

10724 PARK RD

20710201

1/11/2008

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6862B WASPS App #: 1672

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: Debra Howell

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: (1) 01-24-07 JRS

Comments:
12/7/06 Need signed copy back from applicant
01-24-07 Signed copy now in file

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 ☑ 1-24-07	No ☑	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: (1) 01-24-07 JRS.

Comments:
12/7/06 Updat activity checklist with permit date
01-24-07 Checklist now complete

Application received date: 11/28/06 ES assigned date: 11/29/06 Permit issued date: 12/1/06

Well approval date: 01-19-07 Number of days to complete project: ≈55 days

Review performed by: Joshua R. Sellers R.S. Date performed: 01-24-07

6862B

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#: 10001672 **Tax Parcel #:** 207-102-01
Property Owner: Carolinas Medical Center-Pineville
Job Location Address: 10724 PARK RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28210
Permit Issuance Date: 12/1/2006
Use of Well:
Type of Facility Served by Well:
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 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

Curtis Helms JR
Owner/Legal Agent: Print Name

Signature:

Signature:

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3350

1. WELL CONTRACTOR:

CHADDOM
Well Contractor (Individual) Name

SAME
Well Contractor Company Name

STREET ADDRESS 9751 Southern Pine Blvd.

Charlotte NC 28273
City or Town State Zip Code

(704) - 523 - 4726
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE-WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 10061672

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 Mecklenburg QUADRANGLE NAME

NEAREST TOWN: Charlotte 10724 Park Rd

Charlotte NC 28210

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

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

LATITUDE __ __ _____

LONGITUDE __ __ _____

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 and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY CMC Pineville

STREET ADDRESS 10724 Park Rd

Charlotte NC 28210
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME

STREET ADDRESS

City or Town State Zip Code

(704) - 667 - 1000
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 580 ft. Diameter: 8 in.

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

Measuring point is _____ ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	_____ ft.	_____ in.
b. Casing Removed:	360 ft.	3 in.

7. DISINFECTION: 1 TSP

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

8. SEALING MATERIAL:

Neat Cement

Cement 13 lb.
Water 08 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

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

Other

Type material 10 ton of D8 stone

Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Dumped stone from the top. up to 50 ft than tremmed grout form the Bottom to the top

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 12-1-06

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.

CHADDOM 12-4-06
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.)

CHADDOM
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. 5/06


I 485
Pineville Matthews Rd
well
CMC Hospital
Park Rd

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#: 10001072 **Tax Parcel #:** 207-102-01
Property Owner: Carolinas Medical Center-Pineville
Job Location Address: 10724 PARK RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28210
Permit Issuance Date: 12/1/2006
Use of Well:
Type of Facility Served by Well:
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 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:

JACK CHOMELEK, VP
Owner/Legal Agent: Print Name

Signature:

********** -COMM. JOURNAL- ********** DATE JAN-11-2007 ***** TIME 15:57 *****

MODE = MEMORY TRANSMISSION START=JAN-11 15:56 END JAN-11 15:57

FILE NO.=570

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	a	97045127300	002/002	00:01:01

-MECKLENBURG CO GIS -

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

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: Kevin McDonough Fax #: 704-512-7300

Carolinas Medical Center - Pineville Phone #: _____

From: Debra Howell Date: _____

Number of pages transmitted: 2 (including coversheet)

Comments:

Please sign the permit and fax to Debra Howell at 704-336-6894.

Thanks!

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

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Fax Coversheet

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To: Kevin McDonough — Fax #: 704-512-7300

Carolinas Medical Center-Pineville — Phone #: _____

From: Debra Howell — Date: 1-11-07

Number of pages transmitted: 2 (including coversheet)

Comments:

Please sign the permit and fax to Debra Howell at 704-336-6894.

Thanks!

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

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Job Location Address:10724 PARK RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28210
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Use of Well:
Type of Facility Served by Well:
Sewage System Type: None

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  - ☐ 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:

#1672 Commercial

GWS – RES. APP 07/05

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: _____
CRT [ ]

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 6862B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN
WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

Shawn for Review then Chris

JOB LOCATION INFORMATION:
TAX/PARCEL #: 20710201
STREET ADDRESS: 10724 Park Road
CITY: Charlotte
STATE: NC ZIP: 28237
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: 11,700
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

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: Carolinas Medical Center-Pineville
ADDRESS: 501 Vail Ave
CITY: Charlotte
STATE: NC ZIP: 28237
HOME PHONE: WORK PHONE (704) 667-1000
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
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 11/29/06 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.

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: 704-336-0894

Date: 11/30/06
Reviewed By: SLS

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 207-102-01 File # 6862B

Street Address: 10724 Park Road

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 221-192-10 MPL # 332

Street Address: 8912 Pineville-Matthews Road

DENR Incident #: 5510

Current Status: Closed Why? Land Use Restriction with groundwater contamination left in place.

Responsible Party: The Southland Corporation

Responsible Party Contact Info: Mr. Willo Smith
1304 Lee Road
Orlando, FL 32810

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern?

If Yes	ARGU is a 1500-foot buffer around the maximum extent of contamination	No

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area	No
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.	Yes

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location?

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU?
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: Abandonment permit for out of use well. No restrictions apply.

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 22119210
Name: CIRCLE K #8405 - 8912 PINEVILLE-MATTHEWS
House No: 8912
Street Dir:
Street Name: PINEVILLE-MATTHEWS
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28226
NC Incident Number: 0 EXIT Well Information System →

↑ 5510 / MO-2958

* Link to GIS Real Estate System

line test failed
gw cont confirmed
closed w/ LUR 9/1/06

MPL 332

MECKLENBURG COUNTY
Well Information System



Parcels - Well View

- Both Site and Well
- Landfill
- Public Well
- Contamination Site
- Private Well

Jurisdictions

- Charlotte
- Cornelius
- Davidson
- Huntersville
- Matthews
- Mecklenburg
- Mint Hill
- Pineville
- Stallings

The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, elections information, and other *public records and data. Users of this map data are hereby notified* that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.