

8130 STRAWBERRY LN

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 #: 6982B WASPS App #: 1968

Primary ES assigned to project: Chris Shemill

Secondary ES assigned to project: Debra Howell

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: Needs signed permit JLS 2/28/07

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: 2/27/07 ES assigned date: 2/27/07 Permit issued date: 2/28/07

Well approval date: 3/20/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 3/26/07

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2230

App # 1968
file # 6982B

1. WELL CONTRACTOR:
Gary C. Honeycutt
(Contractor Individual) Name
Locust Pump & Well Drilling
Contractor Company Name
ADDRESS P.O. Box 242
Locust N.C. 28097
City or Town State Zip Code
(704) 888-2413
Area code - Phone number

2. WELL INFORMATION:
WELL ID # (if applicable)
WELL PERMIT # (if applicable)
DWQ WELL PERMIT # (if applicable) Permit # 10001968 ABANDONMENT
OTHER PERMIT # (if applicable)
WELL USE (Circle applicable use): Monitoring (Residential)
Municipal/Public Industrial/Commercial Agricultural
Recovery Injection Irrigation
Other (list use)

3. LOCATION:
COUNTY Mecklenburg QUADRANGLE NAME
NEAREST TOWN Pineville
124 Stenberry Ln
(Physical Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

4. GRAPHIC / LAND SETTING:
Valley (Flat) Ridge Other
(Circle appropriate setting)

LATITUDE 35. 1432
LONGITUDE 80. 7521
(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.)

FACILITY - The name of the business where the well is located. Complete 4a and 4b. (If residential well, skip 4a; complete 4b, well owner information only.)
FACILITY ID #(if applicable)
4a. NAME OF FACILITY
STREET ADDRESS
City or Town State Zip Code

4b. NAME OF PERSON/WELL OWNER:
Pinnow LLC
STREET ADDRESS 5200-77 Center Dr
Charlotte N.C. 28217
City or Town State Zip Code
704-926-0125
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 57' ft. Diameter 12" in.
b. Water Level (Below Measuring Point): 50' ft.
Measuring point is Ground level ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): 20' ft. in.
b. Casing Removed: ft. in.

7. DISINFECTION: 2 Gallons
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement lbs.
Water gal.

Sand Cement
Cement lbs.
Water gal.

Bentonite
Bentonite lbs.
Type: Slurry Pellets
Water gal.

Other
Type material 3000 Concrete
Amount 2.44 yds

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Transpire placed in well to top hole where pump set. To top well elevated tile. 2 cup 12% calcium.

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 3-6-07

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.

Gary C. Honeycutt 3-16-07
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.)
GARY C. HONEYCUTT
PRINTED NAME OF PERSON ABANDONING THE WELL

Mail a copy to the owner and the original to the Division of Water Quality within 30 days.
Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617. Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

6982B

PermitToConductRepairOrAbandon

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#: 10001968 **Tax Parcel #:** 225-082-06
Property Owner: EPALON LLC
Job Location Address: 8124 STRAWBERRY LN
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 2/28/2007
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: 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:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature

GARY C. Honeycutt
Owner/Legal Agent Print Name

Signature:

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
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Sewage System Type: None

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  - ☐ Semi-volatile Compounds
  - ☐ Metals (Specify in Other Conditions)
  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

FILE NUMBER 6982B

Revised On: January 3, 2007

APPLICATION NUMBER: 1968

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: _____

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

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 225-082-06
STREET ADDRESS: 8124 Strawberry LN
CITY: Charlotte
STATE: NC ZIP: 28217
SUBDIVISION NAME: EPAION LLC.
LOT #: LOT SIZE (acres): 2.5 Ac.
TOWNSHIP: 1960
☑ 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: 4345
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
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: EPAION LLC
ADDRESS: 5200-77 Center Dr.
CITY: Charlotte
STATE: N.C. ZIP: 28217
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-426-0425 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4-21-Kanzler
13. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4-27-Evans

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

16. 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.

Property Owner's or Owner's Legal Representative Signature 2-27-07 Date

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

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

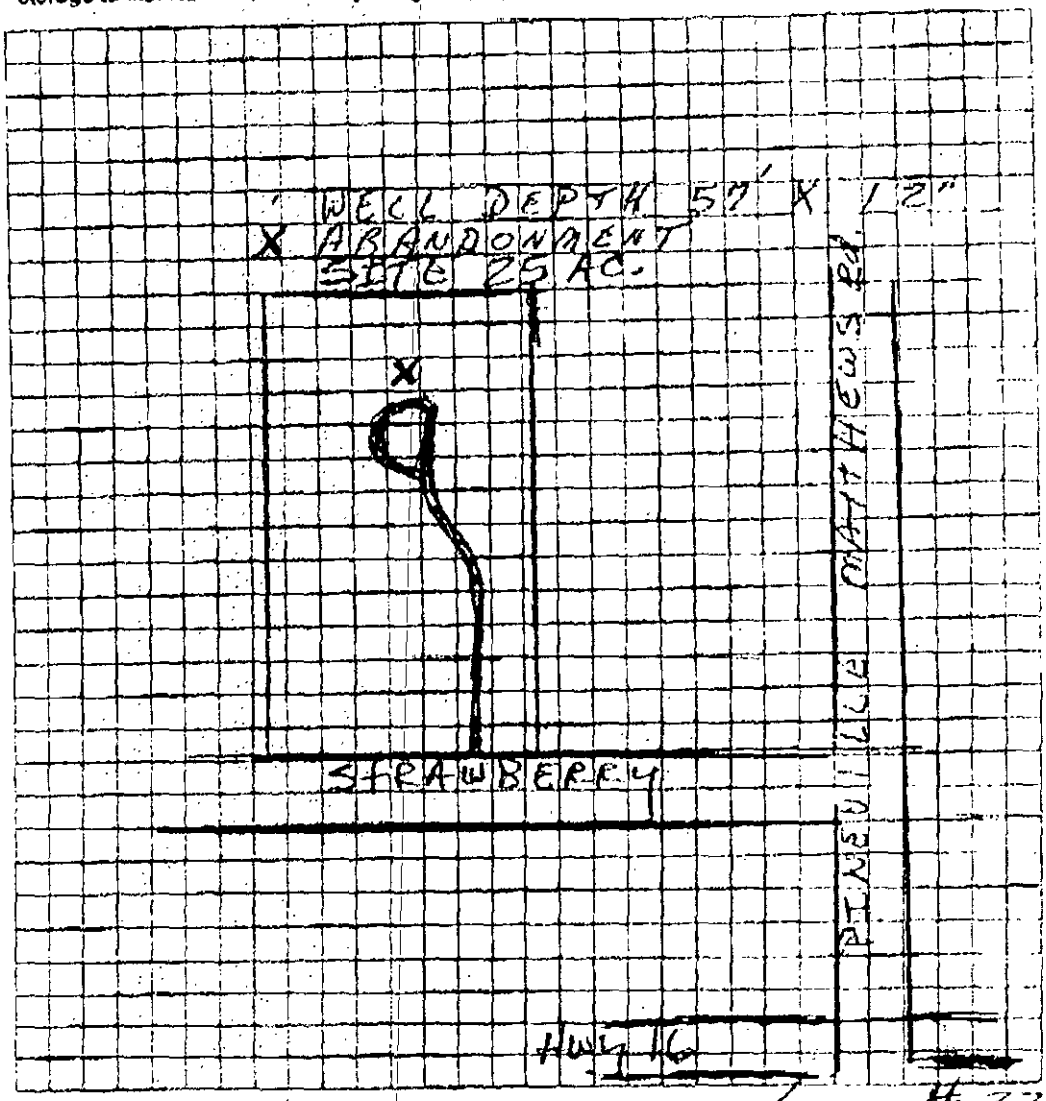
LOCUST PUMP & WELL DRILLING, INC.
P.O. BOX 242
LOCUST, NC 28097

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) 336-8894

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.



2230

Owner/Agent Signature [signature]
Date 2-27-07

Locust Pump And
Well Drilling
704-888-2413

LBC 12/15/04