

10864 UNIVERSITY CITY BV

05113204

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6958B WASPS App #: 1973

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Kim Garrett

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: 2/28/07 ES assigned date: 2/28/07 Permit issued date: 3/6/07

Well approval date: 3/30/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 3/30/07

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

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) - 399-1506
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: Charlotte
10864 UNIVERSITY CITY BLVD
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35° 18.679
LONGITUDE 80° 42.736
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 and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)
FACILITY ID #(if applicable)
NAME OF FACILITY
STREET ADDRESS 10864 UNIVERSITY CITY BLVD
CHARLOTTE NC 28213
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME AL QUARLES
STREET ADDRESS 9751 SOUTHERN PINE BLVD
CHARLOTTE NC. 28273
City or Town State Zip Code
(704) - 523-4726
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 290 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 34 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: 10 OZ
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement 940 lb.
Water 70 gal.

Sand Cement
Cement ____ lb.
Water ____ gal.

Bentonite
Bentonite 3000 lb.
Type: Slurry ___ Pellets ✓
Water ____ gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
POURED Bentonite Pellets AND PUMPED GROUT FROM MIXER VIA TREMMIE LINE

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 2-13-07

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 2-13-07
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.)
Pete FLOREA
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

69858

Permit#: 10001973 **Tax Parcel #:** 051-132-04
Property Owner: John B. Stroup
Job Location Address: 10864 UNIVERSITY CITY BLVD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28213
Permit Issuance Date: 3/6/2007
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 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:

No additional requirements prescribed per ARGU review. DFT 3/2/2007

DAVID CORNELIUS, RS
Authorized Agent: Print Name

Signature:

McCall Brothers Inc.
Owner/Legal Agent: Print Name

Joe McCalpin
Signature:

WORK ORDER

Workorder No: 72323
Description ARGU Well Review
Submitted To: STUTTS, JACK
Completed By: TYNDALL, DENNIS
Section: GWS
Status: CLOSED

Initiated Date: 3/2/07 10:20:40 AM
Projected Start Date: 3/2/07
Projected Finish Date: 3/2/07 10:21:00 AM
Actual Start Date: 3/2/07
Actual Finish Date: 3/2/07 10:21:00 AM
Date Closed: 3/2/07 1:33:22 PM

Entity Type: ARGU_WELLS
Facility ID: 8858
Entity Location: 8858

SITE INFORMATION

Workorder Address: 10800 UNIVERSITY CITY BLVD.
and/or
General Location:
Town: CITY

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:
1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. Enter time for labor required to complete all work associated w/ review.
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comment:
Create one work order per ARGU Review
By TYNDALL, DENNIS: 3/2/2007 10:25:45 AM
Completed ARGU review for private water supply well abandonment file 6984B. No additional requirements prescribed.

FILE NUMBER: 69858

Revised On: January 3, 2007

APPLICATION NUMBER: 1973

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: 3/1/07

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

D, T.

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 05113204
STREET ADDRESS: 10864 University City Blvd
CITY: Charlotte
STATE: NC ZIP: 28213
SUBDIVISION NAME: N/A
LOT #: LOT SIZE (acres): 1980 1979
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4/2
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☒ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING
7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

☐ 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 SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☑ NO
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

10. PROPERTY OWNER:
NAME: John B. Stroup
ADDRESS: 6050 Tom Query Rd
CITY: Charlotte
STATE: NC ZIP: 28213
HOME PHONE: 704-455-5695 WORK PHONE:
MOBILE PHONE: 704-591-2041 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: McCall Brothers, Inc.
ADDRESS: 6700 Brookshire Blvd
CITY: Charlotte
STATE: NC ZIP: 28216
HOME PHONE: WORK PHONE: 704-399-1501
MOBILE PHONE: FAX: 704-398-7605

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/27/98
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

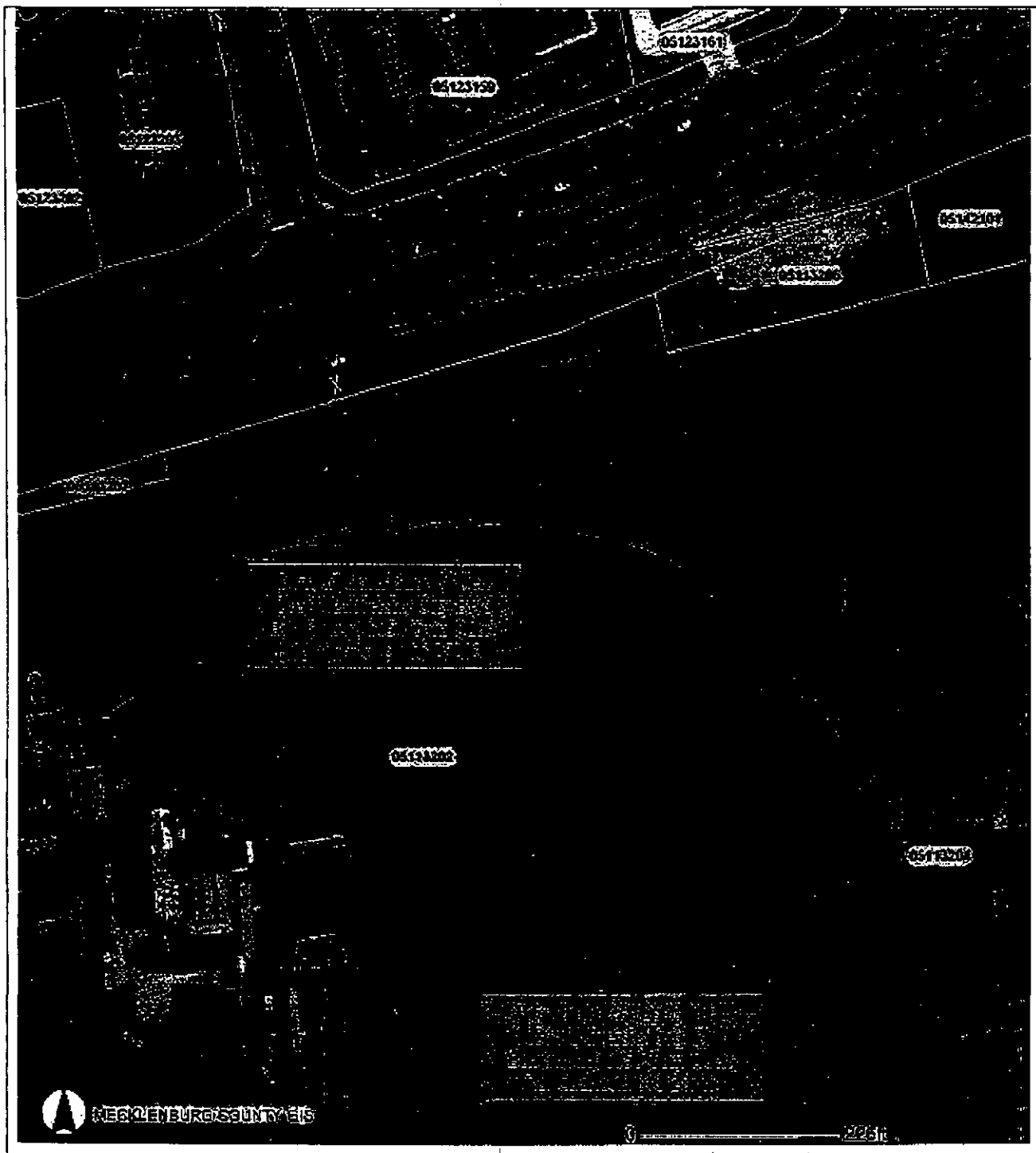
14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein 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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

Jan McElmoyle 2-28-07
Property Owner's or Owner's Legal Representative Signature Date

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



Source: Mecklenburg County GIS-Polaris Website

SCALE:	As Shown
CHECKED BY:	
DRAWN BY:	WAQ
DATE:	02/27/07

S&ME
ENVIRONMENTAL SERVICES · ENGINEERING · TESTING

FORMER WATER WELLS
Ben Stroup Properties
Charlotte, NC

JOB NO. 1354-99-968C

FIGURE NO. 2