

11115 S TRYON ST

20320101

1/11/2008

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#: 10001686 **Tax Parcel #:** 203-201-01
Property Owner: FOUNDERS FEDERAL CREDIT UNION
Job Location Address: 11115S TRYON ST
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28273
Permit Issuance Date: 12/18/2006
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: 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 Other Conditions)
  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

Based on review of our files, the permit for a private well abandonment at PID# 203-201-01, 11115 S. Tryon St., Charlotte, NC is approved, requiring abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction.

Chris Sherrill RS, LSS
Authorized Agent: Print Name

Signature:

CHAD CATHEDGE
Owner/Legal Agent: Print Name

Signature:

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Chris Sherrill RS, LSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2041

1. WELL CONTRACTOR:
Dave L Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
(704) 5455694
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable) 10001684p
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Circle applicable use): Monitoring (Residential) Agricultural
Municipal/Public Industrial/Commercial
Recovery Injection Irrigation
Other (list use)

3. WELL LOCATION:
COUNTY Meck QUADRANGLE NAME
NEAREST TOWN:
1115 S Tryon St
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35 16.885
LONGITUDE 80° 57.881
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 Founders Federal Credit Union
STREET ADDRESS 1115 S Tryon St
Charlotte NC 28273
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME
STREET ADDRESS
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 120 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 20 ft.
Measuring point is 1 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	60 ft.	6" in.
b. Casing Removed:	12" ft.	6" in.

7. DISINFECTION: H.T.H
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement	Sand Cement
Cement 900 lb.	Cement lb.
Water 100 gal.	Water gal.

Bentonite
Bentonite lb.
Type: Slurry Pellets
Water gal.

Other
Type material NEAT Cement
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Mixed Poured NEAT 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 7-2-07

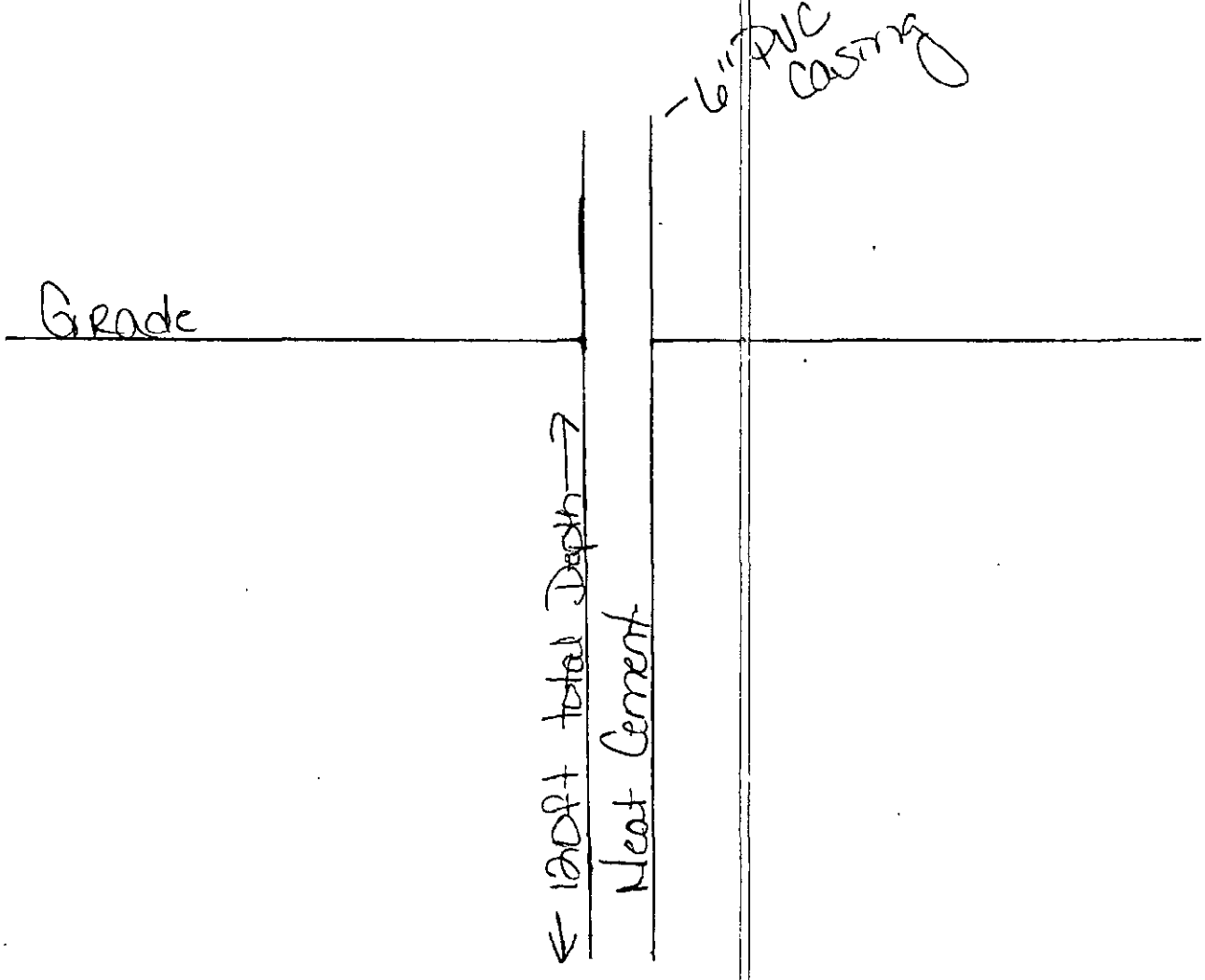
I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Dave L Mullis 7-2-07
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.)
DAVE Lee Mullis
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.

Form GW-30


6" PVC Casing
Grade
Total Depth
Neat Cement

704 336 6894

#16860

[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

FILE # 6876B

GWS – RES APP 12/06 12/5/06 JKA

[redacted]

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 #: 203-201-01

STREET ADDRESS: 11115 S Tryon St

CITY: Charlotte

STATE: NC ZIP: 28273

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

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

☐ CRAWL SPACE ☐ 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 ABANDON

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: Founders Federal Credit Union

ADDRESS: 607 N. Main St.

CITY: Lancaster

STATE: SC ZIP: 29720

HOME PHONE: WORK PHONE: 803-283-5900

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Chad Gatledge Gatledge

ADDRESS: 115 W. Arch St. Suite 201

CITY: Lancaster

STATE: SC ZIP: 29720

HOME PHONE: 803-286-9500 WORK PHONE: 803-286-9500

MOBILE PHONE: 803-804-0353 FAX: ~~803-286-9512~~ 2869512

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? October 2006

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/Agent's Signature 11-29-06 Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE

"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.

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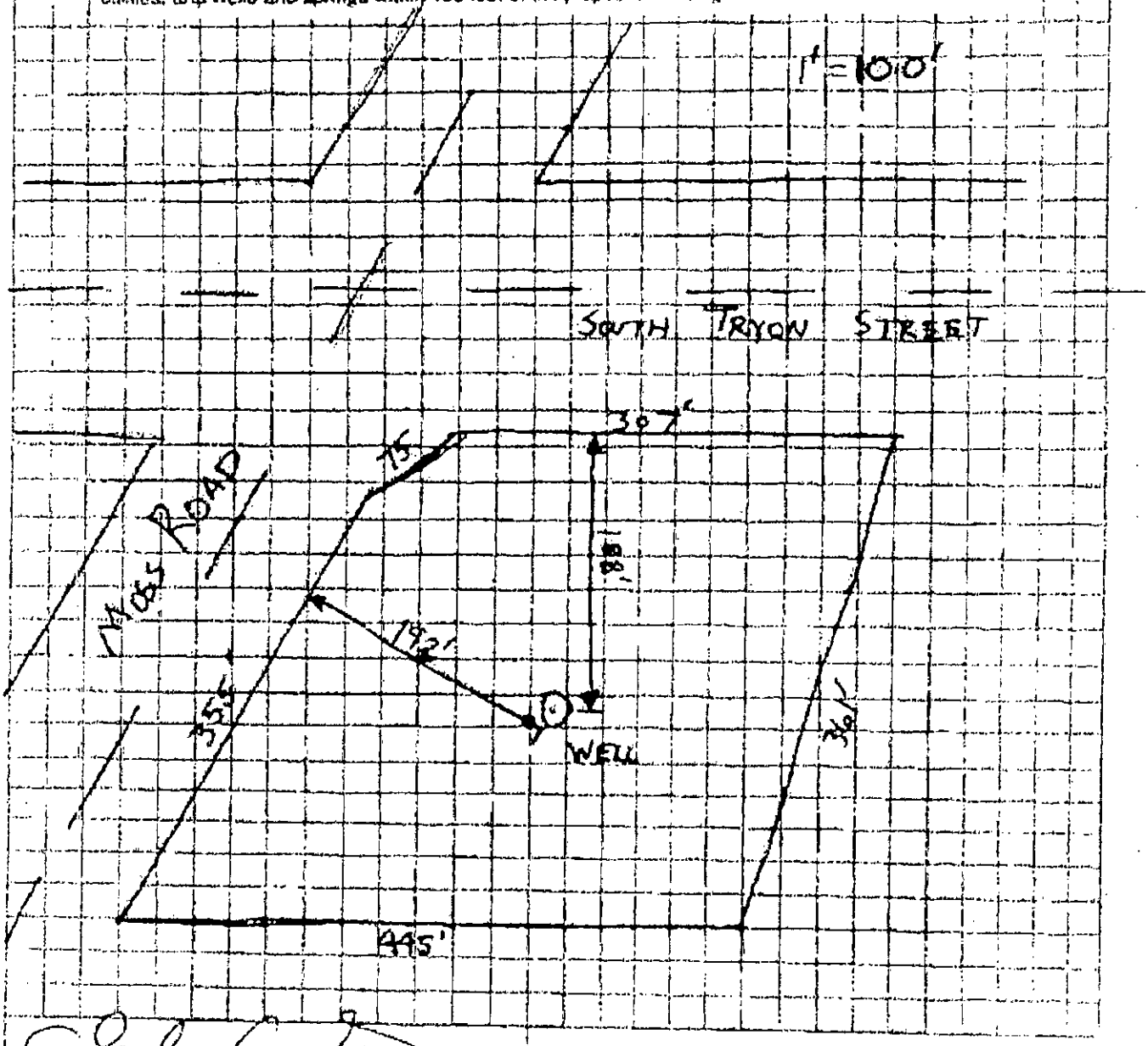
MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES 700 N. TRYON ST., SUITE 214 CHARLOTTE, NC 28202

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6876B

TC: 203-201-01

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 11-29-06

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy