

8800 N TRYON ST

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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 Peter FLOREA

WELL CONTRACTOR CERTIFICATION # 2211

5 0032604

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 County MECK
8700 N. TRYON ST
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: CAROLINA HEALTH CARE System

4. ADDRESS: P.O. Box 32861

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

6. TOTAL DEPTH: 360' DIAMETER 6"

7. CASING REMOVED:

feet	diameter
Ø	

8. DISINFECTION: 9 OZ.
(Amount of 70% hypochlorite used:)

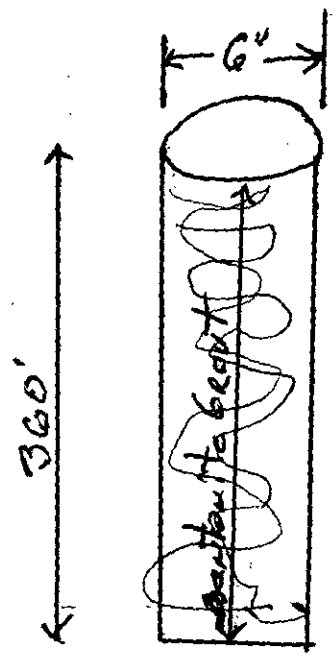
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 30	bags of cement
gallons of water 225	gallons of water

Other
Type material _____
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL:
Pumped from Mixer Via Tremmy

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.



11. DATE WELL ABANDONED 10-24-05

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 Peter Flora Date 10-25-05

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

App. #: 167

Septic Fee: 0

Date:

CRT[ ]

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ONSITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
FILE # 6150B

Well Fee: 0

Date: 9/27/2005

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE ( ) NEW WELL ( ) MAJOR REPAIR (•) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 049-311-08

STREET ADDRESS: 8800 N TRYON ST

CITY: CHARLOTTE

STATE: NC ZIP: 28262

LOT #: 0

TOWNSHIP:
Label

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS

[x] COMMERCIAL [ ] INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 0

NUMBER OF EMPLOYEES PER SHIFT: 0

NUMBER OF SHIFTS: 0

TYPE OF WASTEWATER:

[ ] SEWAGE [ ] INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

[ ] TOILETS/URINALS [ ] HANDSINK/S

[ ] SHOWERS [ ] FLOOR DRAINS

[ ] OTHER

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWAER FLOW AND/OR A JUSTIFICATION FOR A SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] 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: Carolina Healthcare System

ADDRESS: P O Box 32861

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28232

HOME PHONE: WORK: 704-512-1328

MOBILE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Bros. Inc.

ADDRESS: P O Box 668710

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28266

HOME PHONE: WORK: 704-399-150

MOBILE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

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

6150B

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

Permit#: 10000167 **Tax Parcel #:** 04931108
Property Owner: Carolina Healthcare System
Job Location Address:8800N TRYON ST
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28262
Permit Issuance Date: 9/29/2005
Use of Well: Other
Type of Facility Served by Well:
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 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:

JACKSON A WARREN
Authorized Agent: Print Name

Signature:

McCALL BROTHERS INC.
Owner/Legal Agent: Print Name

Signature:

McCall Brothers, Inc. - Account # X2'10'10

GWS-COM. APP 12/04

704-336-6894 fax

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

SEPTIC FEE PAID DATE # RECEIPT

App #167

FILE # 6150B

WELL FEE PAID DATE # RECEIPT

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION

PROJECT TRACKING #: 311-08

TAX/PARCEL #: 049-

STREET ADDRESS: 8900 N. Tryon St

CITY: Charlotte

STATE: NC ZIP: 28262

LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☑ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY:

NUMBER OF EMPLOYEES PER SHIFT:

NUMBER OF SHIFTS:

TYPE OF WASTEWATER:

☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: Carolina Healthcare System

ADDRESS: P.O. Box 32861

CITY: Charlotte

STATE: N.C. ZIP: 28232

HOME PHONE: WORK PHONE: (704) 512-7328

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Bros Inc

ADDRESS: P.O. Box 668710

CITY: Charlotte

STATE: NC ZIP: 28266

HOME PHONE: WORK PHONE: (704) 399-1506

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.

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.

Jac McCalpine

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

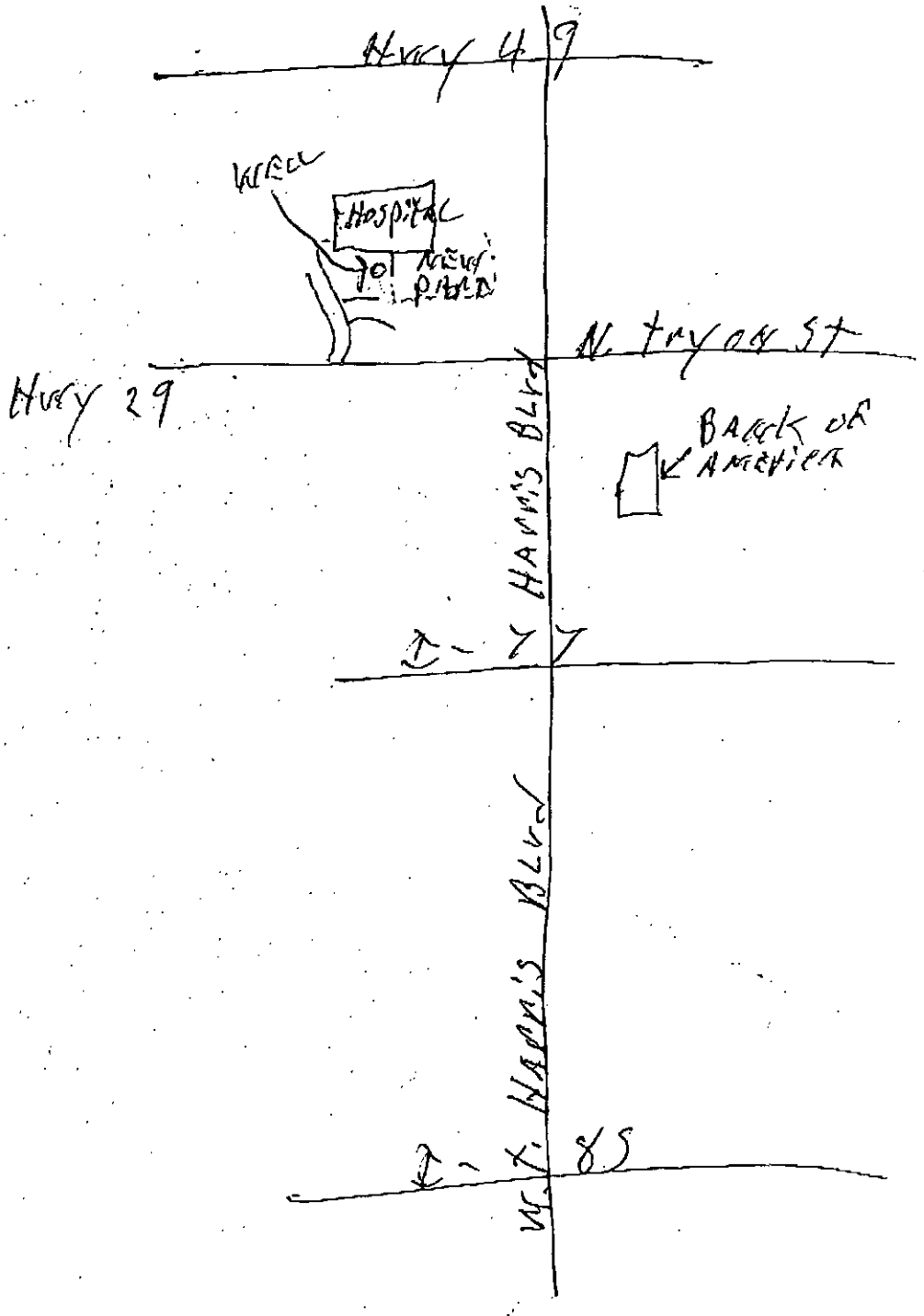
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.____

CAROLINA HEALTHCARE

Name

Address

Location



N.T.S.