

14040 HACKAMORE DR

21513165

10/5/09

thomatc

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 11525 WASPS App #: 4116

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: J. L. Stutz Date performed: 6/3/09

11525 JS 4116

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

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 / 31 / 05
STREET ADDRESS: 14040 Hackamore Dr
CITY: Chor / Mathews
STATE: NC ZIP: 28105
SUBDIVISION NAME:
LOT #: 21BL 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: 2 000
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: Timothy and Jeanne Laney
ADDRESS: 14040 Hackamore Dr
CITY: Mathews
STATE: NC ZIP: 28105
HOME PHONE:
WORK PHONE: 704-846-4809
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE IF APPLICABLE:
NAME: Lassiter Well Co Inc
ADDRESS: 600 Rhyne Rd
CITY: Chor
STATE: NC ZIP: 28214
HOME PHONE:
WORK PHONE: 704-392-5704
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

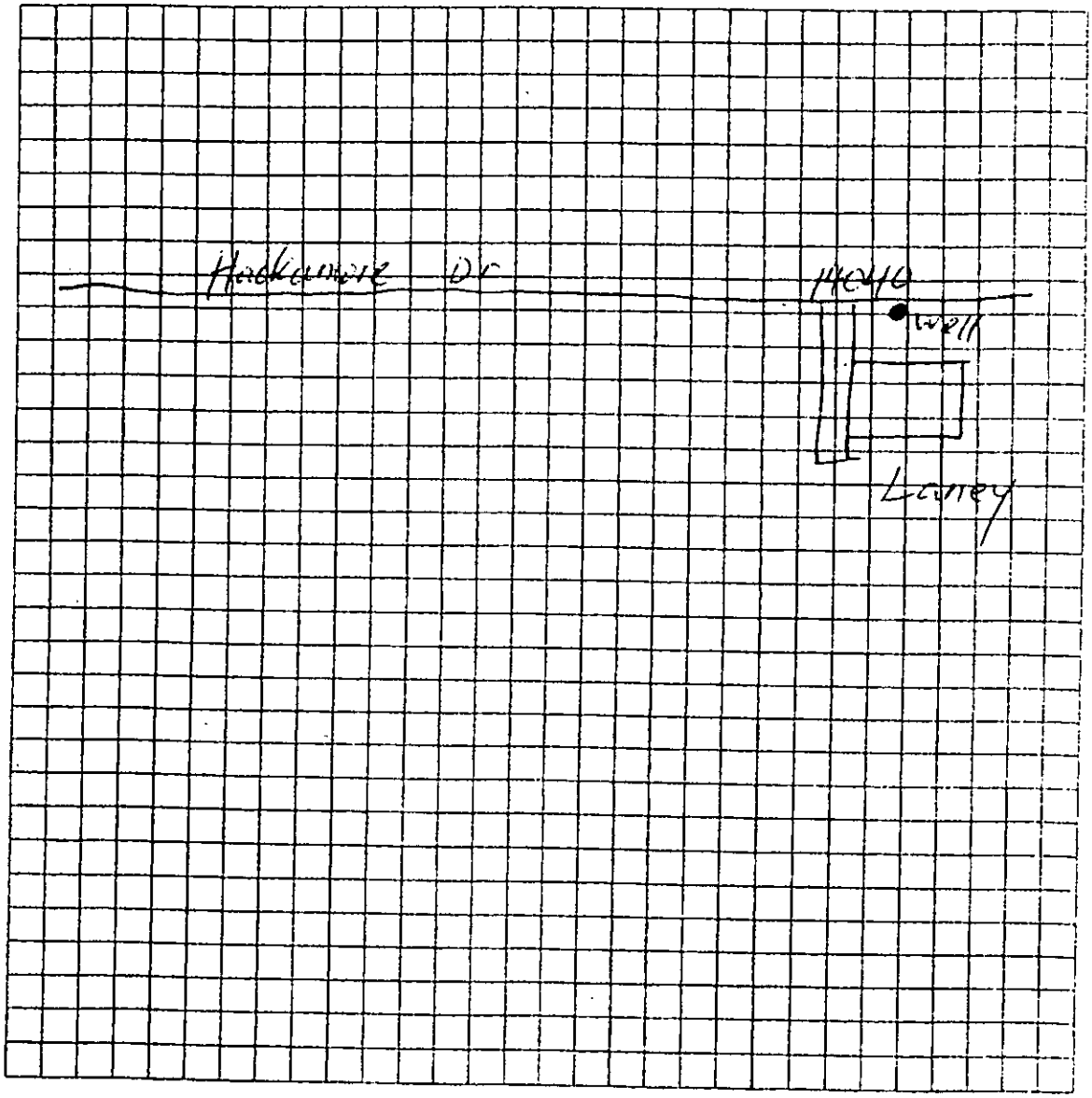
Revised on 7/1/08

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

Date_____

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	Lumley Jones Jr.
Date	3-19-09

Abandonment at 11640 Hackamore Dr
Char NC

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#: 10004116 **File #:** 11525 **Tax Parcel #:** 215-131-65
Property Owner: TIMOTHY & JEANNE LANEY
Job Location Address: 14040 HACKAMORE DR
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:

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Groundwater & Wastewater Services
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Other Conditions of This Permit:

JOSHUA R. SELLERS R.S. Vernon Lassiter Jr
Authorized Agent: Print Name Owner/Legal Agent: Print Name

Joshua R. Sellers R.S. Vernon Lassiter Jr
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: Matthews County Mecklenburg
14040 Hackamore Dr Matthews NC 28105 215-131-65
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Timothy + Jeanne Lacey

4. ADDRESS: 14040 Hackamore Dr

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

6. TOTAL DEPTH: 100' DIAMETER 6"

7. CASING REMOVED:
4' feet 6" diameter

8. DISINFECTION: 1½ lb HTH
(Amount of 70% hypochlorite used)

9. SEALING MATERIAL:
Neat Cement
bags of cement
gallons of water

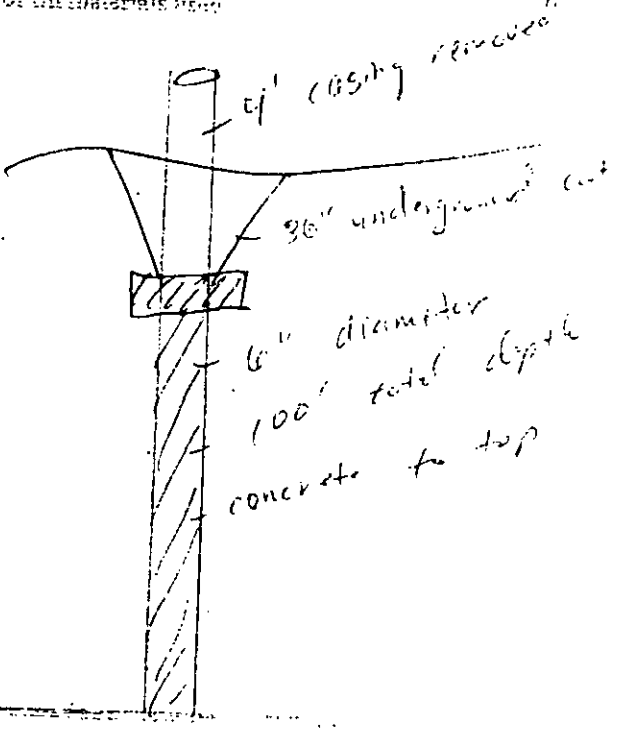
Sand Cement
bags of cement
gallons of water

Other
Type material Cement / grout
Amount 1 yard

10. EXPLAIN METHOD EMPLACEMENT OR MATERIAL:
poured from top using 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 material, intervals of casing perforations, and [illegible] 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: [signature] 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, buildings, identify roads with state Highway 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.

Revised October 2007

File # 11525