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6131 SHARON HILLS RD
209-551-07

5/21/08

thomatc

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

Permit # 10000186 File # 2463

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 Peter Flora

WELL CONTRACTOR CERTIFICATION # 2211

5803262 3

Parcel ID 209-551-07

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
6131 Sharon Hills Rd
(Road Name and Number, Community, Subdivision , Lot No.) Quadrangle No.

3. OWNER: ESLAN Capital

4. ADDRESS: 6131 Sharon Hills Rd

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

6. TOTAL DEPTH: 75' DIAMETER 6"

7. CASING REMOVED:

feet	diameter
ϕ	

8. DISINFECTION: 3oz.
(Amount of 70% hypochlorite used:)

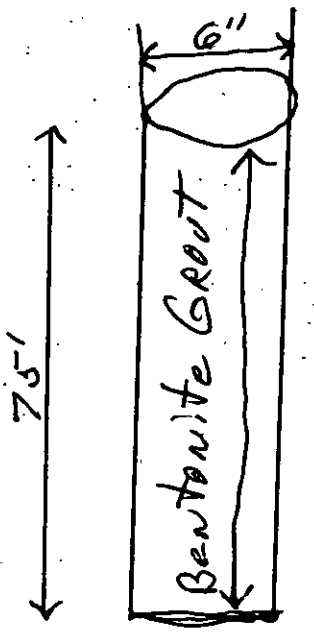
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 10	bags of cement
gallons of water 80	gallons of water

Other
Type material Bentonite
Amount 10 LB

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped from Mixer via Tremmy

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 11-2-05

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 Peter Flora Date 11-3-05

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

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#: 10000186 **Tax Parcel #:** 20955107
Property Owner: Eslan Capital
Job Location Address: 6131 SHARON HILLS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28210
Permit Issuance Date: 10/28/2005
Use of Well: Potable
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 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:

Philo S. Walker LS
Authorized Agent: Print Name

Philo S. Walker LS 10/28/05
Signature:

Owner/Legal Agent: Print Name

Signature:

10/14/2005 15:15 MCCALL BROTHERS → 7043366894 NO. 908 D003

McCall Brothers, Inc. - Account # X2'10'10 Invoice

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

[redacted]

Appl 186

FILE # 2463

COPY

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

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

Phil J

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 209-551-07
STREET ADDRESS: 4131 Sharon Hills Rd
CITY: Charlotte
STATE: NC ZIP: 28210
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: 7
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: EASLAN CAPITAL
ADDRESS: 7800 CARMEL EXECUTIVE PK DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28226
HOME PHONE: WORK PHONE: 541-9151
MOBILE PHONE: FAX: 541-9714

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROS INC.
ADDRESS: P.O. BOX 668710
CITY: CHARLOTTE
STATE: N.C. ZIP: 28266
HOME PHONE: WORK PHONE: 399-1506
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

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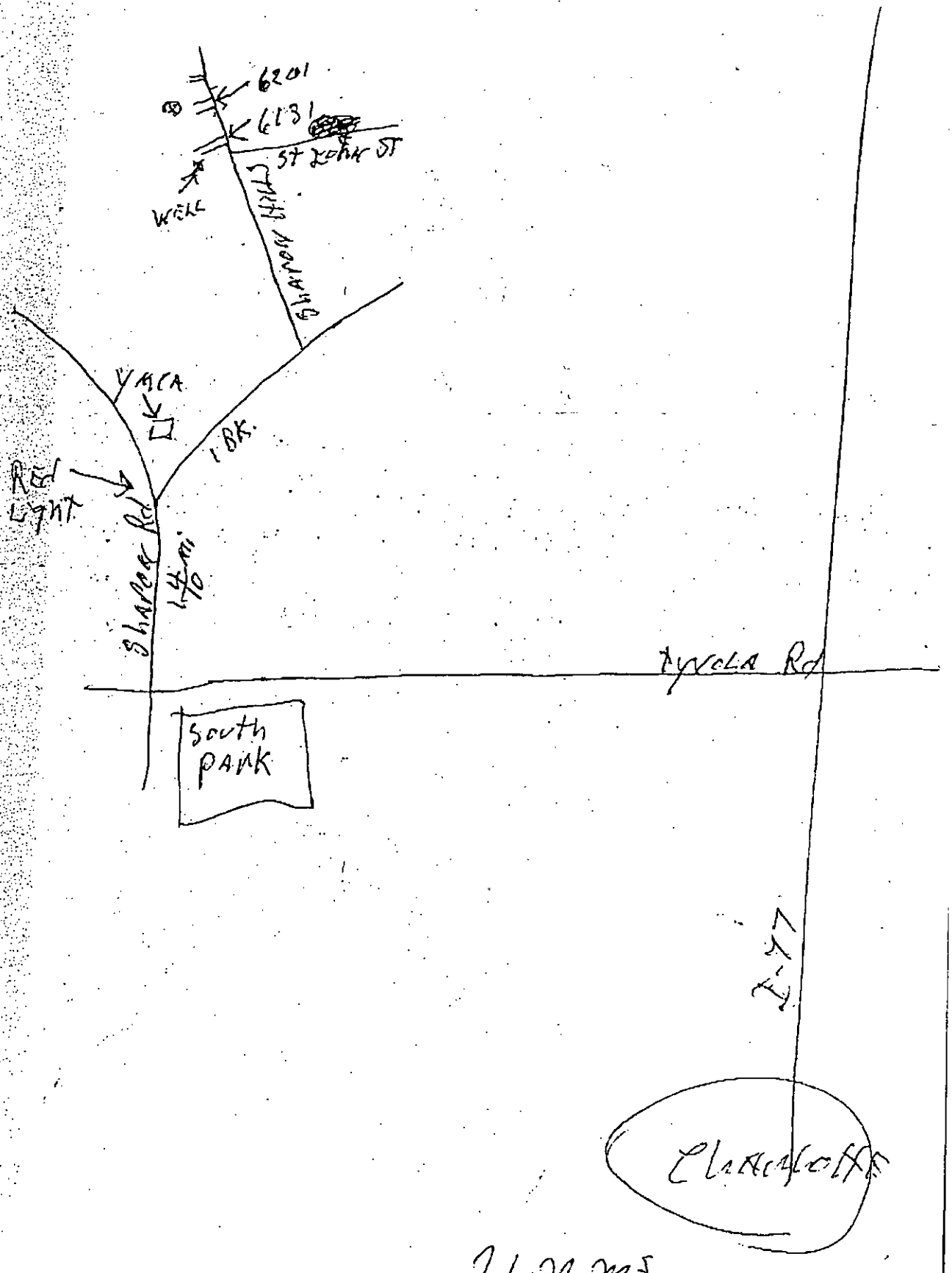
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704-336-6894

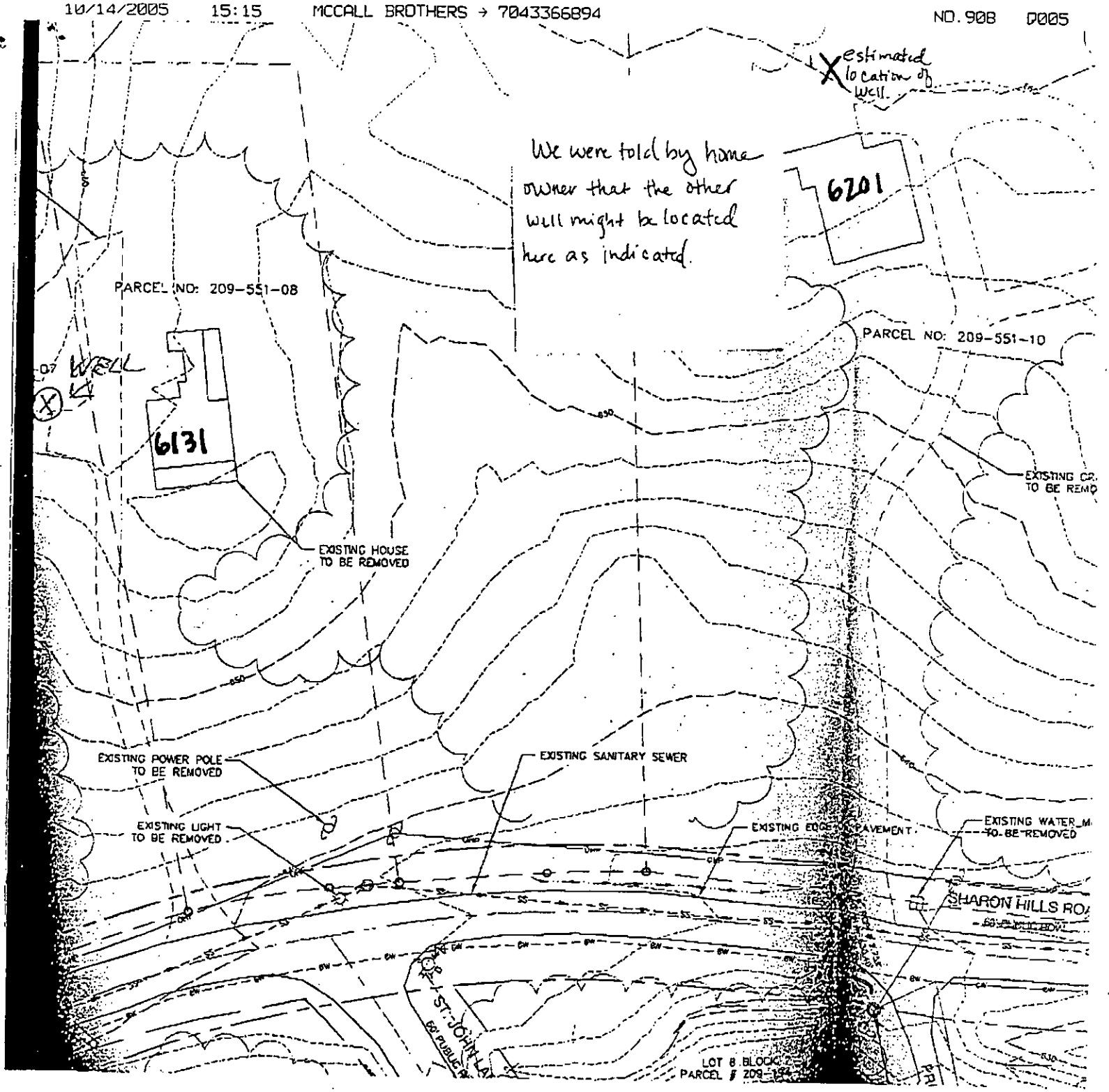
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.____

Name EASLAN Capital

Address

Location




estimated location of well.
We were told by home owner that the other well might be located here as indicated.
6201
PARCEL NO: 209-551-08
PARCEL NO: 209-551-10
WELL
6131
EXISTING HOUSE TO BE REMOVED
EXISTING POWER POLE TO BE REMOVED
EXISTING LIGHT TO BE REMOVED
EXISTING SANITARY SEWER
EXISTING EDGE OF PAVEMENT
EXISTING WATER M TO BE REMOVED
SHARON HILLS RO
ST. JOHN LA
LOT 8 BLOCK 2
PARCEL # 209-

McCall Brothers, Inc. - Account # X 2'10'19 Residential Use

GWS-COM. APP 12/04

704-336-6894 FAX

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Pb. 17

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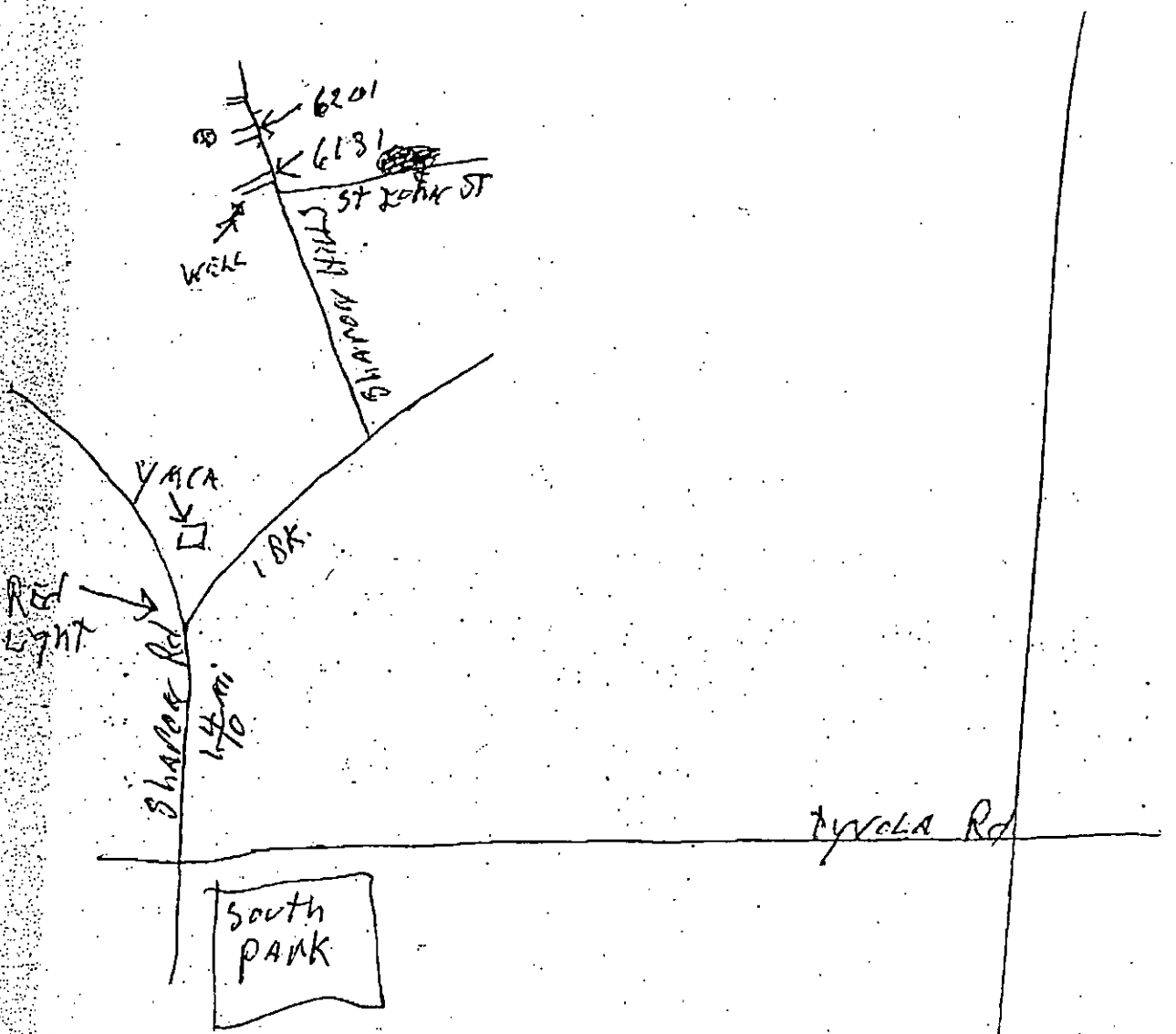
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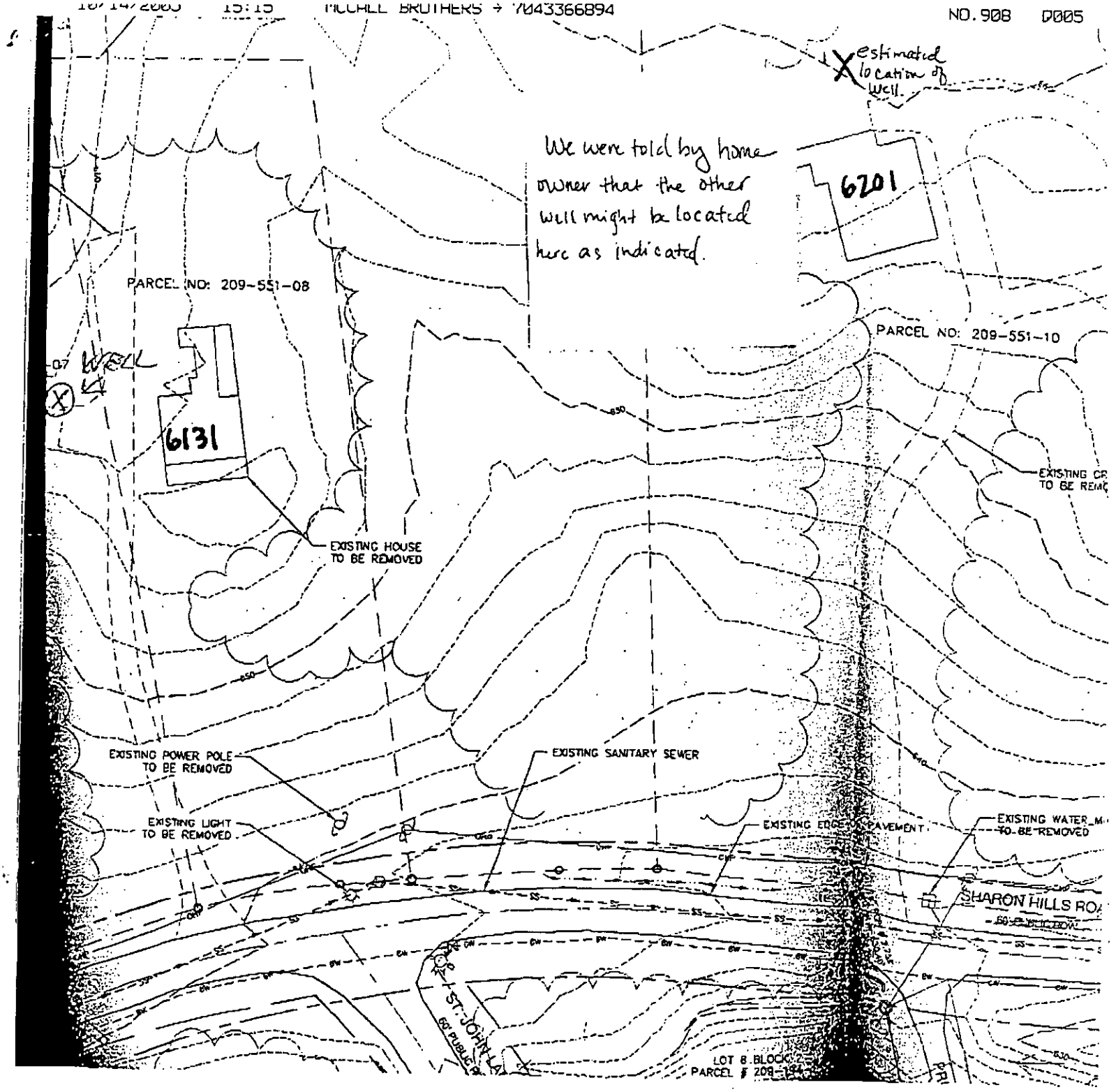
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N.M.S.


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ST. JOHN LN
LOT 8 BLOCK 2
PARCEL # 209-194