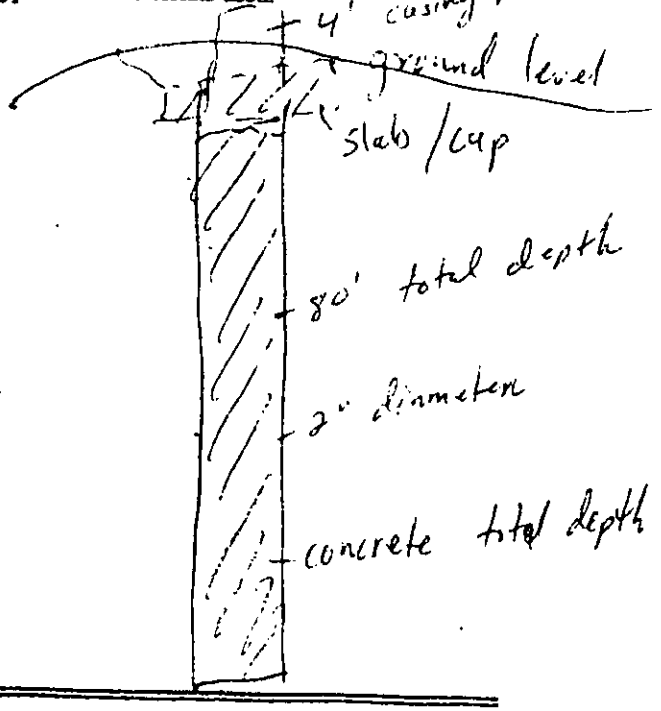
8. DISINFECTION: 1½ lb HTH
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement
bags of cement _____
gallons of water _____
Sand Cement
bags of cement _____
gallons of water _____
Other
Type material cement / grout
Amount 1 yard

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
poured from bottom to top using concrete mix

11. DATE WELL ABANDONED 8-27-07

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 Vernon Lassiter Jr Date 8-27-07

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 4599A WASPS App #: 2217

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project: _____

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: _____

Comments: Ready for signature to Kay
Done 4/27/07 JLS

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: _____

Comments:

Application received date: 4/24/07 ES assigned date: _____ Permit issued date: 4/27/07

Well approval date: 9/24/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 9/24/07

158

APR 03-2007 15:19 MECKLENBURG CO GWS 704 336 6994 P.01/01

#5 on plot plan

FILE NUMBER: 4599A

Revised On: January 3, 2007

APPLICATION NUMBER: 2217

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: 212-18
TAX PARCEL NUMBER: 019 ~~23702~~
STREET ADDRESS: 13830 Lawther rd
CITY: Cleveland
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
☐ 9-MECKLENBURG ☐ 3-CORNELIUS ■ 8-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
■ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE: 1620
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
■ CRAWL SPACE ☐ BASEMENT 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 N - A
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: McCarr Homes
ADDRESS: 10150 mallard creek rd
CITY: Charlotte Suite 106
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 509-5742
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Lassiter Well Company
ADDRESS: 600 Rhyne rd
CITY: Clover
STATE: NC ZIP: 29714
HOME PHONE: WORK PHONE: 222 5704
MOBILE PHONE: FAX: 397 4455

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 Owners or Owner's Legal Representative Signature Date

16. 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.

Vernon Lassiter 4-17-07
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 Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 214
Charlotte, NC 28202
Phone: (704) 336-5100
Fax: (704) 336-5894

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

Permit#: 10002217
Tax Parcel #: 019-221 01
Property Owner: MCCAR HOMES
Job Location Address: 13830 LAWTHER RD
City/ETJ: HUNTERSVILLE State: NC Zip Code: 28078
Permit Issuance Date: 4/27/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

Wells

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:

Kim Garrett, REHS
Authorized Agent. Print Name

Kim Garrett REHS
Signature

Vernon Lassiter
Owner/Legal Agent: Print Name

Vernon Lassiter 4/30/07
Signature:

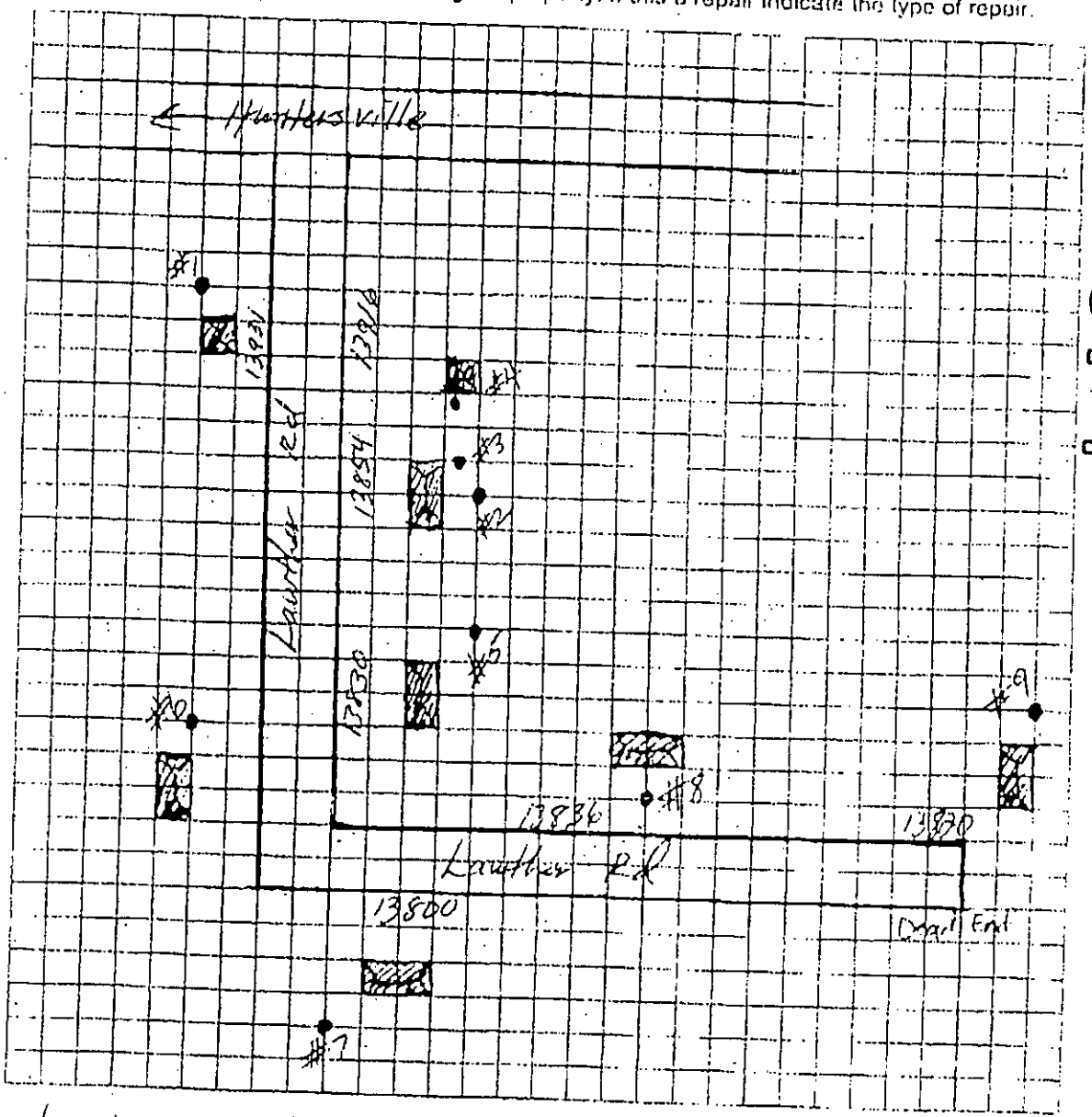
...ter & Wastewater Services
...ryon St., Suite 211
...te, NC 28202
...: (704) 336-5103
... (704) 336-8894

Date

Well Abandonments

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.



COPY

Lassiter Well Company

Owner/Agent Signature Vernon Lassiter 392-5704

Date 4-24-07

well Abandonment plot plan

Lawther Rd - Huntersville

9 - wells total

LBC 12/15/04

Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Co.

WELL CONTRACTOR CERTIFICATION # 3277

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

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Huntersville County Meck.
13830 Lawyer Rd 28078 019-221-01
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: McCarr Homes

4. ADDRESS: 10150 Mallard Creek st106

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat

6. TOTAL DEPTH: 65' (circle one) DIAMETER 2"

7. CASING REMOVED:

feet	diameter
4'	2"

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

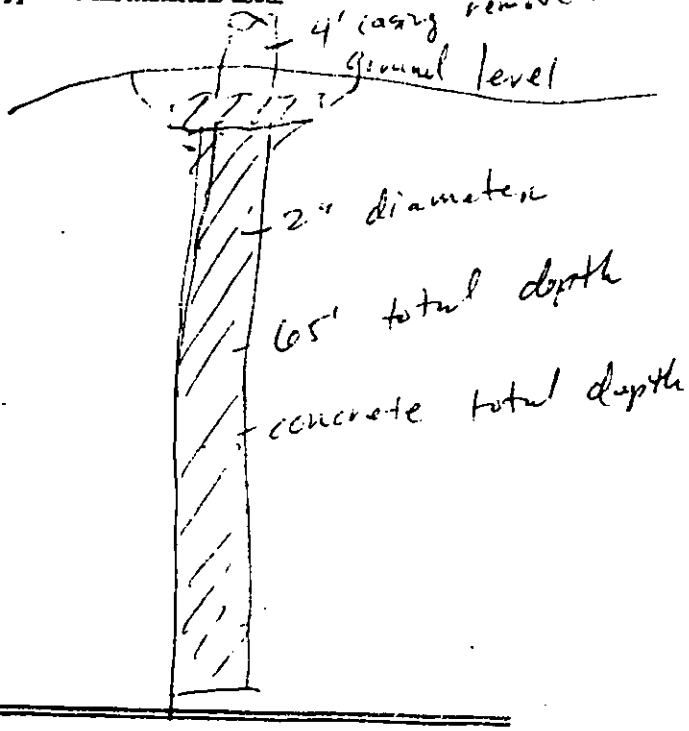
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement	bags of cement
gallons of water	gallons of water

Other
Type material cement / grout
Amount 3/4 yards

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
pumped from bottom to top using truck

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 8-27-07

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 Vernon Lassiter Jr Date 8-27-07

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