

12449 SUSANNA DR

03122221

5/20/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 2493 WASPS App #: 2367

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: Josh Sellers

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 ☐ JLS	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 ☐

Comments: # Items requiring correction/modification: _____

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: # Items requiring correction/modification: _____

Please contact applicant to inquire how he wants to get the permit 6/11/07 JLS
send to: Probst Const. c/o Brandon Hill
704-782-2210 Done JLS

Application received date: 6/5/07 ES assigned date: 6/5/07 Permit issued date: 6/11/07

Well approval date: 7/9/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 7/11/07

2493

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2041

1. WELL CONTRACTOR:

Dave L Mullis
Well Contractor (Individual) Name

D L Mullis Well Drilling
Well Contractor Company Name

STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code

704-5455694
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 10002367

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: 12449 Susanna Dr

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

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

LATITUDE 35° 20.056
LONGITUDE 80° 58.195

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 and 4b. (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 Harold Cleveland Jenkins

STREET ADDRESS 12249 Susanna Dr

Charlotte NC 28214
City or Town State Zip Code

(_____) - _____
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: unknown ft. Diameter: 2" in.

b. Water Level (Below Measuring Point): _____ ft.

Measuring point is _____ ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	unknown ft.	2" in.
b. Casing Removed:	_____ ft.	_____ in.

7. DISINFECTION: HTH

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement 100 lb.
Water 20 gal.

Sand Cement
Cement _____ lb.
Water _____ gal.

Bentonite
Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other
Type material Portland type I Cement
Amount 100 lb

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

mixed + poured

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 7-6-07

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.

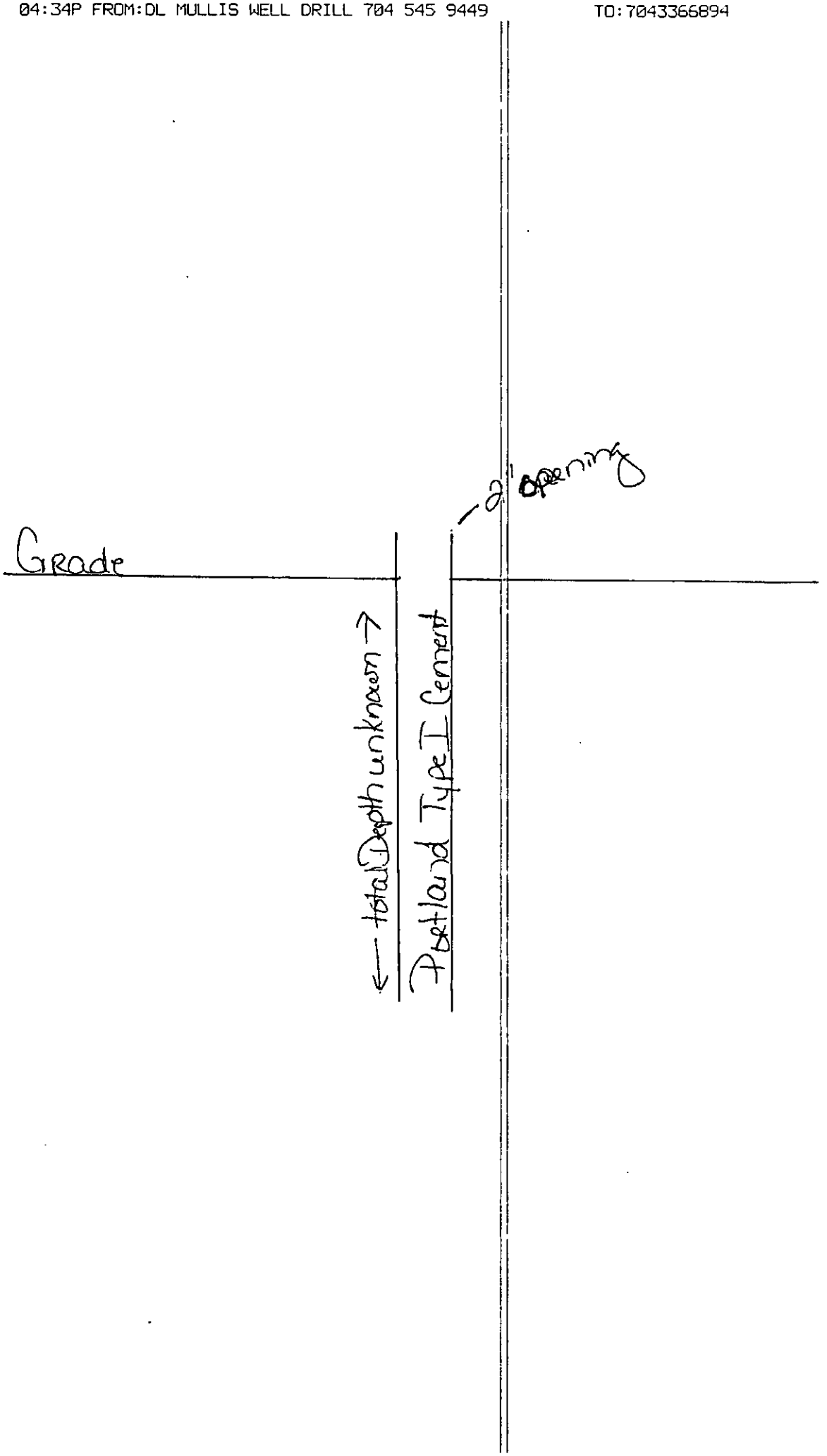
x Dave L. Mullis 7-6-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

_____
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

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.

Form GW-30


Grade
2" opening
← total Depth unknown →
Portland Type I Cement

********** -COMM. JOURNAL- ********** DATE JUN-12-2007 ***** TIME 16:12 *********

MODE = MEMORY TRANSMISSION START=JUN-12 16:10 END=JUN-12 16:12

FILE NO.=112

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	a	97047822210	003/003	00:00:59

-MECKLENBURG CO GWS -

********** - - ***** - 704 336 6894- *********

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: Probst Construction
Brandon Hill

Fax #: 704-782-2210
Phone #:

From: Mecklenburg County
Groundwater & Wastewater Services

Date: 06/12/2007

Number of pages transmitted: 3 (including coversheet)

Comments:
Well abandonment permit for 12449 Susanna Drive

Please sign and fax back

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

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#: 10002367 **File #:** 2493 **Tax Parcel #:** 031-222-21
Property Owner: HAROLD CLEVELAND JENKINS
Job Location Address:12449 SUSANNA DR
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28214
Permit Issuance Date: 6/11/2007
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:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

CO

FILE NUMBER: 2493 Revised On: January 3, 2007. APPLICATION NUMBER: 23607

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: 0
DATE: 6/5/07 JKH

1. SEPTIC / TYPE APPLICATION: ☑ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 03122221
STREET ADDRESS: 12449 Susanna Drive
CITY: Charlotte
STATE: NC ZIP: 28214
SUBDIVISION NAME:
LOT #: 15 LOT SIZE (acres): 1.04
TOWNSHIP:
☐ 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: 980
NUMBER OF BEDROOMS: 2
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 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING
7. PROPOSED USE OF WELL: ☑ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER NA
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 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

10. PROPERTY OWNER:
NAME: Harold Cleveland Jenkins
ADDRESS: 12449 Susanna Drive
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: 704-393-2496 WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/19/1983
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? NA

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Harold Cleveland Jenkins 6/5/07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

File # 2493

12446

TBM #2
PK NAIL ON EP
ELEV. = 732.17

12504

12454

TBM #3
PK NAIL ON EP
ELEV. = 720.41

FF ELEV. = 731.96

GRD ELEV. = 730.76

Well

WELL TO BE ABANDONED BY CONTRACTOR AS PER NCDENR REQUIREMENTS

GRAVEL DRIVE

6" OAK

8" PINE

10" OAK

BUSH

PP

WOODS

R/W

FH

10" PINE

BUSH

MB

MB

W

W

W

W

W

WV

WV

EP

SUSANNA DRIVE (SR 1840)

OLD SURVEY POINT

EP

15" RCP

15" RCP

Top

OLD SURVEY POINT

4" PINE

PP

EIP

R/W

10" OAK

20" OAK

20" OAK

RWall

GRAVEL DRIVE

STA. 4+08

PROPOSED MANHOLE W/SOLID COVER END CONSTRUCTION

12" OAK

24" OAK

18" OAK

GRAVEL DRIVE

Well

WELL TO BE ABANDONED BY CONTRACTOR AS PER NCDENR REQUIREMENTS

GRD ELEV. = 732.05

FF ELEV. = 735.61

12449

Harold Cleveland Jenkins
12449 Susanna Drive
Charlotte, NC 28214

12501

GRD ELEV. = 738.82

FF ELEV. = 740.90

CHARLOTTE–MECKLENBURG UTILITIES
ENGINEERING DIVISION
CHARLOTTE, NORTH CAROLINA

379-05-597 Job No.	489- File No.
Scales	
PLAN	1" = 40'
PROFILE Hor.	1" = 40'
Vert.	1" = 4'
As Built	Date

PROPOSED 8" SANITARY SEWER
TO SERVE

Harold Cleveland Jenkins
12449 SUSANNA DRIVE

JAG	SGB	JBJ	KJO	RD Moody	2/1/07	Sheet 1	Of 1
Surveyed By	Designed By	Drawn By	Project Engr	Approved By	Date		