

6118 BITTERSWEET LN

22708225

7/1/08

marliwr

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 12618 WASPS App #: 1654

Primary ES assigned to project: Phil Walker

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: 11/16/06 ES assigned date: 11/16/06 Permit issued date: 11/28/06

Well approval date: 5/7/07 Number of days to complete project: _____

Review performed by: J. L. Stell Date performed: 5/7/07

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 (City or Town) NC (State) 28278 (Zip Code)

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

2. **WELL INFORMATION:**

SITE WELL ID # (if applicable) NA

STATE WELL PERMIT # (if applicable) NA

COUNTY WELL PERMIT # (if applicable) NA

DWQ or OTHER PERMIT # (if applicable) NA

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

☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural

☐ Recovery ☐ Injection ☐ Irrigation

☐ Other (list use) NA

3. **WELL LOCATION:**

COUNTY Mock QUADRANGLE NAME NA

NEAREST TOWN: Charlotte

6118 Bittersweet Lane, Charlotte, NC 28270
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

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

LATITUDE N35°13'36"

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 4b and 4b (If a residential well, skip 4a, complete 4b, well owner information only.)

FACILITY ID # (if applicable) NA

NAME OF FACILITY Maloney Residence

STREET ADDRESS 6118 Bittersweet Lane

Charlotte (City or Town) NC (State) 28270 (Zip Code)

4b. **CONTACT PERSON/WELL OWNER:**

NAME Ms. Brenda Maloney

STREET ADDRESS 6118 Bittersweet Lane

5. **WELL DETAILS:**

a. Total Depth: 280 ft. Diameter: 6" in.

b. Water Level (Below Measuring Point): 25 ft

Measuring point is NA ft. above land surface

6. **CASING:**

	Length	Diameter
a. Casing Depth (if known):	100 ft.	6 in.
b. Casing Removed:	NA ft.	NA in.

7. **DISINFECTION:** 2 lbs.

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

8. **SEALING MATERIAL:**

Neat Cement

Cement NA lb.
Water NA gal.

Sand Cement

Cement NA lb.
Water NA gal.

Bentonite

Bentonite lb

Type: ☐ Slurry ☐ Pellets

Water NA gal

Other

Type material 2,000 PSI Cement

Amount 2 yards

9. **EXPLAIN METHOD OF EMPLACEMENT OF MATERIALS:**

Tremie grouted from bottom to top

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** 11/13/06

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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 11/20/06

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

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

12618

Permit#: 10001654 **Tax Parcel #:** 227-082-25
Property Owner: MS. BRENDA MALONEY
Job Location Address:6118 BITTERSWEET LN
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28270
Permit Issuance Date: 11/28/2006
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: 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:

Philo S. Walker
Authorized Agent: Print Name

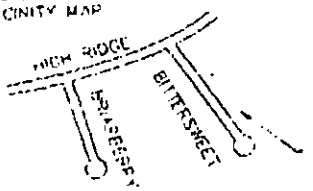
Philo S. Walker RS
Signature:

Owner/Legal Agent: Print Name

Signature:

file 126618

VICINITY MAP



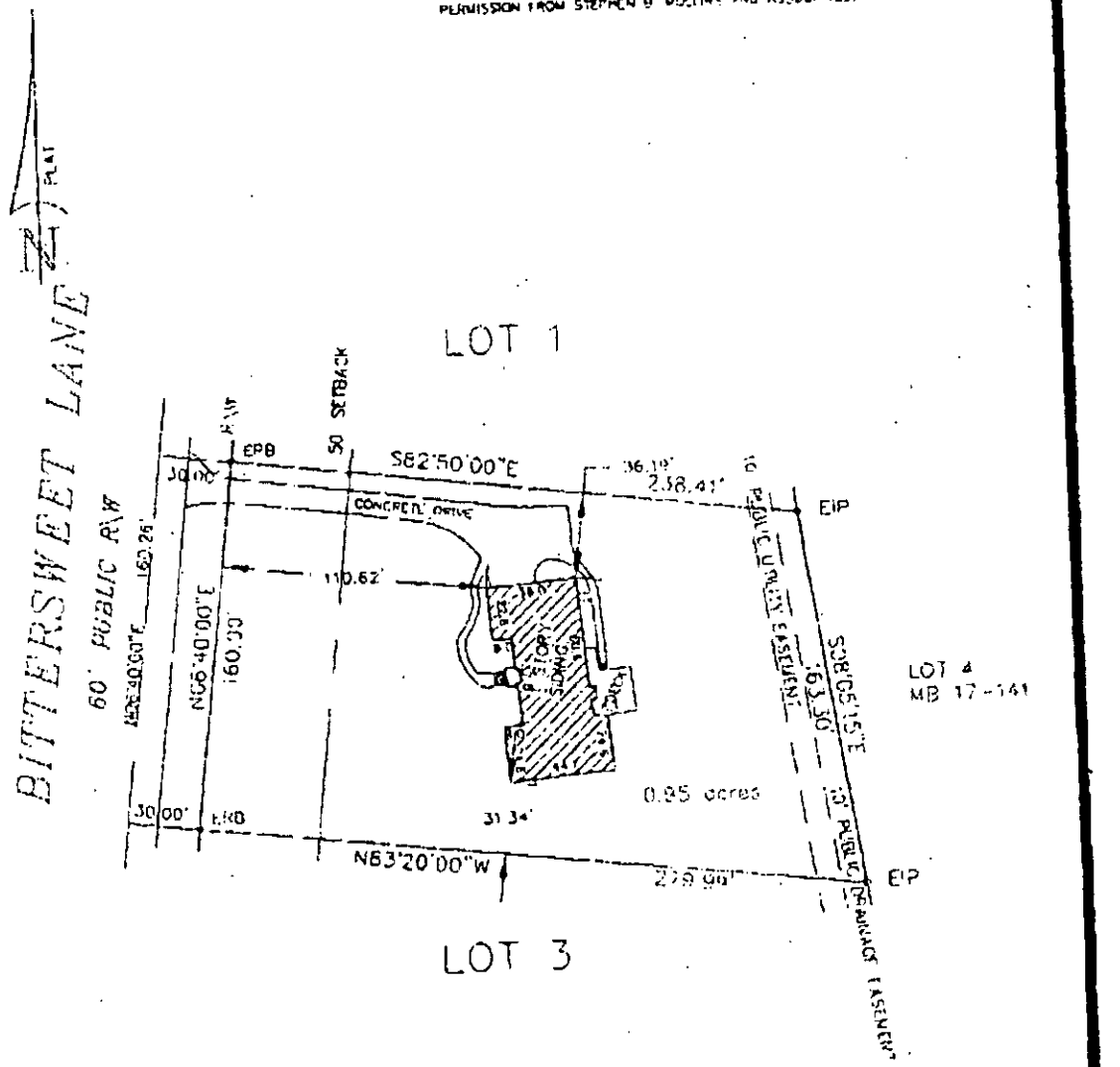
I, Stephen B. Mullins, certify that on the 28th Day of NOVEMBER 2004, this map was drawn under my supervision from an actual survey made under my supervision; that this survey was performed to Class A Urban Land Survey Standards; that the ratio of precision is 1:10,000 and there are no encroachments either way across property lines except as shown.

SIGNED _____

STEPHEN B. MULLINS PLS
N.C.P.L.S. L-3059 S.C.P.L.S. 10780

NORTH CAROLINA PROFESSIONAL SEAL L-3059 LAND SURVEYOR STEPHEN B. MULLINS

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LEGEND

P.D.E.	PUBLIC DRAINAGE EASEMENT	○ NIP	NEW REBAR
● EIP	EXISTING IRON PIPE	● ERB	EXISTING REBAR
OHPL	OVERHEAD POWER LINE	○ ERB-RC	RBM 4" RP
● CM	CONCRETE MONUMENT		FENCE LINE
○ PP/LS	POWER POLE	○ LP/LS	LIGHT POLE
■ TR	TRANSFORMER	■ MH	MANHOLE
● PHONE	TELEPHONE BOX	● CATV	CABLE TV BOX

DRAWN BY: SM
AREA COMPUTED BY COORDINATE METHOD

0 60'

SCALE 1" = 60'

PHYSICAL SURVEY
LOT 2, BLOCK A, PROVIDENCE PLANTATION
CITY OF CHARLOTTE
MECKLENBURG CO., NORTH CAROLINA
STREET ADDRESS: 6118 BITTERSWEET LANE
TAX PIN 227-082-25
OWNED BY: ETHAL BOAZ, TRUSTEE
CONVEYED TO: BRENDA SUE MALONEY
RECORDED IN MAP BOOK 10 PAGE 116
DEED BOOK 13371 PAGE 608

PREPARED BY:
STEPHEN B. MULLINS AND ASSOCIATES, P.A.
REGISTERED LAND SURVEYORS

601-D EAGLETON DOWNS DRIVE
PINEVILLE, N.C. 28134

(704)583-1800
FAX (704)846-1105

R-1807

1654 PW

GWS - RES. APP.07/05

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 [ ]

WELL FEE: 0
DATE: 11/16/06
CRT [ ]

FILE # 12618

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 #: 227-082-25
STREET ADDRESS: 6118 Bittersweet Lane
CITY: Charlotte
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 2
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:
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: Ms. Brenda Maloney
ADDRESS: 6118 Bittersweet Lane
CITY: Charlotte
STATE: NC ZIP: 28270
HOME PHONE: 849-8943 WORK PHONE: 650-4248
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: EDPS - Tommy Bogard
ADDRESS: 17538 Greenhill Rd
CITY: CLT
STATE: NC ZIP: 28278
HOME PHONE: 704 607 1883 WORK PHONE:
MOBILE PHONE: 704 607 7529 FAX: 803 548-2233

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
WASTEWATER SECTION

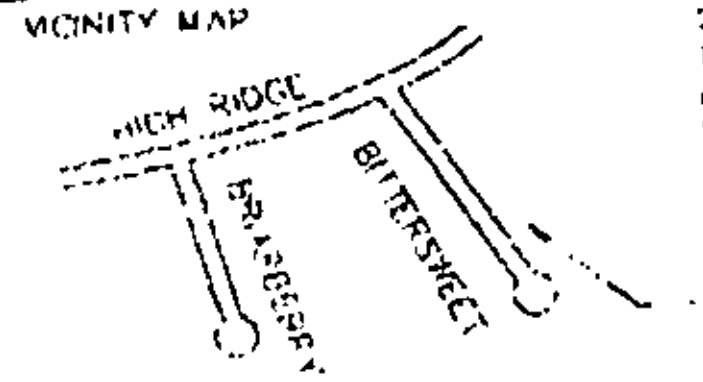
"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, 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.

Tommy Bogard 11/15/06
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: 704-336-6894

file 12618

VICINITY MAP

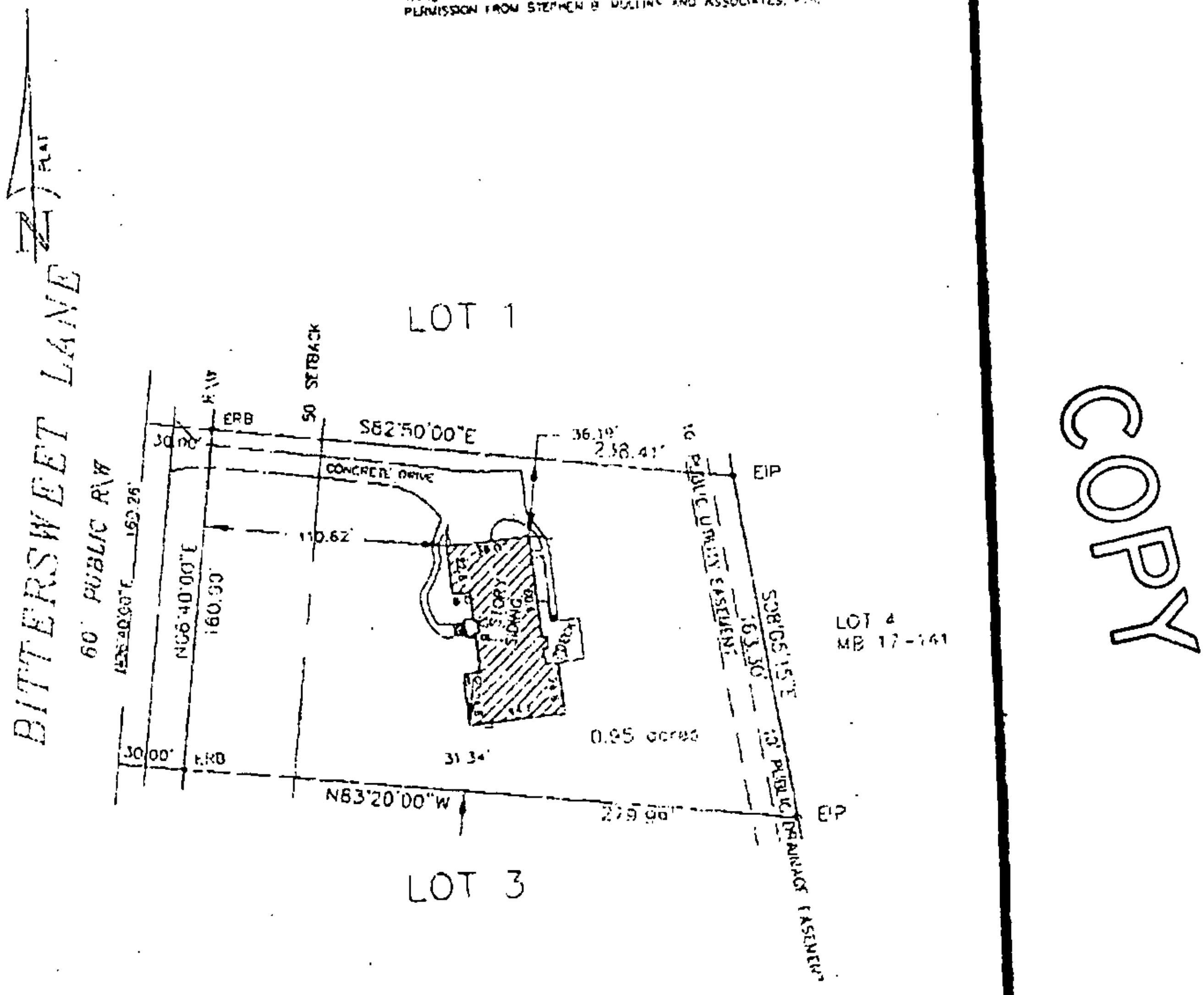


I Stephen B. Mullins, certify that on the 29 Day of NOVEMBER 2004, this map was drawn under my supervision from an actual survey made under my supervision; that this survey was performed to Class A Urban Land Survey Standards; that the ratio of precision is 1:10,000 and there are no encroachments either way across property lines except as shown.

SIGNED ______
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N.C.P.L.S. L-3059 S.C.R.L.S. 10780

SEAL L-3059 NORTH CAROLINA PROFESSIONAL LAND SURVEYOR STEPHEN B. MULLINS

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LEGEND

P.D.E. PUBLIC DRAINAGE EASEMENT
EIP EXISTING IRON PIPE
OHPL OVERHEAD POWER LINE
CM CONCRETE MONUMENT
POLE POWER POLE
TRANSFORMER
PHONE TELEPHONE BOX
NIR NEW REBAR
ERB EXISTING REBAR
FENCE LINE
LIGHT POLE
MH MANHOLE
CATV CABLE TV BOX

DRAWN BY: SM
AREA COMPUTED BY COORDINATE METHOD

SCALE 1" = 60'

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04602