

3701 PROSPERITY CHURCH RD

02733103

1/10/2008

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Groundwater and Wastewater Services File Imaging Project
May 2007
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WELL ABANDONMENT RECORD

file # 66455

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

WELL CONTRACTOR CERTIFICATION # 2211

CAB APP 1279

1. WELL CONTRACTOR:
Peter Florea
Well Contractor (Individual) Name
McCall Bros. Inc.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire Blvd.
Charlotte, NC 28216
City or Town State Zip Code
(704) - 399-1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
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 MECK QUADRANGLE NAME
NEAREST TOWN: Charlotte
3701 Prosperity Church Rd.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)

LATITUDE 35° 20.893
LONGITUDE 80° 46.476
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 and4b. (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

4b. CONTACT PERSON/WELL OWNER:
NAME W.G.K. Inc
STREET ADDRESS 2101 Whittington ST
Charlotte NC 28206
City or Town State Zip Code
(704) - 363-9957
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 200 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 9 ft.
Measuring point is 1 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ft. in.
b. Casing Removed: 0 ft. in.

7. DISINFECTION: 6 oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement 940 lb.
Water 70 gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite 1,000 lb.
Type: Slurry Pellets ✓
Water 0 gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Poured Bentonite Pellets + Pumped grout from Hiker

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 8-8-06

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.

Pete Florea 8-8-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

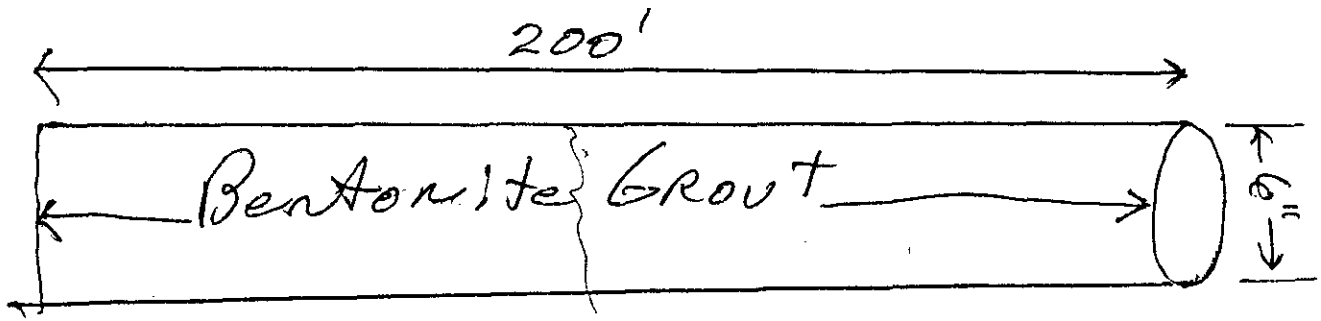
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

PRINTED NAME OF PERSON ABANDONING THE WELL

Peter Florea

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
Rev. 5/06


200'
Bentonite Grout
6"

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#: 10001237 **Tax Parcel #:** 027-331-03
Property Owner: W.G.K INC
Job Location Address:3701 PROSPERITY CHURCH RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28269
Permit Issuance Date: 8/31/2006
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:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

#1237 CAB

MCCALL BROTHERS INC. ACCOUNT # X27070 FX 704 724 336 6894

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

SEPTIC FEE: ____ PAID: ____ CR'D: ( )

WELL FEE: ____ DATE: ____ CR'D: ( )

FILE # 66958

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

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 027-331-03
STREET ADDRESS: 3701 Prosperity Church Rd
CITY: Charlotte
STATE: NC ZIP: 28269
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:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ 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: W. & K INC.
ADDRESS: 2101 Whittington St
CITY: Charlotte
STATE: NC ZIP: 28206
HOME PHONE: WORK PHONE: 704 363-9957
MOBILE PHONE: FAX: !

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266 (704)
HOME PHONE: WORK PHONE: 588-2510
MOBILE PHONE: FAX: 588-2615

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

"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

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

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

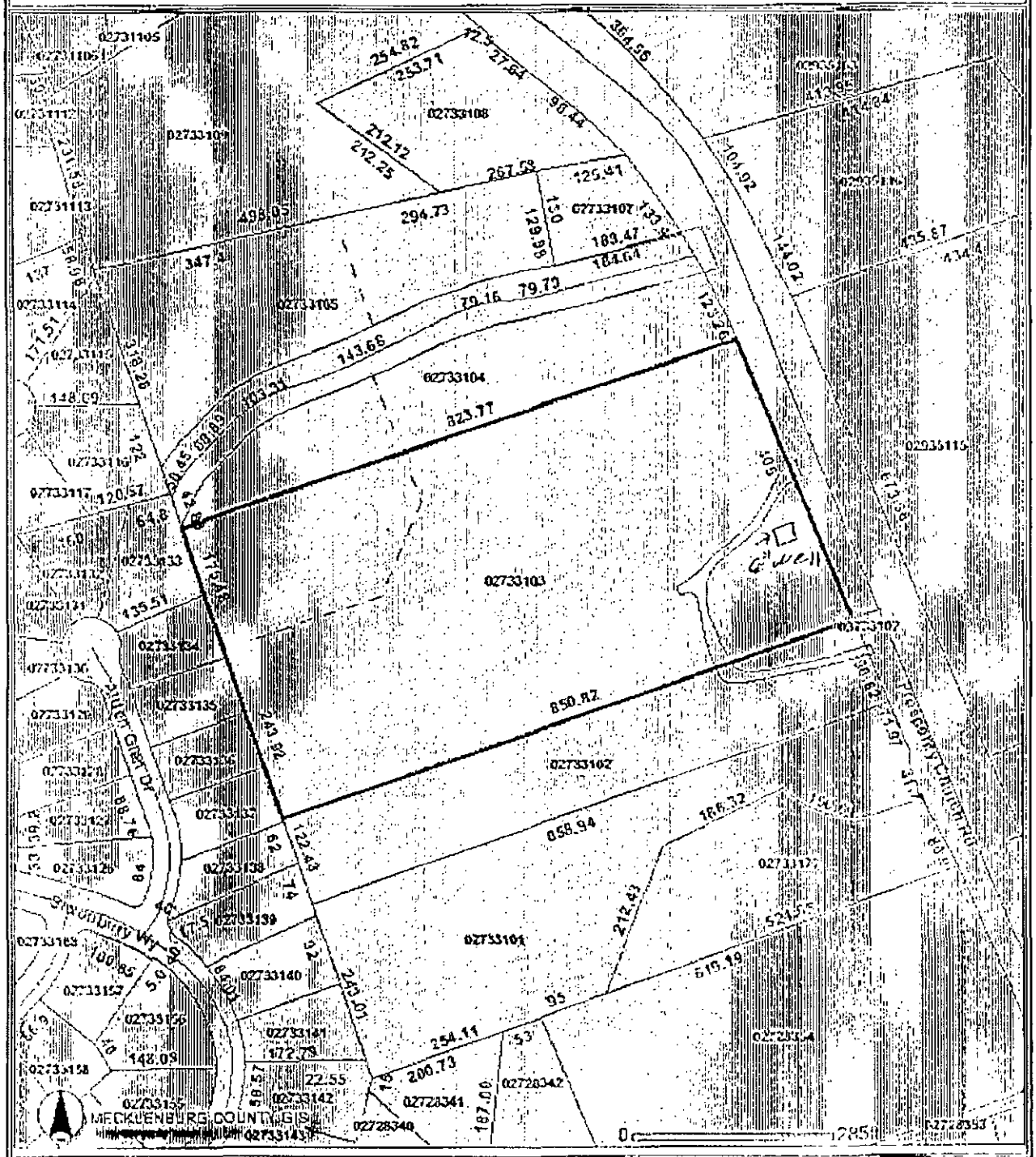
6695B

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Aug 10 07:49:10 EDT 2006



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

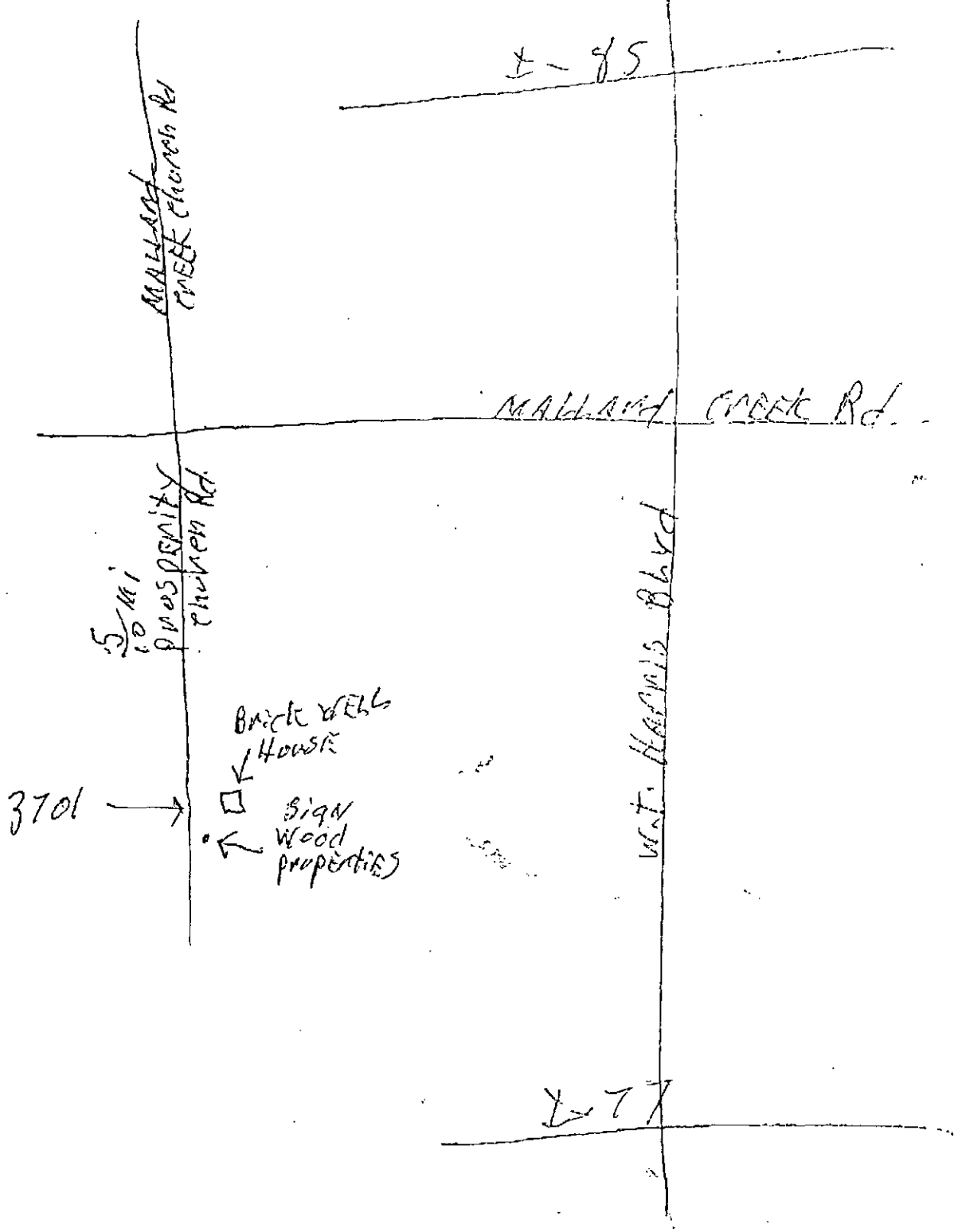
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO._____

W495B 43032803

Name W.E.K INC.

Address

Location



Salesman