

15416 HOLBROOKS RD

01919112

1/10/2008

duponbj

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

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#: 10001191 **Tax Parcel #:** 019-191-12
Property Owner: GRIFFIN BROTHERS ACQUISITIONS
Job Location Address: 15416 HOLBROOKS RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 8/2/2006
Use of Well:
Type of Facility Served by Well: Other Residential
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:

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

Signature: _____ Signature: _____

ENVIRO-PRO
PROFESSIONAL CORPORATION

FAX TRANSMISSION

Date: 7-28-06

Time: 12:30 (a.m.) p.m.

To: Groundwater Section - Dennis Tyndall

From: T. Belyard

Subject: Permit Application for Well Abandonment

Please process this Application for a Permit to Abandon an existing water supply well ASAP. Contact me @ 803-547-4955 if you have any questions. Thanks,

TB

Number of pages (including cover sheet): 2

2646 Farmlake Lane • Fort Mill, SC 29708 • (803) 547-4955 • Fax (803) 548-2233

MECKLENBURG CO GWS # 1191

GWS – RES. APP 07/03

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 [ ]

FILE # 66808

WELL FEE: 0
DATE: _____
CRT [ ]

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 09-191-12
STREET ADDRESS: 1548 Holbrooks Road Per DT
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
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: N/A
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: N/A 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 (Abandonment)

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: Griffin Brothers Acquisitions
ADDRESS: 19109-201 West Catawba Ave.
CITY: Cornelius
STATE: NC ZIP: 28031-5613
HOME PHONE: WORK PHONE: 704-895-4506
MOBILE PHONE: FAX: 704-896-2960

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: N/A
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A
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
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.

Thomas H. Babyard 7/27/06
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: 704-336-5894

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 3307

1. WELL CONTRACTOR:

Tommy Bolyard
Well Contractor (Individual) Name

Environmental Drilling & Probing Services, LLC
Well Contractor Company Name

STREET ADDRESS 17538 Greenhill Road

Charlotte NC 28278
City or Town State Zip Code

(704) - 607-7529
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 1000119

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Check applicable use): ☐ **Monitoring** ☑ **Residential**

☐ **Municipal/Public** ☐ **Industrial/Commercial** ☐ **Agricultural**

☐ **Recovery** ☐ **Injection** ☐ **Irrigation**

☐ Other (list use)

3. WELL LOCATION:

COUNTY Meck QUADRANGLE NAME

NEAREST TOWN: Huntersville, North Carolina

14600-15362 Holbrooks Rd. 28078
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other
(Check appropriate setting)

LATITUDE N35°24'38"

LONGITUDE W80°50'35"

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 North Mecklenburg C&D Landfill

STREET ADDRESS 14600-15362 Holbrooks Rd.

Huntersville NC 28078
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Mr. Larry Griffin/Griffin Brothers Companies

STREET ADDRESS 19109-200 W. Catawba Ave.

5. WELL DETAILS:

a. Total Depth: 310 ft. Diameter: 6" in.

b. Water Level (Below Measuring Point): 55 ft.

Measuring point is 1 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	0-35 ft.	6 in.
b. Casing Removed:	NA ft.	NA in.

7. DISINFECTION: 3 tbsp

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

8. SEALING MATERIAL:

Neat Cement

Cement X lb.
Water X gal.

Sand Cement

Cement lb.
Water gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water gal.

Other

Type material

Amount 2 cubic yards (neat cement)

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

~~poured 2 cubic yards from cement truck; mixed and tremied by hand 1 and 1/2 drums of bentonite (gel) mixed grout~~

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 8/7/06

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.

Tommy Bolyard 8/7/06

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.)

Tommy Bolyard
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

RECEIVED
AUG 09 2006
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