

4125 GLORY ST

08702220

1/10/2008

duponbj

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

Attention: Gina Buchanan
704 336-6894

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Elliott 6619B

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2173

1. WELL CONTRACTOR:
Michael Francis
Well Contractor (Individual) Name
Francis Well & Pump Co.
Well Contractor Company Name
STREET ADDRESS 1501 Mt. Zion Ch. Rd.
Iron Station N.C. 28080
City or Town State Zip Code
(704) 394-9952
Area code Phone number

2. WELL INFORMATION:
STATE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable) 10001046
DWQ or OTHER PERMIT # (if applicable)
WELL USE: (Circle applicable use). Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation
Other (Explain)

3. WELL LOCATION:
COUNTY Mecklenburg QUADRANGLE NAME
NEAREST TOWN Charlotte
4125 Glory St. Charlotte N.C. 28206
(Street Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHY LAND SETTING
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE N 35° 15.702'
LONGITUDE W 80° 47.919'
(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)

3a. FACILITY (The name of the business where the well is located. Complete if applicable. If a residential well, skip to complete 3b well owner information only.)
FACILITY ID # (if applicable)
NAME OF FACILITY
STREET ADDRESS
City or Town State Zip Code

3b. CONTACT PERSON/WELL OWNER:
NAME Jackie Stanley
STREET ADDRESS 4125 Glory St.
Charlotte N.C. 28206
City or Town State Zip Code
(704) 534-2511
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 112 ft. Below Casing? 2 ft.
b. Water Level Below Casing? 20 ft.
Measuring point is (Top of casing or Land surface)

6. CASING: Length Diameter
a. Casing Depth (if known) ft. ft.
b. Casing Removed 2 ft. 2 ft.

7. DISINFECTION: Clorox
(Amount of 5.25% bleach used)

8. SEALING MATERIAL:

Neat Cement	Sand Cement
Cement ft.	Cement 5242 lb.
Water gal	Water 22.5 gal

Bentonite
Bentonite lbs
Type Slurry Pellets
Water gal

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
slowly by hand

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth to bedrock, depth of grouting in the well, casing removal, backfilling of casing, perforated casing, and depths and types of fill material placed.

11. DATE WELL ABANDONED 6-29-06

I 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.

Michael Francis 6-29-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(If the owner of the well is a corporation, agency or other entity, the Contractor shall obtain the signature of the person who is responsible for abandoning the well in accordance with 15A NCAC 2C .0113(a).)
Michael L. Francis
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
Rev. 8/05

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#: 10001046 **Tax Parcel #:** 087-022-20
Property Owner: JACKIE STANLEY
Job Location Address:4125 GLORY ST
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28206
Permit Issuance Date: 6/28/2006
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

6/19B

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):

- [X] 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:

No sampling prescribed per ARGU review. DFT 6-28-2006.

Cina Buchanan, RS
Authorized Agent: Print Name

Cina Buchanan, RS
Signature:

C.N. Roberts
Owner/Legal Agent: Print Name

C.N. Roberts
Signature:

1046

GWS – RES. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

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

WELL FEE: 0
DATE: 6/28/06
CRT [ ] JKA

FILE # 6619B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 08702220
STREET ADDRESS: 4125 Glory St.
CITY: Charlotte
STATE: NC ZIP:
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: 800
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ 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

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: Jackie Stanley
ADDRESS: Glory St
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: 704-597-8852 WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Michael Francis (Driller)
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.

C.N. Rho 6-28-06
Owner's/Agent's Signature Date

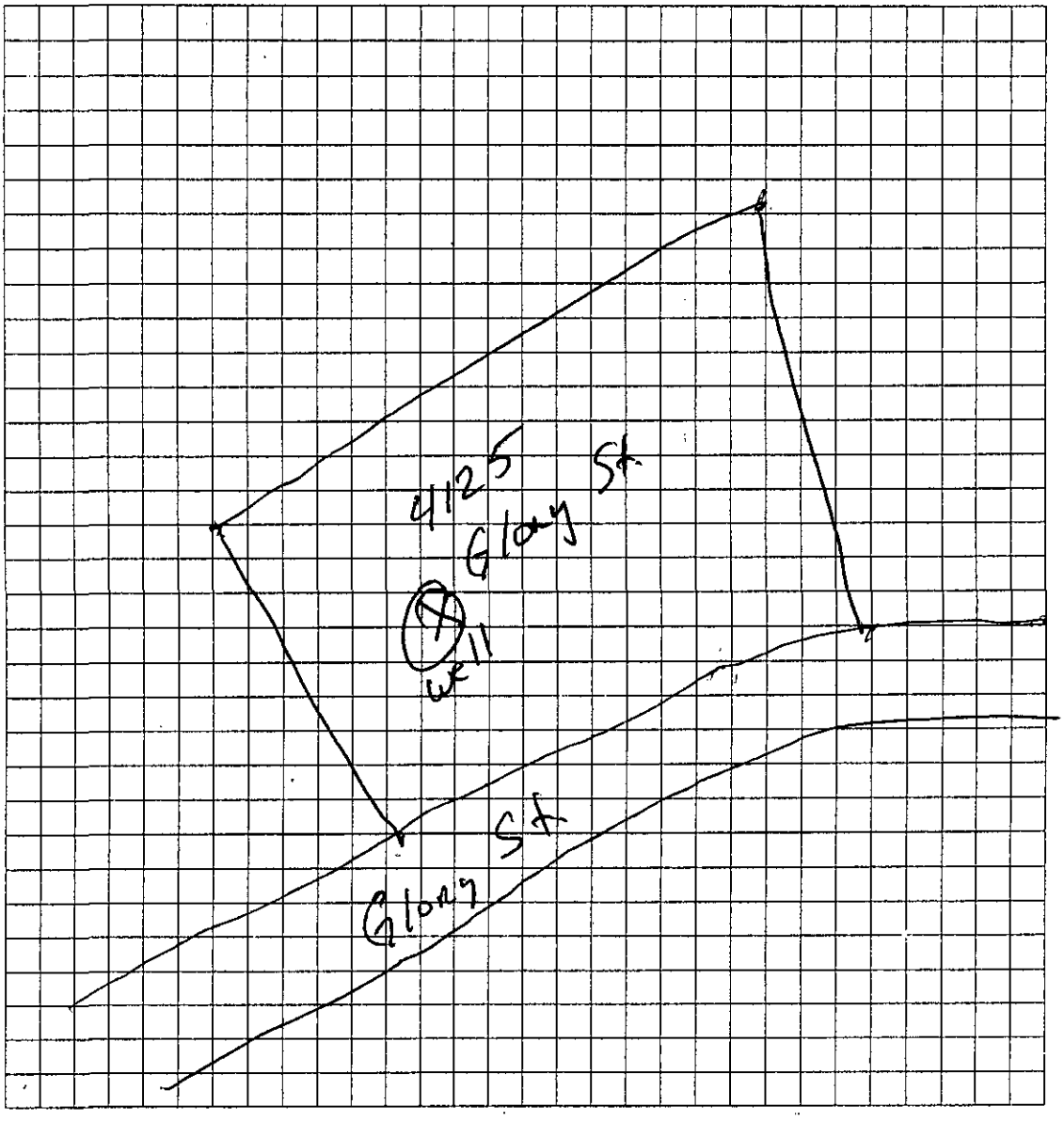
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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) 336-6894

File # 06198
Date 6-28-06

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.



Owner/Agent Signature	C. Roberts
Date	6-28-06

LBC 12/15/04