


11826 MALLARD CREEK RD

02914543

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

Drew

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 Pete Florea

WELL CONTRACTOR CERTIFICATION # 2211

500325O6

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: Charlotte County Meck.
11826 Mallard Creek Rd
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Char. Meck Board of Ed

4. ADDRESS: 11826 Mallard Creek Rd.

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

6. TOTAL DEPTH: 350' DIAMETER 6"

7. CASING REMOVED:

| feet | diameter |
|---|---|
| 0 | |
| | |

8. DISINFECTION: 4 oz.
(Amount of 70% hypochlorite used:)

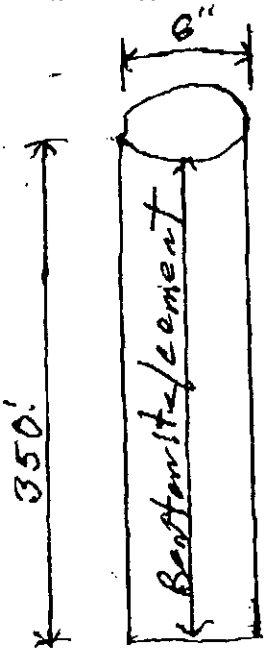
9. SEALING MATERIAL:

| Neat Cement | Sand Cement |
|---|---|
| bags of cement 20 | bags of cement |
| gallons of water 150 | gallons of water |

Other
Type material Bentonite Crystals
Amount 100 Lbs

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped from mixer via trehmy line.

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 5-6-05

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 _____ Date 5-9-05

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

5951B

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#:** 10000022 **Tax Parcel #:** 02914543
**Property Owner:** CHARLOTTE MECK BOARD OF EDUCATION
**Job Location Address:** 11826 MALLARD CREEK RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28262
**Permit Issuance Date:** 4/15/2005
**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:**

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Drew

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 Pete Florea

WELL CONTRACTOR CERTIFICATION # 2211

5003250b

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: Charlotte County MECK.
11826 MALLARD CREEK RD
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: CHAR. MECK BOARD of ED

4. ADDRESS: 11826 mallard Creek Rd.

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

6. TOTAL DEPTH: 30' (circle one) DIAMETER 36"

7. CASING REMOVED:

| feet | diameter |
|---|---|
| 0 | |
| | |

8. DISINFECTION: 4 oz.
(Amount of 70% hypochlorite used:)

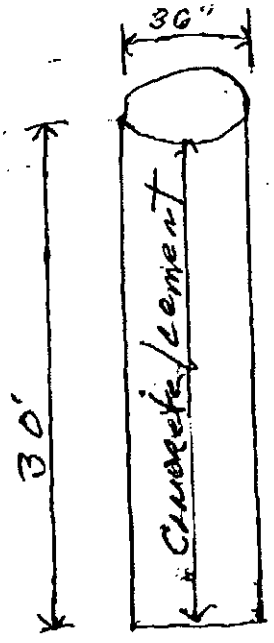
9. SEALING MATERIAL:

| Neat Cement | Sand Cement |
|---|---|
| bags of cement _____ | bags of cement _____ |
| gallons of water _____ | gallons of water _____ |

Other
Type material 3000 PSI Concrete
Amount 8 YDS

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
poured from Concrete MIXER

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.




Filled to 3' below grade

11. DATE WELL ABANDONED 5-6-05

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 _____ Date 5-9-05

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

04/13/2005 07:46 MCCALL BROTHERS → 7043366894 NO. 660 P001

McCall Brothers, Inc. - Account # A2'10'10 #98

GWS- COM. APP 12/04

704-336-6894 FAX

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

FILE # 5958B

SEPTIC FEE [redacted]

WELL FEE [redacted]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

**JOB LOCATION INFORMATION**

PROJECT TRACKING #:
TAX/PARCEL #: 02509125
STREET ADDRESS: 10009 Reames Rd.
CITY: Charlotte
STATE: NC ZIP: 28216
LOT #: North Lake Mall
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:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

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: North Lake Mall
ADDRESS: 10009 Reames Road
CITY: Charlotte
STATE: NC ZIP: 28216
HOME PHONE: WORK PHONE:
MOBILE PHONE: 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 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 Date

McCall Brothers Inc.

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

399-1506