

7021 GARDNER POND CT

21337250

1/9/2008

duponbj

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

NO POSSE HD

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6232R WASPS App #: 210

Primary ES assigned to project: Debra Howell

Secondary ES assigned to project: _____

Project Type: New Well ☐ Well Abandonment ☑ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☐ N/A-Sewer ☑

I. File Review:

Completed application	Yes ☑	No ☐	
ARGU review report	Yes ☐	No ☐	N/A ☑
Signed permit	Yes ☑	No ☐	
Notification of disinfection	Yes ☐	No ☐	N/A ☑
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐ N/A ☑
GW-1 Form / GW-30 Form	Yes ☑	No ☐	
Other related documentation	Yes ☐	No ☐	N/A ☑

Items requiring correction/modification: 0

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☐	No ☑	
Well detail record completed	Yes ☐	No ☑	

Items requiring correction/modification: _____

Comments: Update well detail to reflect abandon status. Update site information page to reflect verification info.

Application received date: 11/23/05 ES assigned date: _____ Permit issued date: 9/20/06

Well approval date: 11/30/06 Number of days to complete project: 260±

Review performed by: _____ Date performed: 12/1/06

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

5803263 39

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
GARDNER POND Lot #2 7021 GARDEN POND
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: MARQUEE Builders

4. ADDRESS: 9815 SAMFURR RD

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

6. TOTAL DEPTH: 480' DIAMETER 6"

7. CASING REMOVED:

feet	diameter
2'	6"

8. DISINFECTION: 9 oz.
(Amount of 70% hypochlorite used:)

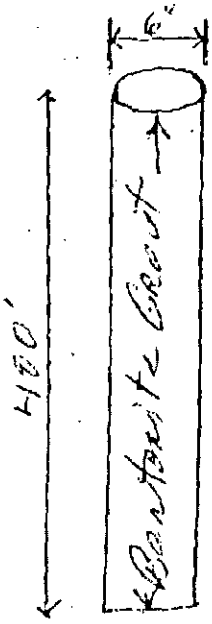
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 30	bags of cement
gallons of water 150	gallons of water

Other
Type material Bentonite
Amount 25 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 12-30-05

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 Pete Florea Date 1-3-06

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.

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#: 10000210 **Tax Parcel #:** 213-372-50
Property Owner: Marquee Builders
Job Location Address: 7021 GARDNER POND CT
City/ETJ: CHARLOTTE **State:** NC **Zip Code:**
Permit Issuance Date: 9/28/2006
Use of Well: Other
Type of Facility Served by Well: Other Residential
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:

Debra Howell
Authorized Agent: Print Name

McCall Bros Inc
Owner/Legal Agent: Print Name

Debra Howell
Signature:

Signature:

-COMM. JOURNAL- DATE SEP-28-2006 TIME 11:35

MODE = MEMORY TRANSMISSION START=SEP-28 11:35 END=SEP-28 11:35

FILE NO.=661

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	a	97043982605	001/001	00:00:17

-MECKLENBURG CO GWS -

- 704 336 6894-

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Job Location Address: 7021 GARDNER POND CT
City/ETJ: CHARLOTTE **State:** NC **Zip Code:**
Permit Issuance Date: 9/28/2006
Use of Well: Other
Type of Facility Served by Well: Other Residential
Sewage System Type: None

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  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

Debra Howell
Authorized Agent: Print Name

Debra Howell
Signature:

Owner/Legal Agent: Print Name

Signature:

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Groundwater & Wastewater Services
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Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10000210 **Tax Parcel #:** 213-372-50
Property Owner: Marquee Builders
Job Location Address:7021 GARDNER POND CT
City/ETJ:CHARLOTTE **State:** NC **Zip Code:**
Permit Issuance Date: 9/28/2006
Use of Well: Other
Type of Facility Served by Well: Other Residential
Sewage System Type: None

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  - ☐ Metals (Specify in Other Conditions)
  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

Debra Howell
Authorized Agent: Print Name

Debra Howell
Signature:

Owner/Legal Agent: Print Name

Signature:

MCCALL BROTHERS, INC. ACCOUNT # 221010

GWS - RES. APP 12/04
704-336-6894 FAX

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

SEPTIC FEE
DATE
CR#

WELL FEE
DATE
CR#

Permit appl # 210 FILE # 6232B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 213-372-50
STREET ADDRESS: 7021 GARDEN Pond
CITY: CHARLOTTE Gardner Pond CT
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 10 BJ
TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☑ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

- ☐ CONCRETE SLAB
- ☐ CRAWLSPACE
- ☐ BASEMENT WITH PLUMBING
- ☐ 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: MARQUEE Builders
ADDRESS: 9815 SAM Furr Rd # J-91
CITY: HUNTERSVILLE
STATE: N.C. ZIP: 28078
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCALL Bros INC.
ADDRESS: P.O. Box 668710
CITY: CHARLOTTE
STATE: NC 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

*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.

Joe McAlpine
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-6103 / FAX: 704-336-6894

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

File
6232B

Name
Address MARQUEE Builders
Location

