

5928 OLD PROVIDENCE RD

18727143

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

6039B

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10000080
Property Owner: Old Providence LLC
Tax Parcel #: 18727129
Job Location Address: 5928 OLD PROVIDENCE RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28226
Permit Issuance Date: 6/24/2005
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 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:

Philo S. Walker RS
Authorized Agent: Print Name

Philo S. Walker RS
Signature:

Allison Price-DL Mullis Well Drilling
Owner/Legal Agent: Print Name

Allison Price
Signature:

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 D.L. Mullis
WELL CONTRACTOR CERTIFICATION # 2039

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: Charlotte N.C.
Old Providence Rd
(Road Name and Number, Community, Subdivision, Lot No.)
County Mecklenburg
Quadrangle No.

3. OWNER: Old Providence LLC

4. ADDRESS: 5928 Old Providence Rd.

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

6. TOTAL DEPTH: 84 FEET DIAMETER 3 inch

7. CASING REMOVED: NO
feet: Unknown
diameter: 3 inch Steel

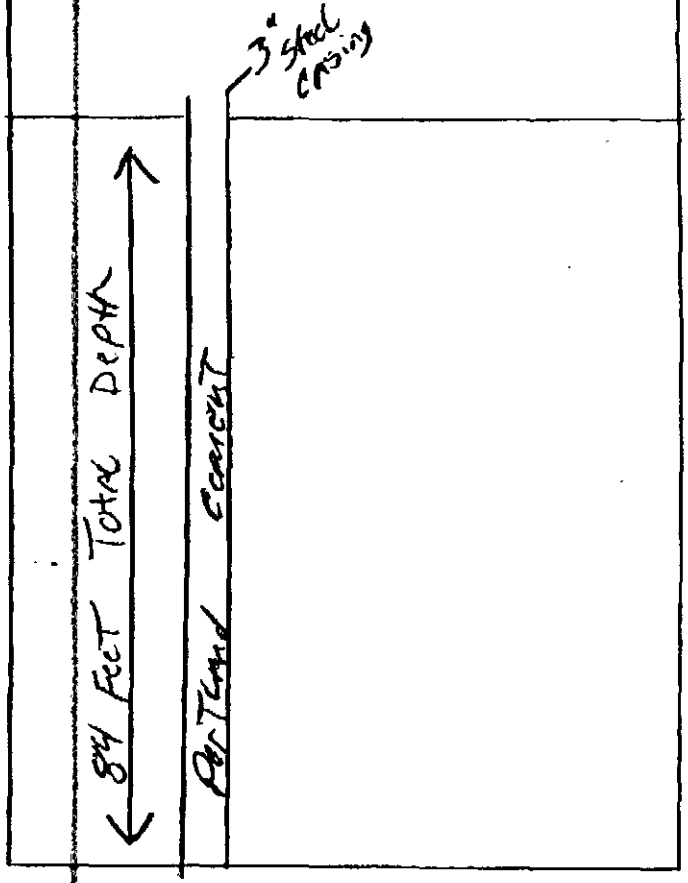
8. DISINFECTION: 1 Pound
(Amount of 70% Hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement: bags of cement 4, gallon of water 15
Sand Cement: bags of cement ____, gallons of water ____
Other: Type material ____, Amount ____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Pumped with Piston Pump
1" Tremmie

11. DATE WELL ABANDONED 6-27-05

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.



I do hereby certify that this well was abandoned in accordance with 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 D.L. Mullis Date 6-27-05

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

Old Providence Rd
Providence Rd
S
W

Bridge

[redacted]

COPY

GWS - RES. APP 12/04

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

[redacted]

FILE # 60398

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 #: 18727129
STREET ADDRESS: 5928 Old Providence Rd.
CITY: Charlotte
STATE: NC ZIP: 28226
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: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0
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: Old Providence LLC
ADDRESS: PO Box 17015
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 841-1716
MOBILE PHONE: 651-1140 FAX: 841-2616

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DL Mullis Well Drilling
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 545-5694
MOBILE PHONE: FAX: 545-9449

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 ONSITE

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Allison Price 6/21/05
Owner's/Agent's Signature Date
DL Mullis

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

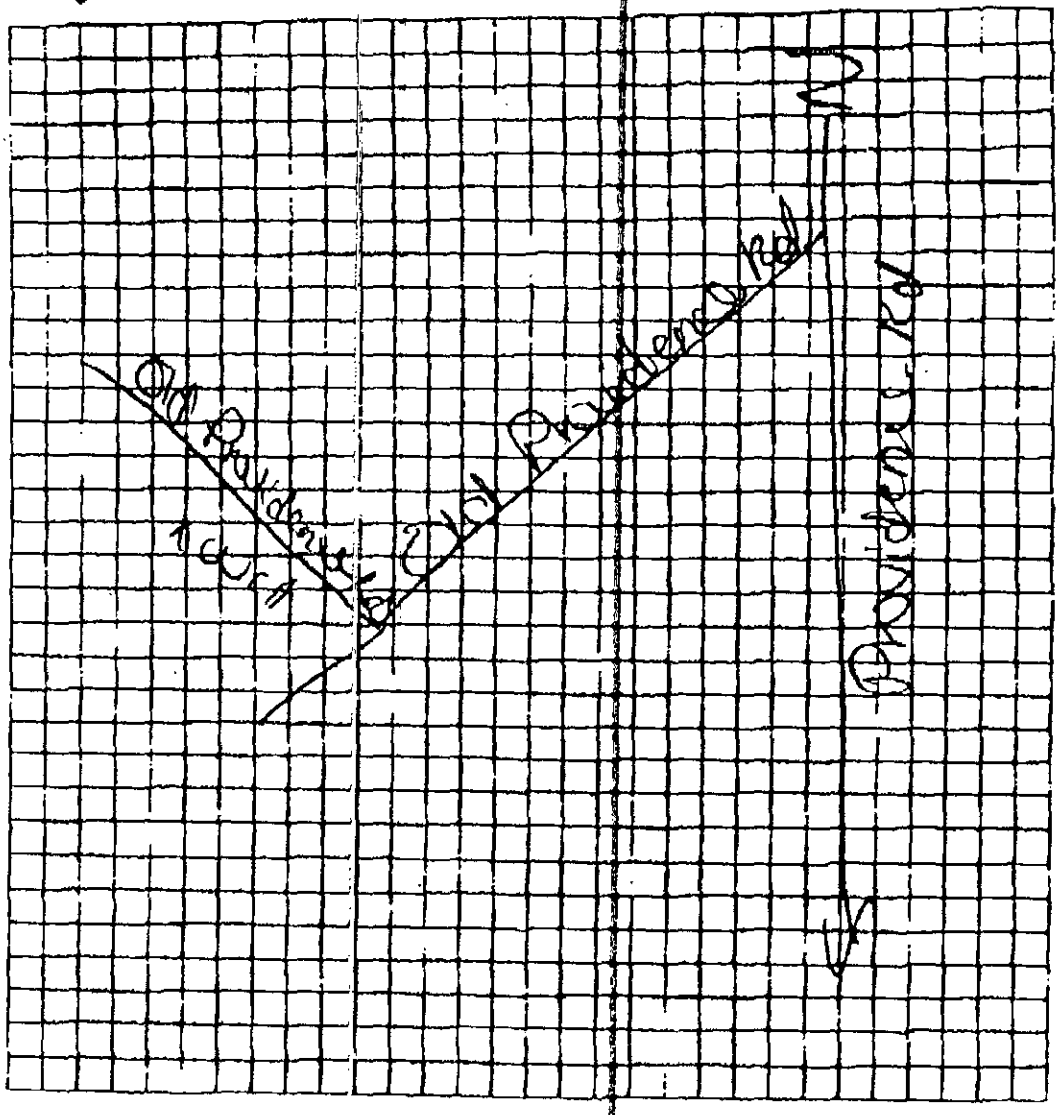
COPY

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) 336-8804

File # 60393
Date 6/23/05

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 Gavin Pritt/DR Mullis

Date 6-21-05

LBC 12/15/04

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: Allison
Mullis Well Drilling

Fax #: 704 545 9449

Phone #:

From: Philo Walker
GWS

Date: 6/24/05

Number of pages transmitted: 3 (including coversheet)

Comments: Please sign & fax back to me at 704 336 6894. Thanks Philo 704 201 7673

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

Bridge

GWS – RES. APP 12/04

[redacted]

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FILE # 60398

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DL Mullis

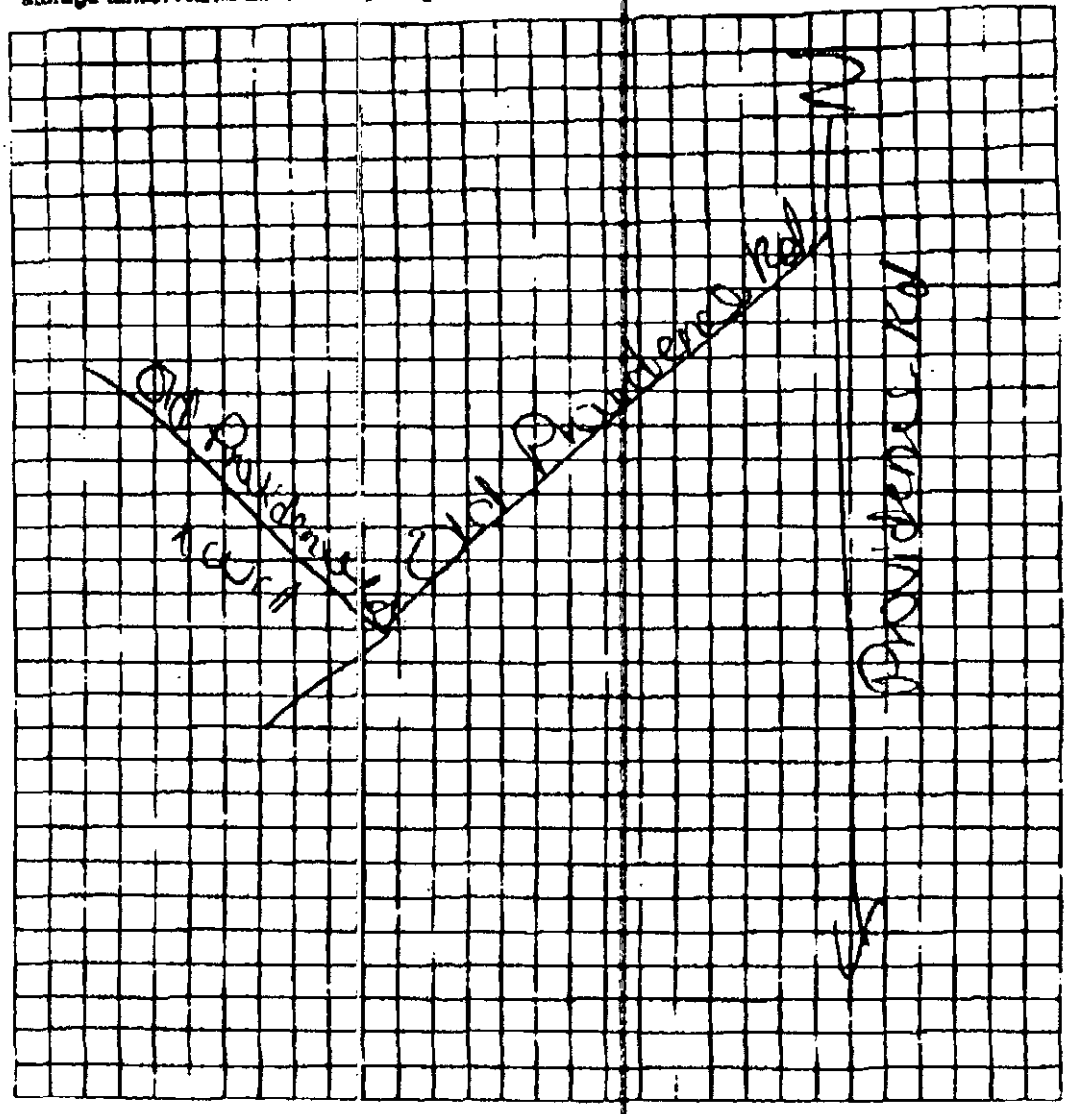
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