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Groundwater and Wastewater Services File Imaging Project

May 2007

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

6040B

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

Permit#: 10000081 **Tax Parcel #:** 18727132
Property Owner: Rut Scarborough
Job Location Address:6120 OLD PROVIDENCE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28226
Permit Issuance Date: 6/24/2005
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 Certified Well Contractor that is currently registered with the Department 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.

Other Conditions of This Permit:

Philo S. Walker LS
Authorized Agent: Print Name

Philo S Walker LS
Signature:

Allison Price / DL Mullis Well
Owner/Legal Agent: Print Name

Allison Price
Signature:

N
Providence Rd
Old Providence Rd
Hwy X

North Carolina – Department of Environment and Natural Resources – Division of Water Quality – Groundwater Section – 1636 Mail Service Center – Raleigh, NC 27699-1639 – Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR D.L. Mullis
WELL CONTRACTOR CERTIFICATION # 2039

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: Charlotte County Mecklenburg
6120 Old Providence ln
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Rut Scarborough

4. ADDRESS: 6120 Old Providence Lane

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

6. TOTAL DEPTH: 200 FEET DIAMETER 6 inch

7. CASING REMOVED: NO

feet	diameter
Unknown	6 inch Steel

8. DISINFECTION: 1½ Pounds
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

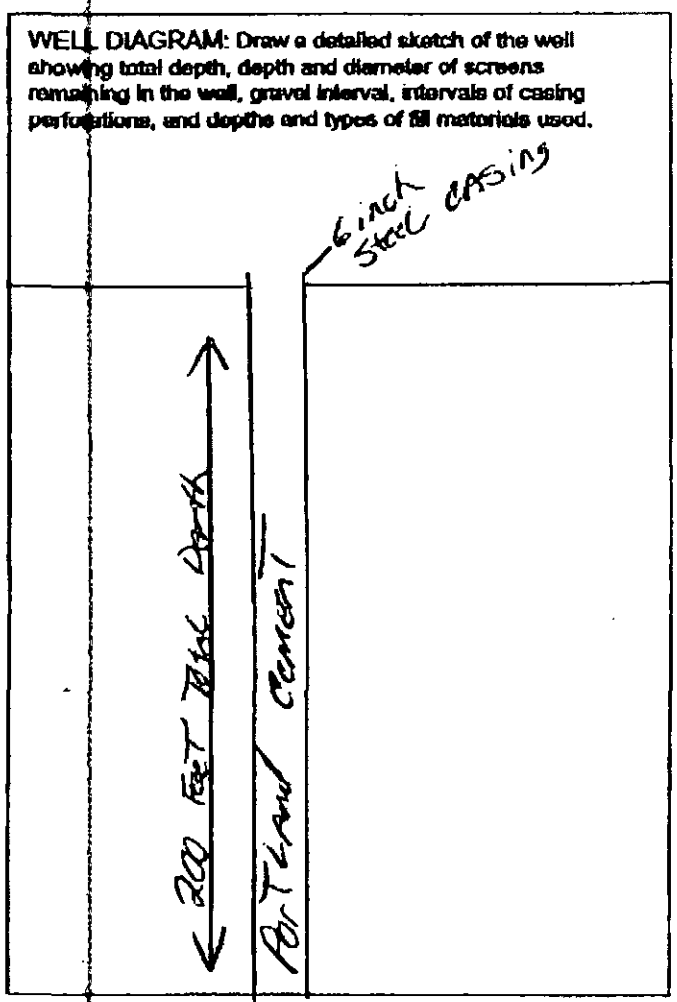
Neat Cement	Sand Cement
bags of cement 10	bags of cement_____
gallon of water 40	gallons of water_____

Other
Type material _____
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped with Piston Rod 1" Tremmie

11. DATE WELL ABANDONED 6-27-05

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and 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 6-27-05

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 and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW – 30 Revised 12/99

North Carolina – Department of Environment and Natural Resources – Division of Water Quality – Groundwater Section – 1636 Mail Service Center – Raleigh, NC 27699-1639 – Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR D.L. Mullis
WELL CONTRACTOR CERTIFICATION # 2037

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: Charlotte County Mecklenburg
6120 Old Providence Ln
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Rut Scarborough

4. ADDRESS: 6120 Old Providence Lane

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

6. TOTAL DEPTH: 200 Feet DIAMETER 6 inch

7. CASING REMOVED: NO

feet	diameter
Unknown	6 inch Steel

8. DISINFECTION: 1 Lb Pounds
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:

Neat Cement
bags of cement 10
gallon of water 40

Sand Cement
bags of cement____
gallons of water____

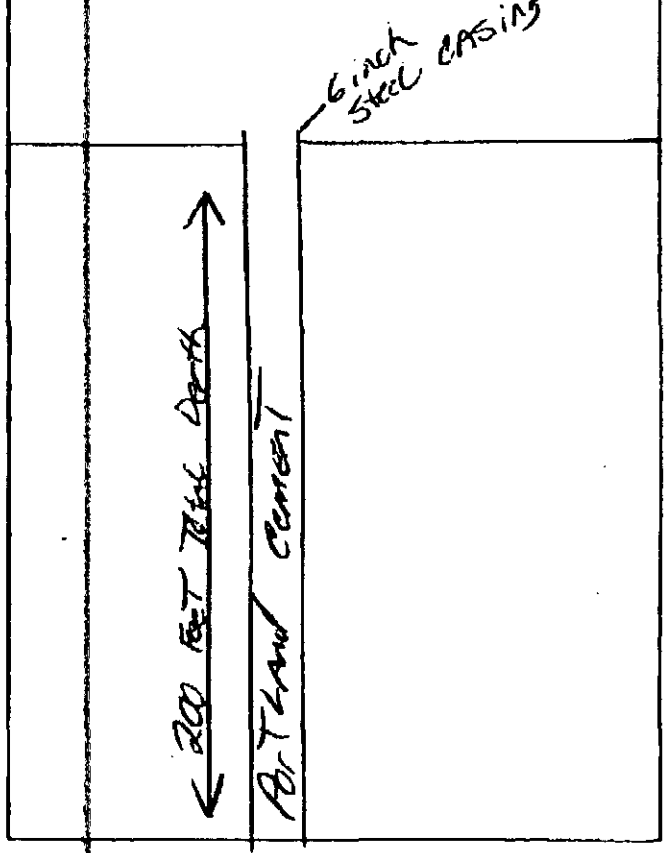
Other
Type material ____
Amount ____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL

Pumped with Piston Rod 1" Tremie

11. DATE WELL ABANDONED 6-27-05

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



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Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW – 30 Revised 12/99

Bridge

GWS – RES. APP 12/04

[redacted]

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

FILE # 60408

[redacted]

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 #: 18727132
STREET ADDRESS: 6120 Old Providence Ln
CITY: Charlotte
STATE: NC ZIP: 28226
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 WIDE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3,000
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 0

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: Rut Scarborough
ADDRESS: 6120 Old Providence Ln.
CITY: Charlotte
STATE: NC ZIP: 28226
HOME PHONE: 364-6027 WORK PHONE:
MOBILE PHONE: 451-0603 FAX: 362-0820

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling
ADDRESS: PO Box 6911446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 545-5694
MOBILE PHONE: 361-7619 FAX: 545-9449

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

"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 D. Mullis 6-21-05 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ONSITE

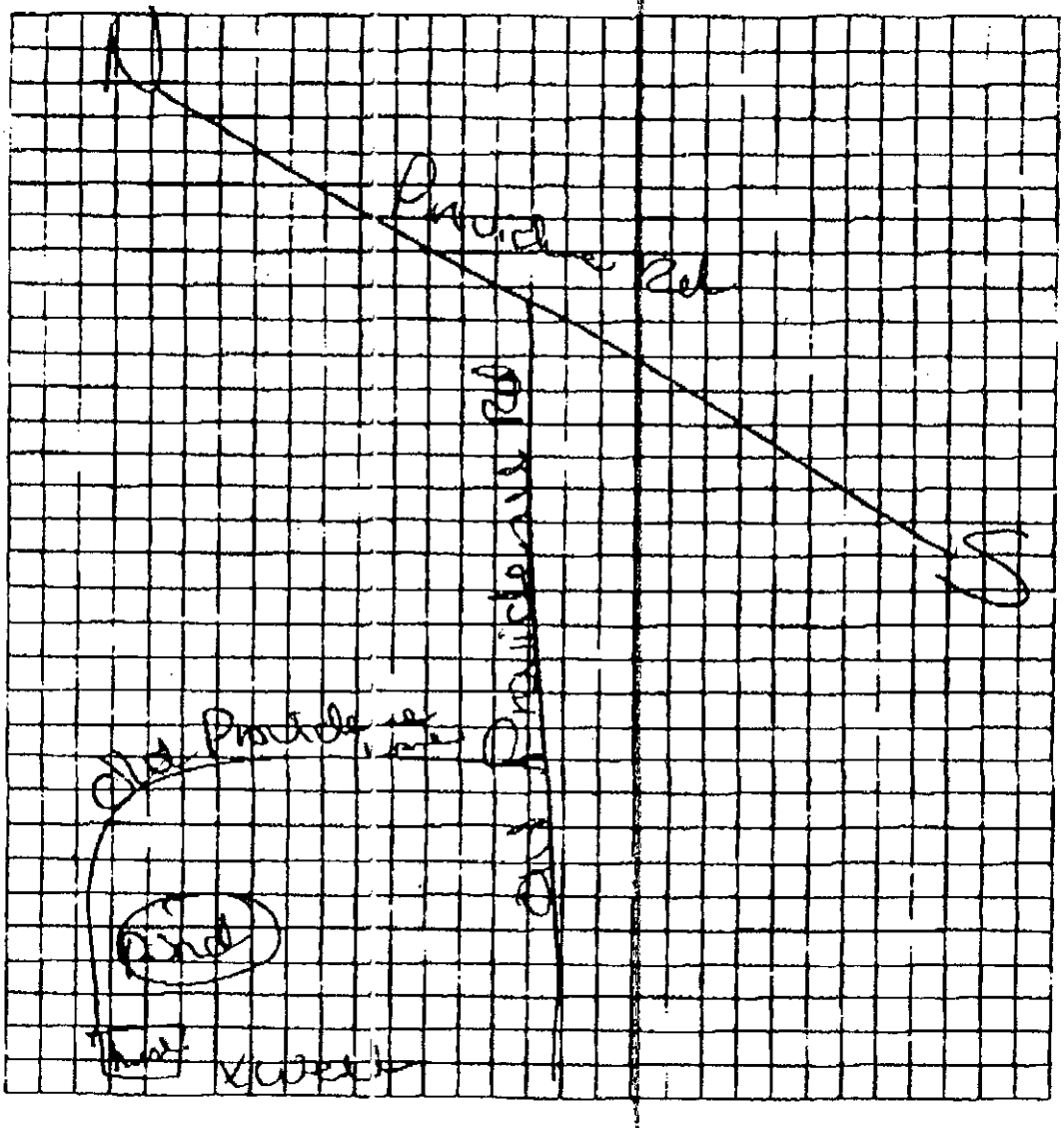
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File # 6040B
Date 6/23/05

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 D. Mullis
Date 6-21-05

LBC 12/16/04

Bridge

GWS – RES. APP 12/04

[redacted]

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

FILE # 60403

[redacted]

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 #: 18727132

STREET ADDRESS: 6120 Old Providence Ln

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LOT #:

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☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)

☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 3,000

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 0

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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: Ruth Scarborough

ADDRESS: 6120 Old Providence Ln.

CITY: Charlotte

STATE: NC ZIP: 28226

HOME PHONE: 364-6027 WORK PHONE:

MOBILE PHONE: 451-0603 FAX: 362-0820

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Addison Mia 6-21-05

Owner's/Agent's Signature DL Mullis Date

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ONSITE

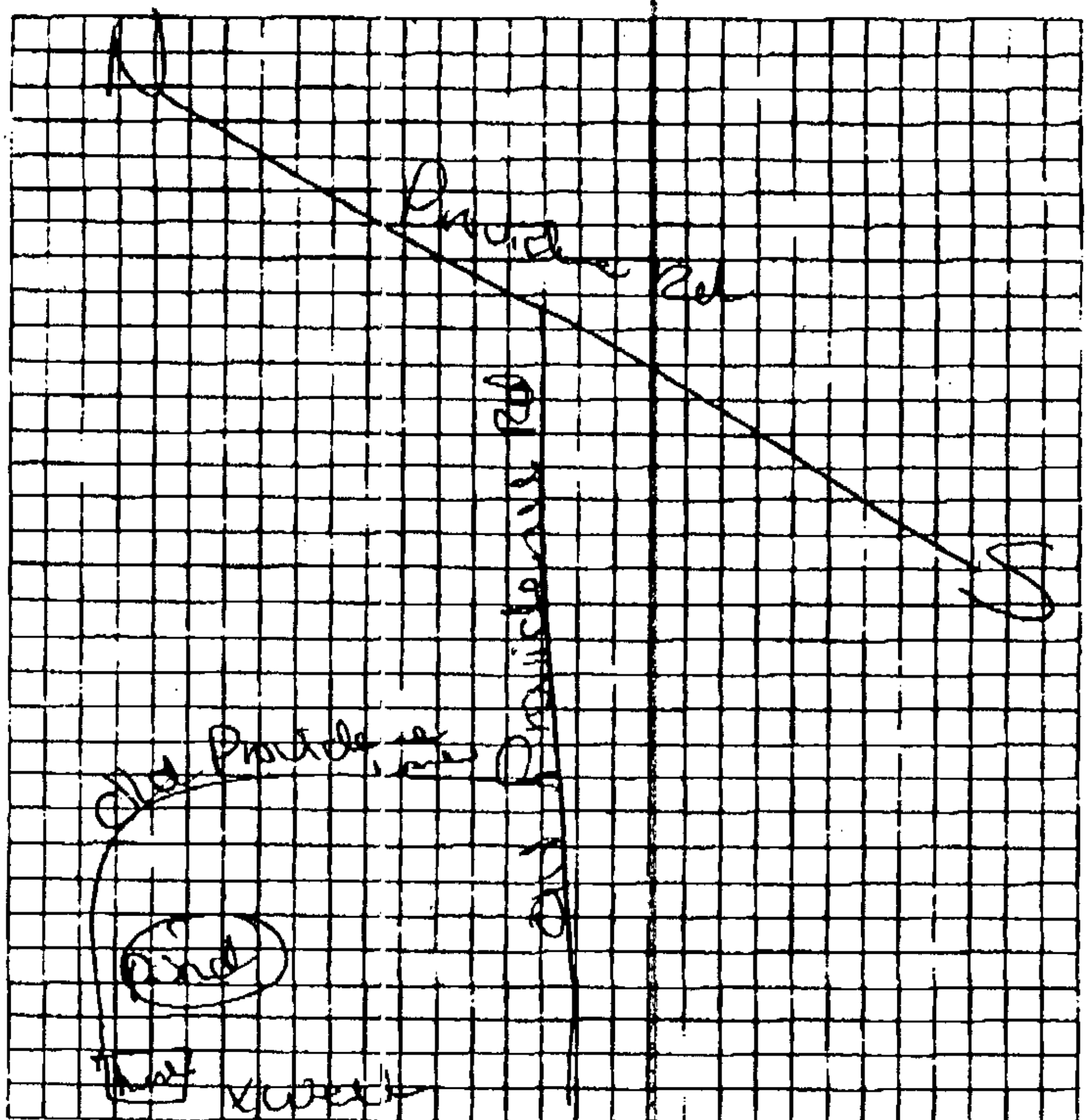
MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES 700 N. TRYON ST., SUITE 211 CHARLOTTE, NC 28202

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Land Use & Environmental Service Agency
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Fax: (704) 336-6804

File # 6040B
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Owner/Agent Signature	
Date	6-21-05