

8524 OLD CONCORD RD

10502113

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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62606

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
WELL CONTRACTOR CERTIFICATION # 2040

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 –
8524 Old Concord Rd
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: University East, LLC

4. ADDRESS: 125 Scaleybark Rd. Charlotte NC 28209

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

6. TOTAL DEPTH: 197 DIAMETER 6"

7. CASING REMOVED: No

feet	diameter
91	

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

9. SEALING MATERIAL:

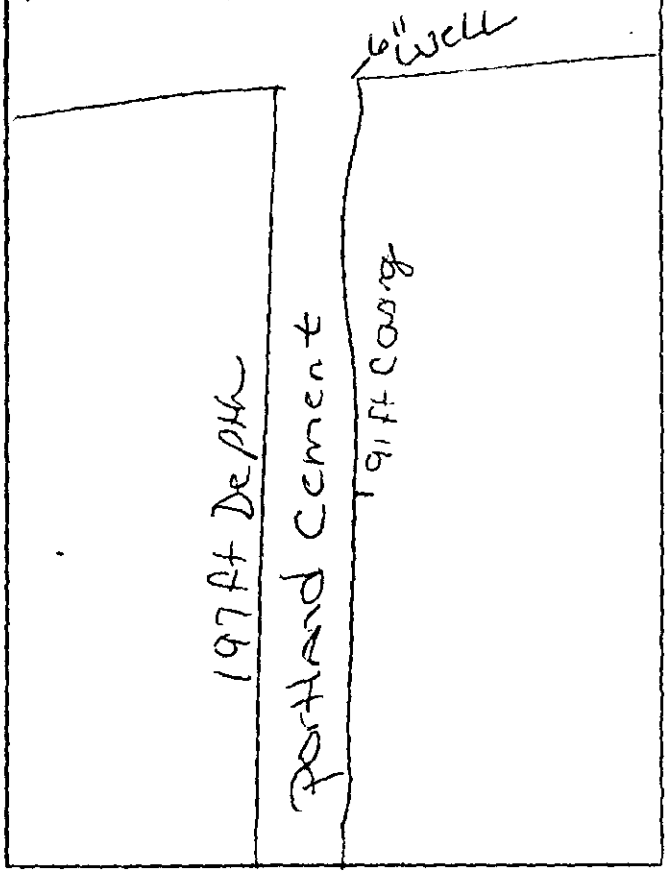
Neat Cement	Sand Cement
bags of cement 15	bags of cement ____
gallon of water 45	gallons of water ____

Other
Type material ____
Amount ____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped with bentonite

11. DATE WELL ABANDONED 12-22-05

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 wit 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

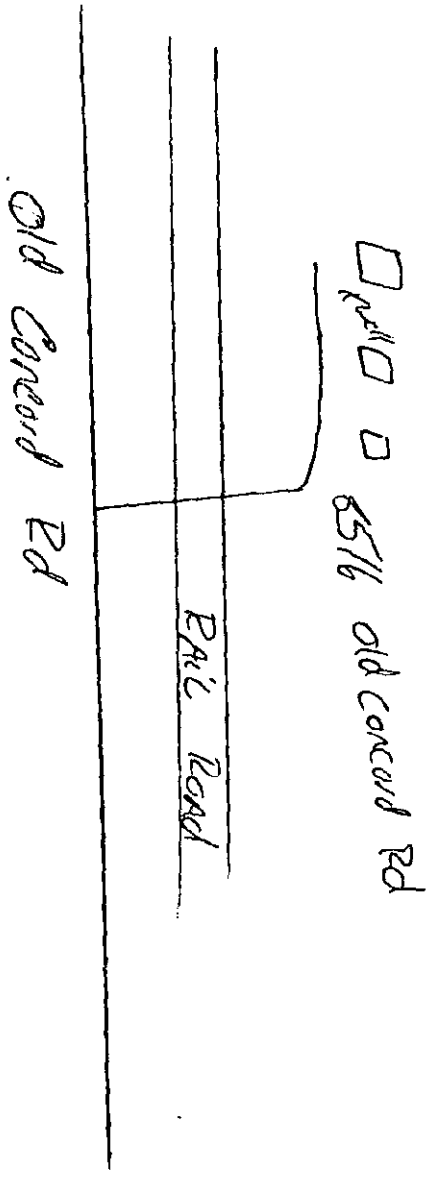
Signature of person abandoning the well Ulen Sizemore Date 12-22-05
D. L Mullis

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

8524 Old Concord 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#: 10000227 **Tax Parcel #:** 10502113
Property Owner: University East, LLC
Job Location Address:8524 OLD CONCORD RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28213
Permit Issuance Date: 12/15/2005
Use of Well: Other
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:

DAVID CORNELIUS
Authorized Agent: Print Name

Signature: 12/15/05

Owner/Legal Agent: Print Name

Signature:

App #227

[redacted]

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 # 1026QB

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 #: 10502136 & 13

STREET ADDRESS: 8524 old Concord Rd.

CITY: Charlotte

STATE: NC ZIP: 28213

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

1921

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: 2

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: University East, LLC

ADDRESS: 125 Scalybark Rd.

CITY: Charlotte

STATE: NC ZIP: 28209

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

Rick German - 599-1114

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling, Inc

ADDRESS: PO Box 691446

CITY: Charlotte

STATE: NC ZIP: 28227

HOME PHONE: WORK PHONE: 545-5694

MOBILE PHONE: 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

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.

Owner's/Agent's Signature Date 12-8-05

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