

6132 SHARON RD

17909901

1/10/2008

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 66208 WASPS App #: 1047

Primary ES assigned to project: ~~Kim Grant~~ 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: _____

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:

_____

_____

_____

_____

_____

Application received date: 6/22/06 ES assigned date: _____ Permit issued date: 7/5/06

Well approval date: 3/30/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 3/30/07

KGDH

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

file # 55318

1. WELL CONTRACTOR:
Pete FLOREA
Well Contractor (Individual) Name
McCALL BROS. INC
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire Blvd.
Charlotte, NC 28216
City or Town State Zip Code
(704) - 399-1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
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: Charlotte
6132 Sharon Rd.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

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

LATITUDE 35° 07.837'
LONGITUDE 80° 50.610
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.)

1a. 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 Vision Ventures
STREET ADDRESS P.O Box 36938
Charlotte NC 28236
City or Town State Zip Code
(704) - 399-1506
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 28' ft. Diameter: 18 in.
b. Water Level (Below Measuring Point): ____ ft
Measuring point is N/A ft. above land surface.
DRY - NO H_2O

6. CASING: Length Diameter
a. Casing Depth (if known): ____ ft. ____ in.
b. Casing Removed: ____ ft. ____ in.

7. DISINFECTION: 0
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:
Neat Cement: Cement ____ lb. Water ____ gal.
Sand Cement: Cement ____ lb. Water ____ gal.
Bentonite: Bentonite ____ lb. Type: Slurry __ Pellets __ Water ____ gal.
Other: Type material 3000 PSI Amount 2 - 5 gal

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIALS:
Poured from Mixer

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 material used.

11. DATE WELL ABANDONED 7-1-06

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.

Pete Florea 7-1-06
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 .0112.)

PRINTED NAME OF PERSON ABANDONING THE WELL
Pete FLOREA

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. 3/05

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5163
Fax: (704) 336-8894

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

Permit#: 10001047 **Tax Parcel #:** 179-099-01
Property Owner: VISION VENTURES CONSTRUCTION
Job Location Address: 6132 SHARON RD
City: ETJ,CHARLOTTE **State:** NC **Zip Code:** 28210
Permit Issuance Date: 7/5/2006
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: 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:

Debra Howell
Authorized Agent: Print Name

Debra Howell
Signature

PAUL PICARAZZI
Owner/Legal Agent: Print Name

Signature:

Rept. for ARGU Review
6132 Sharon Rd., Charlotte, NC
PID# 179-099-01
File # 6620B

Public water supplied by CMUD is currently available at this site.

6/28/06 (Wednesday) - Received request for ARGU review for private well abandonment for a WSW located at 6132 Sharon Rd., Charlotte, PID#179-099-01. According to the WIS, there are no existing wells at this property.

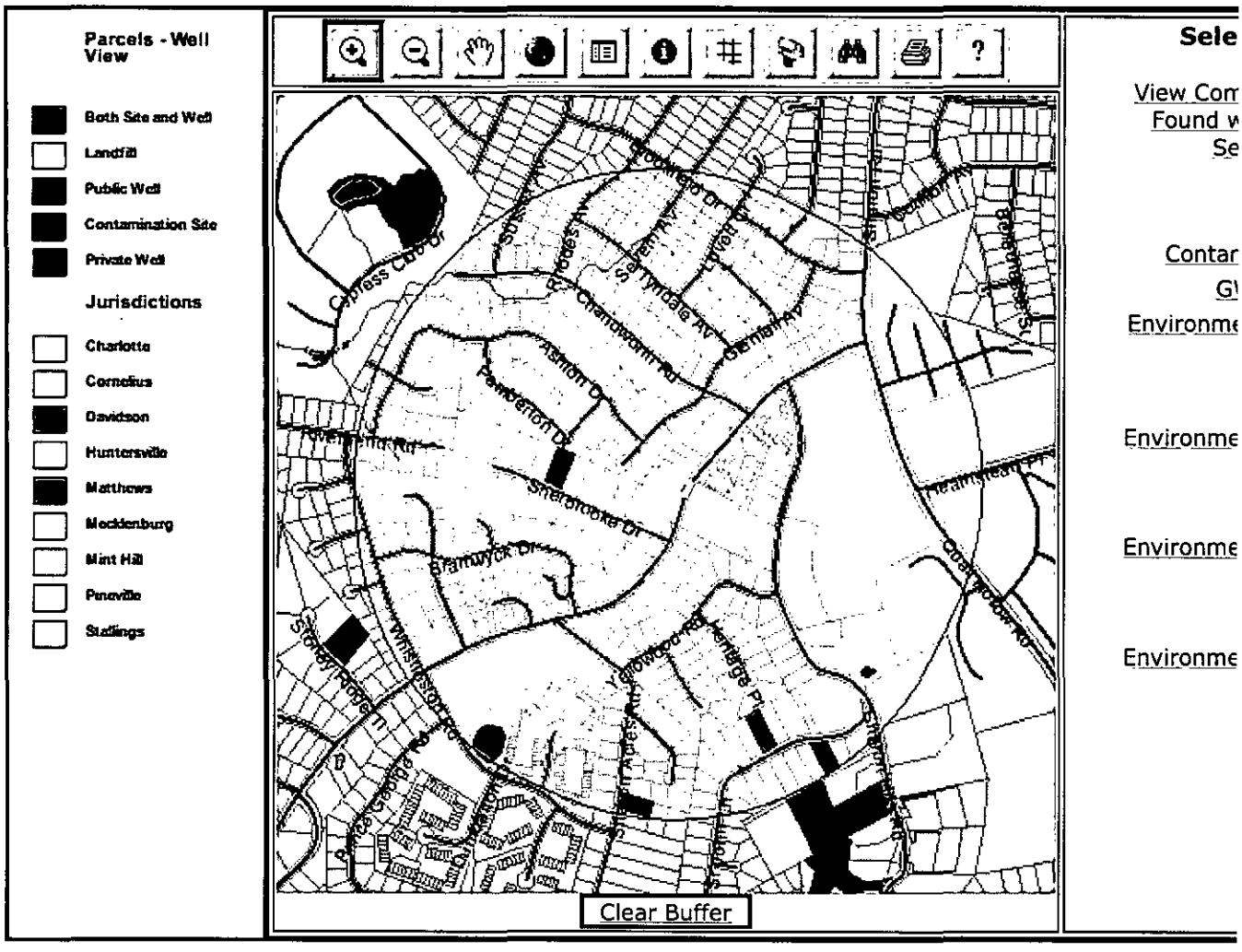
6/30/06 (Friday) - Conducted ARGU Review. Identified 1 MPL site within 1,500' of the subject parcel.

MPL# 1267 McKelvey Residence
6148 St. John Ln., Charlotte, NC
PID# 209-192-26
NCDENR Aquifer Protection Section Inc. #86086
Source-nitrates from former farm

NCDENR APS database indicates an open groundwater incident that has nitrates detected >2L and well owner's do not want to hook up or have treatment.

This property is outside of 1,000', but within 1,500' of the subject site.

Based on review of our files, the permit for a private well abandonment at PID# 179-099-01, 6132 Sharon Rd., Charlotte, NC is approved. The referenced MPL site is outside of the ARGU, so the well requires abandonment under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004, Chapter II Construction, Repair and Abandonment for Private Water Supply Wells with no special conditions.


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
Cypress Club Dr
Ashton Dr
Pembroke Dr
Brairwyck Dr
Clear Buffer
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MCCALL BROTHERS, INC. ACCOUNT # X27070. # 1047

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 #

OWN - RES. APP 12/04
6/9x 101-338-6994

WELL FEE
DATE
CRT #

FILE # 66208

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 179-099-01
STREET ADDRESS: 6132 Sharon Rd.
CITY: Charlotte
STATE: NC ZIP: 28210
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☐ 3-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:
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: Vision Ventures Construction
ADDRESS: PO Box 36938
CITY: Charlotte
STATE: NC ZIP: 28236-6938
HOME PHONE: WORK PHONE: ~~336-9661~~
MOBILE PHONE: 704-338-9661 FAX: 374-9002

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266 (Joel) 319-1536
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX: 338-2605

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

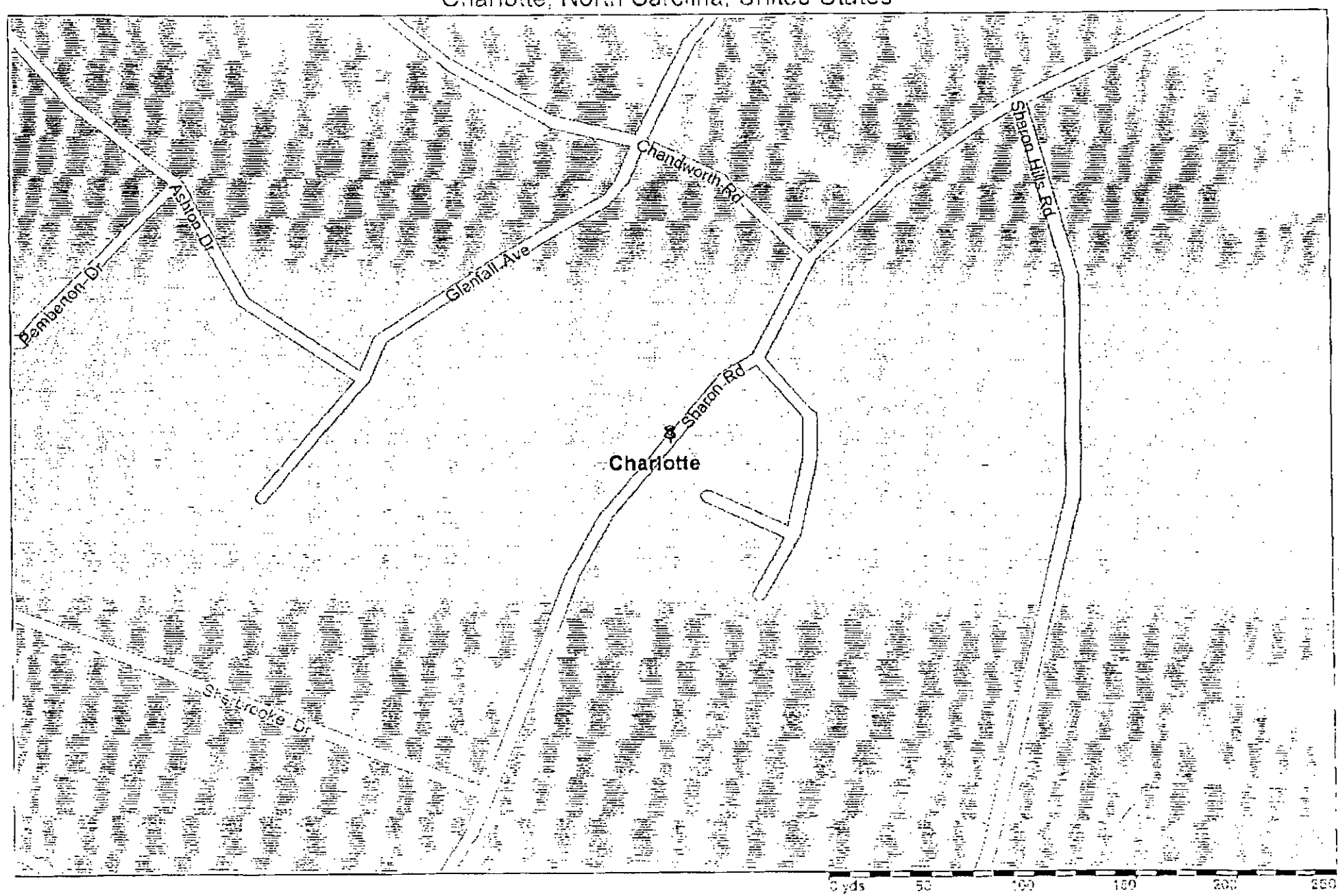
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

"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 McCall 6-27-06
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 214
CHARLOTTE, NC 28202

Charlotte, North Carolina, United States



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