

14002 LAWYERS RD

19514107

1/9/2008

duponbj

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

5980B

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 Locust Pump & Well
WELL CONTRACTOR CERTIFICATION # 2230

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: Mint Hill County Mecklenburg
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: LONA B. HAGGIST

4. ADDRESS: P.O. Box 23141
Charlotte, N.C. 28227

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

6. TOTAL DEPTH: 3' DIAMETER 4'

7. CASING REMOVED:

feet	diameter
NA	

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

9. SEALING MATERIAL:

Neat Cement
bags of cement 2 BAGS
gallon of water ____

Sand Cement
bags of cement ____
gallons of water ____

Other
Type material Bentonite 2½ BAGS
Amount Mixed 50-60 GAL

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped Bentonite around Hold & Caped with cement on top

11. DATE WELL ABANDONED 5-2-05

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.

This was a old Hand Dug well That Had Been Fill in with Dirt 35 yrs Ago we were told that it liked 3' Being completly Filled up we were called by John H. Edmonds Jr. County Maintenance Engineer – Division of Highways – we pumped Bentonite around all rock and cracks in ground and mix Cement to cap off.

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 [signature] Date 5-11-05

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
JLS 10/18/04 Final

Parcel Information

Parcel Ownership and GIS Summary

Parcel Ownership Summary

***Parcel ID#:* 19514107 *GIS ID#:* 19514107**

Owner Name:	LONA B HAGGIST
Mailing Address:	PO BOX 23141 CHARLOTTE, NC 28227

Property Characteristics

Legal Desc.:	NA
Land Area:	3.92AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

10989-790 (12/23/1999) $0.00

Situs Addresses Tied to This Parcel

- 14002 LAWYERS RD

Choose an address from the list above and click on the links below for more information

Where to Go Vote | School Districts

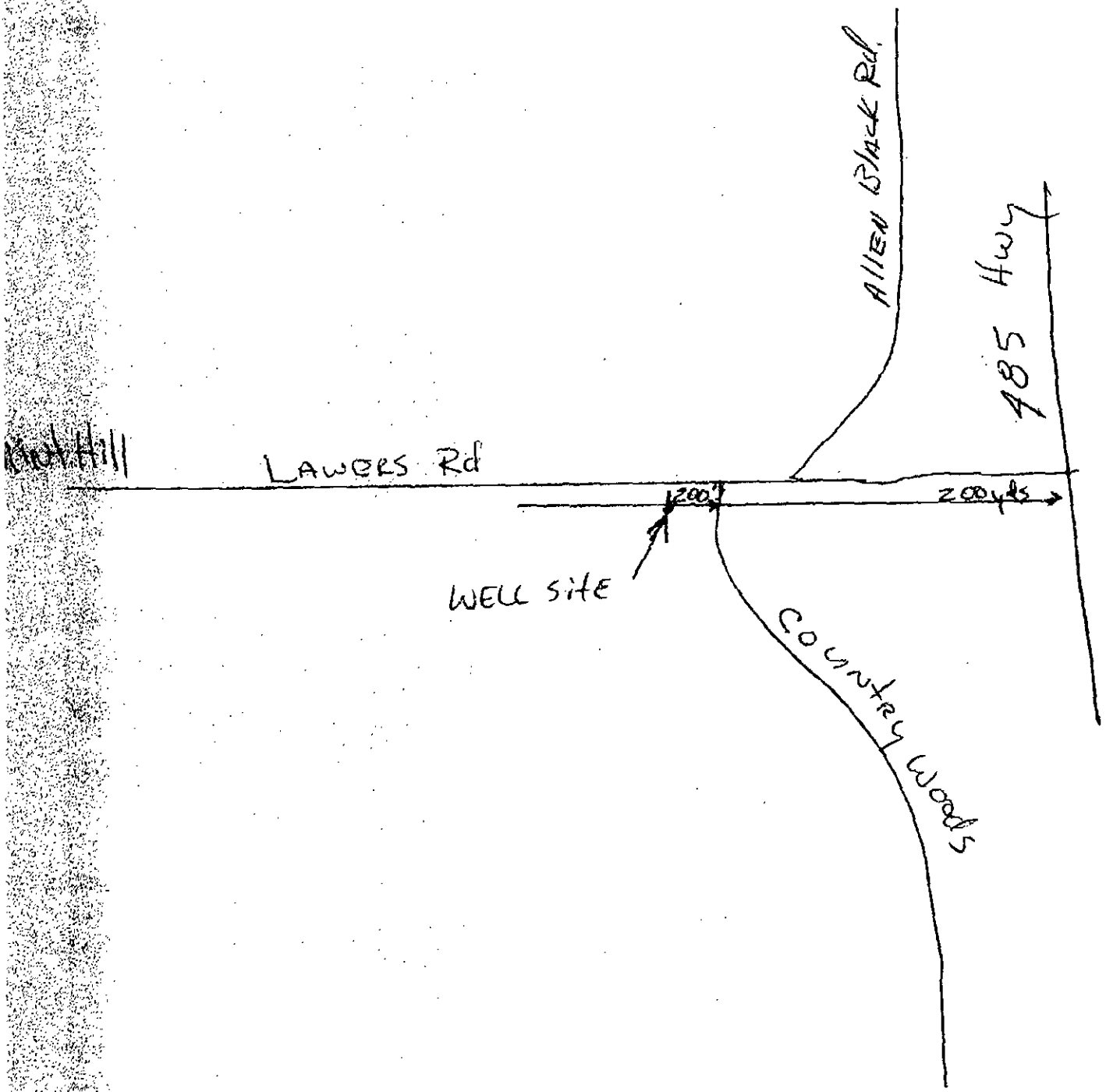
Parks Within 3 Miles | Get Directions

Links to More Information

Building Photo(s)

FEMA, Zoning, Etc. Adjoining Owners

Tax Values & Building Info. Tax Bill Info.


Allen Black Rd.
185 Hwy
Lawers Rd
200'
200yds
WELL site
Country Woods

Locust Pump & Well Drilling
212 N. Central Avenue
P.O. Box 242
Locust, NC 28097
704-888-2413

5-12-05

TO TREVOR THOMASON

FROM GARY HONEYCUTT

5980B

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#: 10000035 **Tax Parcel #:** 19514107
Property Owner: John Edmonds NCDOT
Job Location Address: 14002 LAWYERS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 4/27/2005
Use of Well: Other
Type of Facility Served by Well: Other Residential
Sewage System Type: None

DRILLER # 2230

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 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:

TREVOR THOMASON
Authorized Agent: Print Name

Signature: , RSS

Owner/Legal Agent: Print Name

Signature:

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: John Edmunds, NCDOT

Fax #: 704-599-5931
Phone #:

From: Trevor Thomason

Date: 4/28/05

Number of pages transmitted: 3 (including coversheet)

Comments:
Permit to abandon well at 14002 Lawyers Rd., Charlotte, NC 28227

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

SEPTIC FEE: ~~N/A~~
DATE:
CRT [ ]

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

WELL FEE: N/A
DATE:
CRT [ ]

FILE # 5980B

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 #: 195-141-07
STREET ADDRESS: 14002 LAWYERS ROAD
CITY: MINT HILL
STATE: NC ZIP: 28227
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 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: JOHN EDMONDS FOR NCDOT
ADDRESS: 7703 DISTRICT DRIVE
CITY: CHARLOTTE
STATE: NC ZIP: 28213
HOME PHONE: WORK PHONE: (704)596-5782
MOBILE PHONE: FAX: (704)599-5931

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

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.

John H Edmonds for NCDOT 4/21/06
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.

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

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[redacted] Building Photo(s) [redacted]

FEMA, Zoning, Etc. Adjoining Owners

Tax Values & Building Info. Tax Bill Info.