

5040 BEATTIES FORD RD

04122103

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 #: 6842B WASPS App #: 1571

Primary ES assigned to project: Josh Sellers

Secondary ES assigned to project: _____

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: 0

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: 0

Comments:

_____

_____

_____

_____

_____

Application received date: 10/18/06 ES assigned date: 10/19/06 Permit issued date: 10/26/06

Well approval date: 11/16/06 Number of days to complete project: 21

Review performed by: _____ Date performed: 11/17/06

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2039

1. WELL CONTRACTOR:
Chad Mullis
Well Contractor (Individual) Name
DL Mullis Well Drilling
Well Contractor Company Name
STREET ADDRESS 9200 Surface Hill Rd
Charlotte NC 28227
City or Town State Zip Code
704-5455694
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable) _____
STATE WELL PERMIT # (if applicable) _____
COUNTY WELL PERMIT # (if applicable) 10001571
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
5040 Beatties Ford Rd
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other _____
(Circle appropriate setting)

LATITUDE 35° 18.278
LONGITUDE 80° 51.451
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 _____
_____
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:
NAME Gelder Thompson
STREET ADDRESS PO Box 288
Midland NC 28107
City or Town State Zip Code
704-6349083
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 65 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 15 ft.
Measuring point is 1 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): unknown ft. _____ in.
b. Casing Removed: NO ft. NO in.

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

8. SEALING MATERIAL:

Neat Cement
Cement 130 lb.
Water 15 gal.

Sand Cement
Cement _____ lb.
Water _____ gal.

Bentonite
Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other
Type material _____
Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
poured

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 11-14-06

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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 11-16-06

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.)
Chad Mullis
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.

Form GW-30

6842 B

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#: 10001571 **Tax Parcel #:** 041-221-03
Property Owner: Tribek Properties
Job Location Address:5040 BEATTIES FORD RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28216
Permit Issuance Date: 10/26/2006
Use of Well:
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: 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:

Joshua R. Sellers R.S. — Authorized Agent: Print Name
Joshua R. Sellers R.S. — Signature:

Allison Price DeMeris Well — Owner/Legal Agent: Print Name
Allison Price — Signature:

Mecklenburg County Health Department
Groundwater & Wastewater Services
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  - ☐ Metals (Specify in Other Conditions)
  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

Joshua R. Sellers R.S.
Authorized Agent: Print Name

Joshua R. Sellers R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

#1,571 Commercial Retail

GWS – RES. APP 12/04

[redacted]

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

FILE # 6842B

[redacted]

J.P.M.

Shoulde for review ASAP

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 #: 041-221-03

STREET ADDRESS: Corner of Beatties Ford Rd & Sunset Rd. 5040

CITY: Charlotte

STATE: NC ZIP: 28216

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: Trobek Properties

ADDRESS: 200 Providence Rd.

CITY: Charlotte

STATE: NC. ZIP: 28207

HOME PHONE: WORK PHONE: 704-353-8484

MOBILE PHONE: FAX: 704

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: P & R Consulting Inc. Randy Nance

ADDRESS: 20 Bonclarken Trail

CITY: Flat Rock

STATE: NC ZIP: 28731

HOME PHONE: WORK PHONE: 704-891-3164

MOBILE PHONE: FAX: 704-891-3272

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? May 06

"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.

James A. Stafford 10/19/06

Owner's/Agent's Signature Date

704-269-0070

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH ON-SITE

"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.

James A. Stafford 10/18/06

Owner's/Agent's Signature Date

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

Dennis Craig or Jim Stafford

Hydrogeologist Permit Application Review

Application #: 1571

Permit File #: 6842B

Permit Type: Abandonment (Commercial)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

EHS Review | Update

The application has been forwarded to Jeremy Michelone for review.

Rept. for ARGU Review
5040 Beatties Ford Rd., Charlotte, NC
PID# 041-221-03
File # 6842B

Public water supplied by CMUD is currently available for this site.

10/20/06 (Fri.) - Received request for ARGU review for private well abandonment for a WSW located at 5040 Beatties Ford Rd., Charlotte, PID#041-221-03. According to the WIS, there is an existing well at this property, but no sample results were available through the Health Dept. files.

10/23/06 (Mon.) - Conducted ARGU Review. Identified three MPL sites within 2,000' of the subject parcel.

MPL# 641 Old Store
5040 Beatties Ford Rd., Charlotte, NC
PID# 041-221-03
NCDENR UST Section Inc. #8789
Source-petroleum USTs

File Review of MPL# 641:

NCDENR UST database indicates a high risk active file for a GW petroleum UST release incident. No record of onsite WSW sampling was noted. The site incident has been forwarded to the State Lead Trust Fund for management.

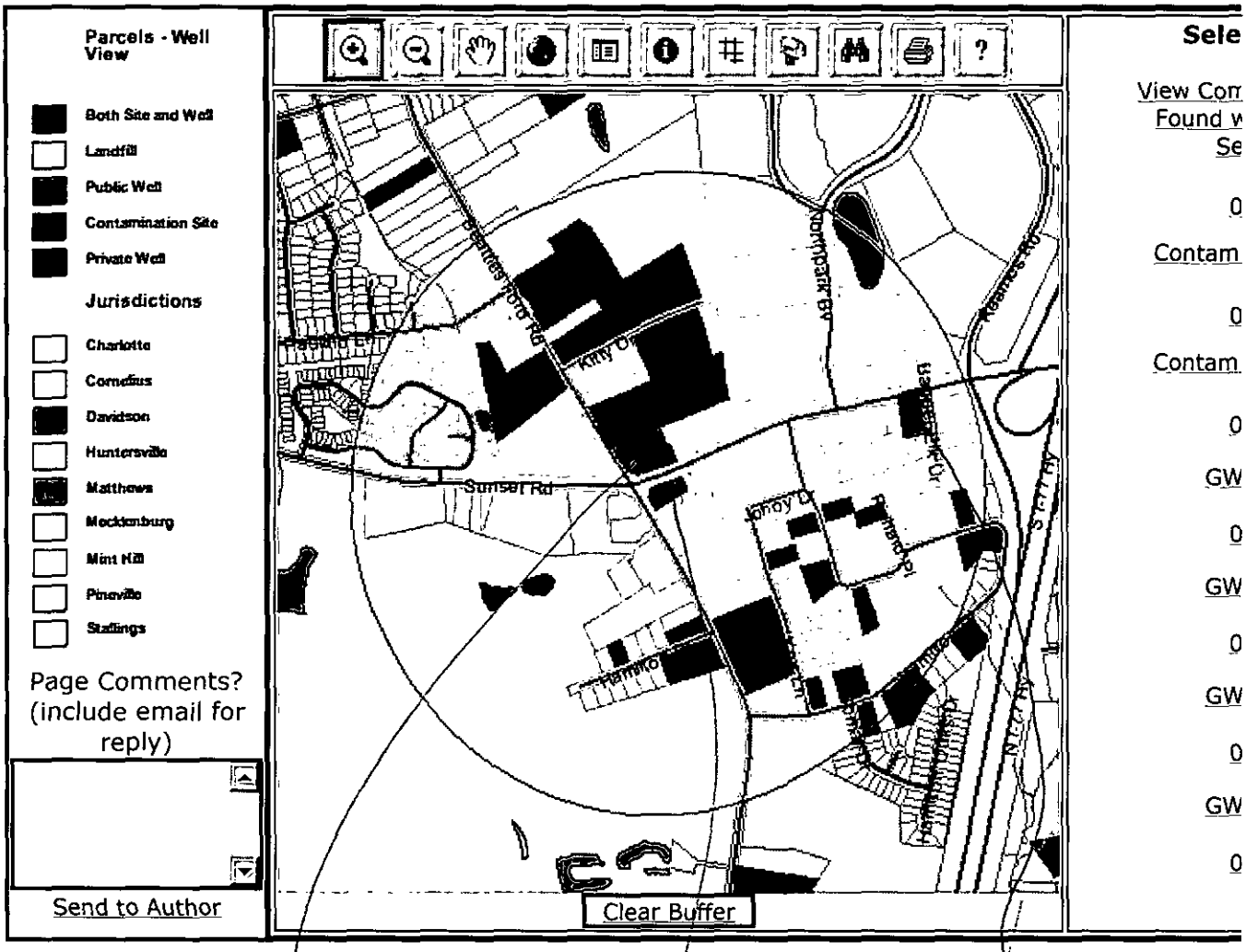
An MPL investigation was completed in 2000. Nineteen WSWs were located. Eight WSWs were sampled with detections of PCE at one WSW located at 4126 Kitty Dr. The onsite well was not one of the WSWs sampled as part of this investigation.

This incident is located on the subject site.

MPL# 925 Kiker Property
5100 Beatties Ford Rd., Charlotte, NC
PID# 037-372-09
NCDENR UST Inc. #21451
Source: Petroleum USTs

File Review of MPL# 925:

NCDENR UST database indicates a high risk active file for a GW petroleum UST release incident. The site incident has been forwarded to the State Lead Trust Fund for management.



MPL 925
Kiker Prop.

MPL
641
Old Store

MPL 960
Circle K.
Phillips66

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 04122103
Name: OLD STORE
House No: 5040
Street Dir:
Street Name: BEATTIES FORD
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28216
NC Incident Number: 8789 EXIT Well Information System →

* Link to GIS Real Estate System

MPL 641

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 04123320
Name: CIRCLE K - PHILLIPS 76
House No: 4530
Street Dir:
Street Name: SUNSET
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28216
NC Incident Number: 21118 EXIT Well Information System →

* Link to GIS Real Estate System

MPL 9160

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 03737209
Name: KIKER PROPERTY
House No: 5100
Street Dir:
Street Name: BEATTIES FORD
Street Type: RD
City: CHARLOTTE
State: NC
Zip: 28216
NC Incident Number: 21451 EXIT Well Information System

* Link to GIS Real Estate System

MPL 925

ACTIVITY REPORT

LOG NUMBER: 2006-00637
ACTIVITY DATE: 10/23/2006
TYPE OF ACTIVITY: Office Report
FILE DESCRIPTOR: GW-WA-CI-

SITE INFO

SITE: OLD STORE
PARCEL ID: 04122103
ADDRESS: 5040 BEATTIES FORD RD
CHARLOTTE NC 28216- -

CONTACT:
BUSINESS PHONE NO: ( ) -

ACTIVITY

Rept. for ARGU Review
5040 Beatties Ford Rd., Charlotte, NC
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