

2412 WHIRLAWAY CT

21513177

6/23/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 11513 WASPS App #: 4120

Primary ES assigned to project: Josh Sellers

Secondary ES assigned to project: _____

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

Septic System Status: Permit In Progress ☐ Installation Complete ☐ N/A-Sewer ☐

I. File Review:

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

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 ☐	

Comments:

_____

_____

_____

_____

_____

Application received date: _____ Well approval date: _____

Review performed by: [signature] Date performed: 6/3/09

11513

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

JS 4120

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ■ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ■ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 215 131 77
STREET ADDRESS: 2412 Whirlaway Ct
CITY: Charlotte / Matthews
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: 330L LOT SIZE (acres):
TOWNSHIP: 1977
■ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ■ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
■ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
■ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ■ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ■ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ■ N/A ☐ IRRIGATION ☐ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED,
■ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	■ NO	GRADING/SOIL REMOVAL PERFORMED	■ YES	☐ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	■ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	■ NO
WELLS, SPRINGS, OR WATER LINES	■ YES	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	■ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	■ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	■ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	■ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	■ NO
WASTE STORAGE	☐ YES	■ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	■ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A

12. PROPERTY OWNER:
NAME: Richard and Melissa Easterling
ADDRESS: 2412 Whirlaway Ct
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE:
WORK PHONE: 704-847-5468
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Lassiter Well Co. Inc
ADDRESS: 6002 Rhyne Rd
CITY: Char
STATE: NC ZIP: 28214
HOME PHONE:
WORK PHONE: 704-392-5104
MOBILE PHONE:
FAX: 704-399-4485

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

Revised on 7/1/08

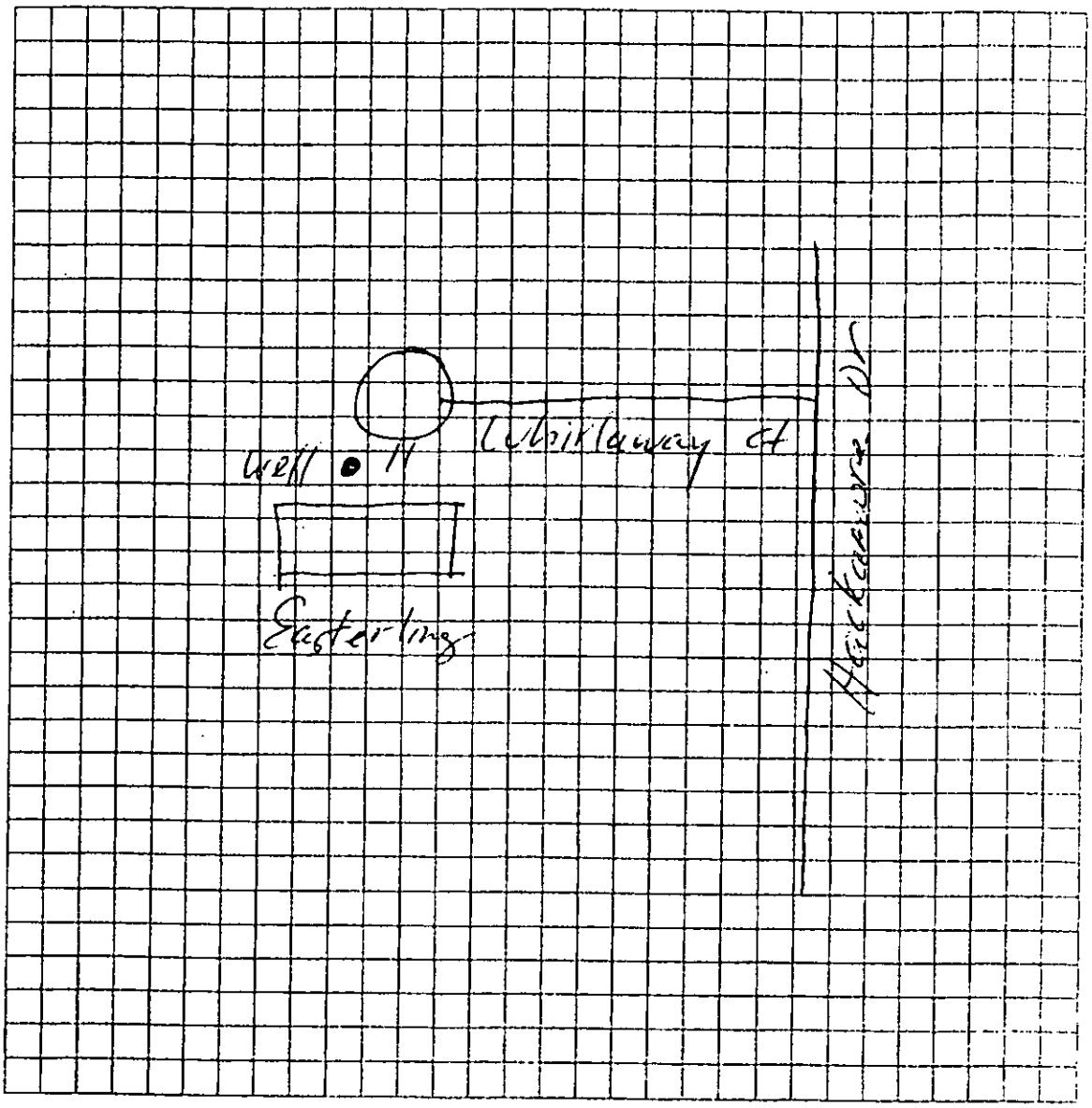
File # 11513

Date_____

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

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	Vernon Lassiter Jr.
Date	3-19-09

Alexandra mont ct
2412 Whirlaway ct
Charlotte

LBC 12/15/04

Mecklenburg County
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#: 10004120 **File #:** 11513 **Tax Parcel #:** - -
Property Owner: RICHARD & MELISSA EASTERLING
Job Location Address:2412 WHIRLAWAY CT
City/ETJ:MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 3/20/2009
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: 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 or 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:

Joshua R. Sellers R.S.
Authorized Agent: Print Name

Joshua R. Sellers R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

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

Permit#: 10004120 **File #:** 11513 **Tax Parcel #:** - -
Property Owner: RICHARD & MELISSA EASTERLING
Job Location Address: 2412 WHIRLAWAY CT
City/ETJ: MATTHEWS **State:** NC **Zip Code:** 28105
Permit Issuance Date: 3/20/2009
Use of Well: N/A
Type of Facility Served by Well: House
Project Type: Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: NO

If Yes, see requirements in Specific Conditions of This Permit.

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☐ Pesticides ☐ Herbicides ☐ Other (See Below)

Other Conditions of This Permit:

Joshua R. Sellers R.S. [illegible] J.

Authorized Agent: Print Name Owner/Legal Agent: Print Name

Joshua R. Sellers R.S. [illegible]

Signature: Signature:

WELL ABANDONMENT RECORD

WELL CONTRACTOR Lassiter Well Co.

WELL CONTRACTOR CERTIFICATION # 2297

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: Mathews County Mecklenburg
2412 Whirlaway ct Mathews NC 28105 (Road Name and Number, Community, Subdivision, Lot No.) 215-131-77 Quadrangle No.

3. OWNER: Richard + Melissa Easterling

4. ADDRESS: 2412 Whirlaway ct

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

6. TOTAL DEPTH: 150' DIAMETER 6"

7. CASING REMOVED:
4' feet 6" diameter

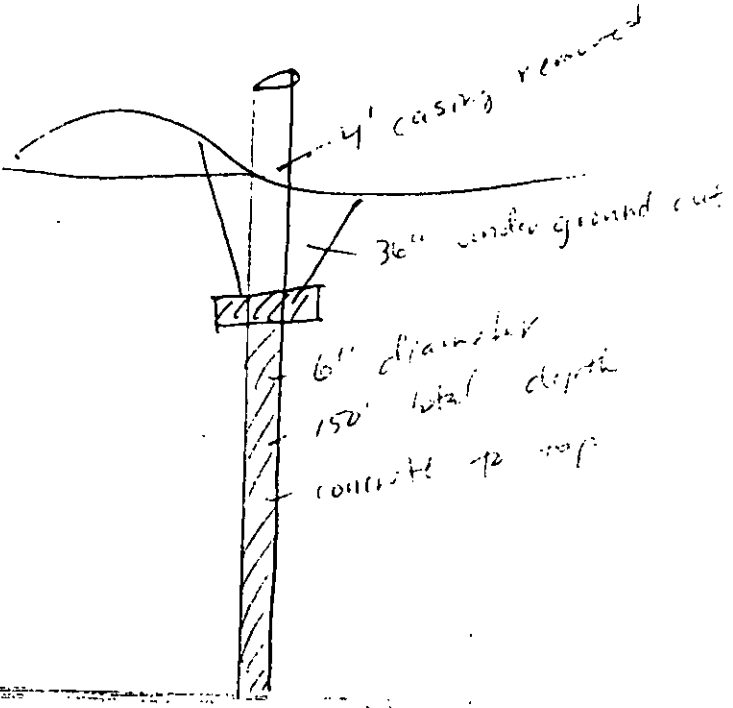
8. DISINFECTION: 2 16 TTH
(Amount of 70% hypochlorite used)

9. SEALING MATERIAL:
Neat Cement: bags of cement ____ gallons of water ____
Sand Cement: bags of cement ____ gallons of water ____
Other: Type material Cement / grout Amount ____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL:
poured from top using 1 concrete truck

11. DATE WELL ABANDONED 4-7-09

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel packs, intervals of casing perforations, and depths of types of fill materials used.



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 Vernon Lassiter Jr Date 4-8-09

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, or streams. Identify roads with state highway or road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the well owner within 30 days of completion of abandonment.

Rev. 08 Version 2.0

File # 11513