


9225 WESTMORELAND RD

00541203

8/14/08

marliwr

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

File 17581

# WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211 43102461

1. WELL CONTRACTOR:
Peter 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) 201-9615
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: Cornelius
9225 Westmoreland Rd
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 3 5° 27.887'
LONGITUDE 8 0° 52.393'
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
STREET ADDRESS
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME D+L Site Services
STREET ADDRESS 9225 Westmoreland Rd.
Cornelius NC 28031
City or Town State Zip Code
(704) 597-1015
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 60 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 10 ft.
Measuring point is 0 ft. above land surface.

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

7. DISINFECTION: 3 oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:
Neat Cement: Cement lb. Water gal.
Sand Cement: Cement lb. Water gal.
Bentonite: Bentonite 100 lb. Type: Slurry Pellets ✓ Water gal.
Other: Type material Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Poured chips down casing

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 8-20-08

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.

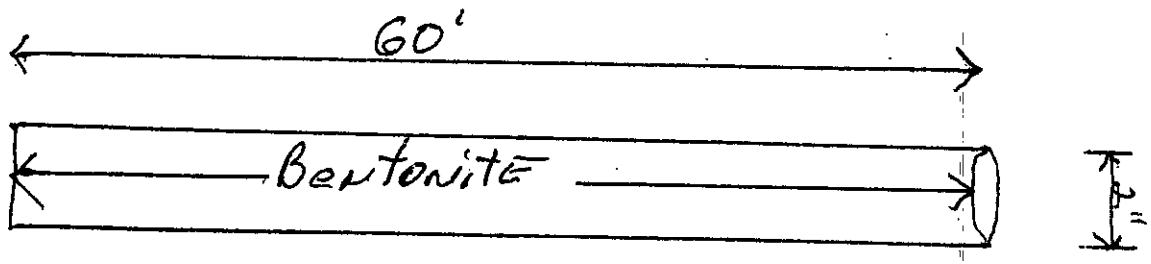
Pete Florea 8-21-08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

PRINTED NAME OF PERSON ABANDONING THE WELL
MIKE Smith

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


60'
Bentonite
2"

Mecklenburg County
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#:** 10003772 **File #:** 17581 **Tax Parcel #:** 005-412-03
**Property Owner:** WESTMORELAND STORAGE,LLC
**Job Location Address:** 9225 WESTMORELAND RD
**City/ETJ:** CORNELIUS **State:** NC **Zip Code:** 28031
**Permit Issuance Date:** 8/7/2008
**Use of Well:** Potable
**Type of Facility Served by Well:**
**Project Type:** 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 or 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:**

Kim Garrett, RS
Authorized Agent: Print Name

Kurt Pugh KPS182 Development
Owner/Legal Agent: Print Name

Kim Garrett, RS
Signature:

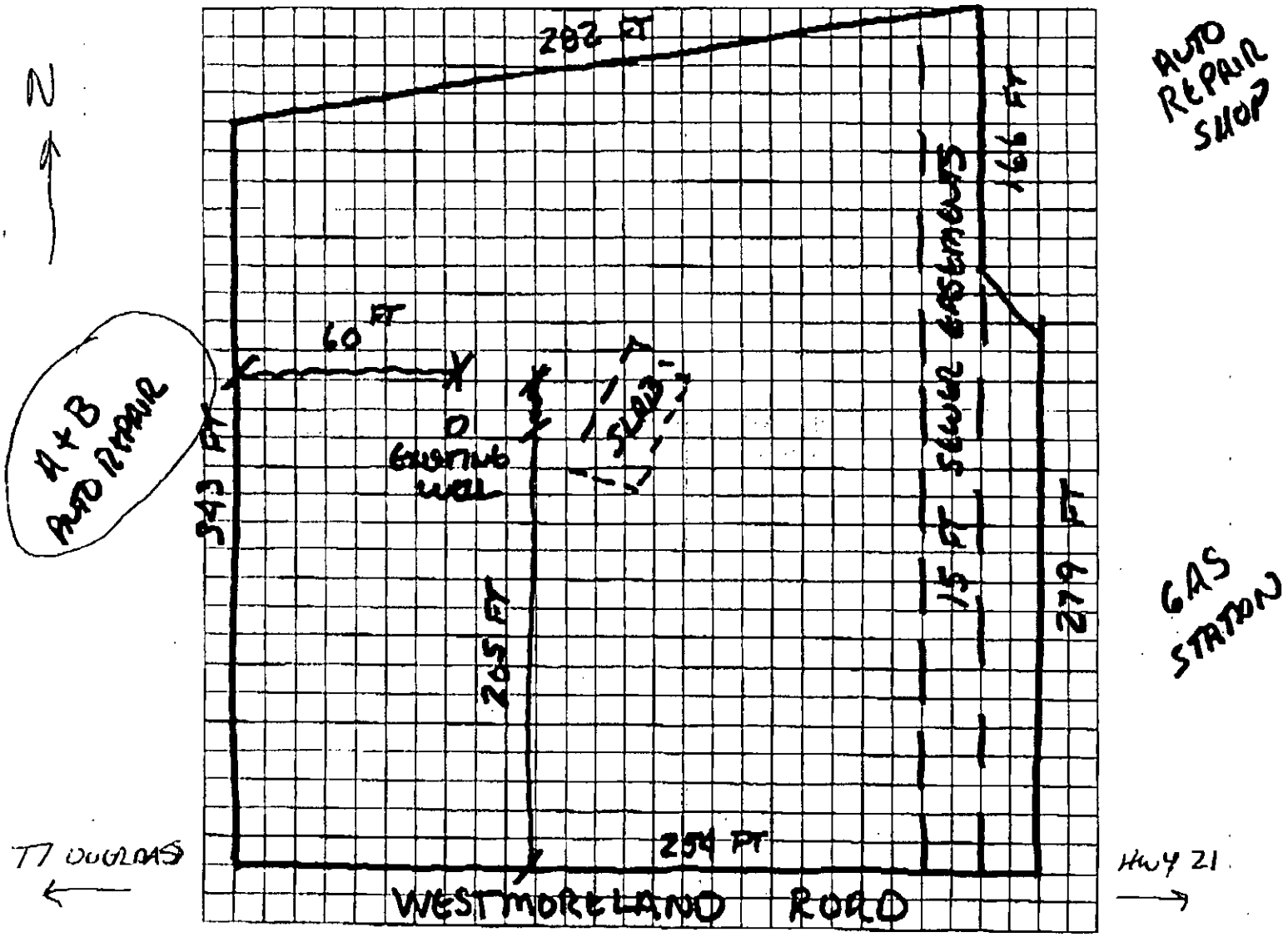
Kurt Pugh
Signature:

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) 336-6894

File #_____
Date_____

## 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 | Kurt Pf |
| Date | 8-1-08 |

LBC 12/15/04

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely

JUL-25-2008 08:22 MECKLENBURG CO GWS 704 336 6894 P.01/03

Kim G

**MECKLENBURG COUNTY**
**GROUNDWATER & WASTEWATER SERVICES**

**APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

1. SEPTIC / TYPE APPLICATION: ☒ N/A ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 005 - 412 - 03
STREET ADDRESS: 9225 WESTMORELAND ROAD
CITY: CORNELIUS
STATE: NC ZIP: 28031
LOT #: LOT SIZE (acres): 2.3 ACRES
TOWNSHIP:
☐ 0-MECKLENBURG ☒ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: SELF STORAGE
☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: N/A
NUMBER OF EMPLOYEES PER SHIFT: —
NUMBER OF SHIFTS: — NUMBER OF SEATS: —
TYPE OF WASTEWATER GENERATED:
☐ DOMESTIC SEWAGE ☐ INDUSTRIAL WASTEWATER
☒ OTHER _____

5. *IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☒ OTHER ABANDONED EXISTING

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☒ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES ☒ NO | | GRADING/SOIL REMOVAL PERFORMED | ☐ YES ☒ NO | |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | ☐ YES ☒ NO | | JURISDICTIONAL WETLANDS | ☐ YES ☒ NO | |
| ABANDONED WELLS, SPRINGS, OR WATER LINES | ☒ YES ☐ NO | | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ☐ YES ☒ NO | |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES ☒ NO | | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ☐ YES ☒ NO | |
| CHEMICAL/PETROLEUM STORAGE TANKS | ☐ YES ☒ NO | | KNOWN UNDERGROUND CONTAMINATION | ☐ YES ☒ NO | |
| WASTE STORAGE | ☐ YES ☒ NO | | GROUNDWATER USE RESTRICTIONS/VARIANCES | ☐ YES ☒ NO | |

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: WESTMORELAND STORAGE, LLC
ADDRESS: 912-A WEST WT BLVD
CITY: WINSTON SALEM
STATE: NC ZIP: 27101
HOME PHONE:
WORK PHONE: 336 - 725 - 4334
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

**14. SEPTIC SYSTEM PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plot = non-expiring.

N/A (Initial here for septic system applications)

**15. WELL PERMIT APPLICATION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

KP (Initial here for well applications)

**16. APPLICATION SIGNATURE SECTION:**

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Kenz Pugh
Property Owner's or Owner's Legal Representative Signature

8/7/08
Date

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*OFFICE USE ONLY*

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEES RECEIVED: $ -0- DATE FEE RECEIVED: 8-6-08

APPLICATION PROCESSED BY: Annette G.

GWS FILE NUMBER ASSIGNED: 17581

APPLICATION ID NUMBER ASSIGNED: 3772

COMMENTS:



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-6894

Revised on: 7/1/08