

1712 J N PEASE PL

04713183

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

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 Pete Florea

WELL CONTRACTOR CERTIFICATION # 2211

PERMIT # 1000124 5003256

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
1712 J.N. PEASE PL.
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: MORLAND-HOLDEN CONST.

4. ADDRESS: 1712 J.N. PEASE PL.

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

6. TOTAL DEPTH: 20' DIAMETER 20"

7. CASING REMOVED:

feet	diameter
4	20

8. DISINFECTION: 4 OZ.
(Amount of 70% hypochlorite used:)

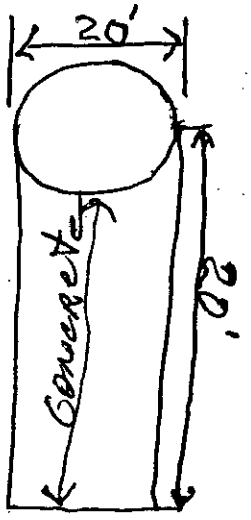
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement _____	bags of cement _____
gallons of water _____	gallons of water _____

Other
Type material 3000 PSI CONCRETE
Amount 2 YDS

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
POURED FROM CONCRETE MIXER.

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 8-12-05

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 Pete Florea Date 8-15-05

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

Well Abandonment Activity Tracking Permit #: 10000124

1. Application & Review

☑ Complete application on file			8/3/200
☑ Site Plan and other appropriate documentation submitted			8/3/200
☑ Registered Well Driller. Certification Number:		2211	8/3/200
☐ Temporary Abandonment			8/3/200
☑ Permanent Abandonment			8/3/200
☑ Abandonment Permit Issued			8/3/200
○ Yes ◉ No	Septic system on site		8/3/200

2. Inspection

○ Yes ◉ No	On site inspection		8/3/200
☐ Observed	☑ Driller	Valid permit on site with registered driller	8/12/20(

Temporarily Abandoned

☐ Observed	☐ Driller	Watertight cap (cannont be removed easily by hand)	
☐ Observed	☐ Driller	Well cover	

Well Contractor Identification Plate

☐ Plate installed securely on well cassing			
☐ Information not obscured			
☐ Information accurately completed			

Permanent Abandonment

☐ Observed	☑ Driller	Well free from obstruction	8/12/20(
○ Yes ○ No	Water from a known contamination zone		8/12/20(
☐ Observed	☑ Driller	Disinfected	8/12/20(
☐ Observed	☑ Driller	Properly sealed	8/12/20(

3. Documentation

☑ Well Abandoment Record received			8/15/20(

4. Approval

☑ Abandonment approval granted			8/15/20(
☐ Abandonment approval denied			

5. Additional Comments / Observations

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#: 10000124 **Tax Parcel #:** 04713183
Property Owner: Morlando-Holden Const.
Job Location Address:1712 J N PEASE PL
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28262
Permit Issuance Date: 8/8/2005
Use of Well:
Type of Facility Served by Well: Other Residential
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. WALKER
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

McCall Brothers, Inc. Account # 1010 to Permit #124

COPY

SEPTIC FEE:
DATE:
CRT #:

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

WELL FEE:
DATE:
CRT #:

FILE # 6085B

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

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 047-131-83
STREET ADDRESS: 1712 N. PEASE PL.
CITY: Charlotte
STATE: NC ZIP: 28262
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
EXISTING WASTEWATER SYSTEMS ☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS ☐ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES ☐ YES ☑ NO
DESIGNATED WETLANDS ☐ YES ☑ NO
GRADING/SOIL REMOVAL PERFORMED ☑ YES ☐ NO

PROPERTY OWNER:

NAME: MORLANDO-HOLDER CORP.
ADDRESS: 6636 EAST W.T. HARRIS BLVD
CITY: CHARLOTTE
STATE: NC ZIP: 28215
HOME PHONE:
WORK PHONE: (704) 531-5232
MOBILE PHONE:
FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCALL Bros Inc
ADDRESS: 6700 Brookshire Blvd
CITY: CHARLOTTE
STATE: NC ZIP: 28216
HOME PHONE:
WORK PHONE: 704-399-1566
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

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Joe McAlpine
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

07/29/2005 14:47 MCCALL BROTHERS → 704 336 6894 NO. 949 P001

MCCALL BROTHERS, INC. ACCOUNT # A0410

GWS – RES. APP 12/04

704-336-6894 FAX

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

SEPTIC FEE: DATE: CR#:

WELL FEE: DATE: CR#:

FILE # 6085B

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

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☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☑ YES	☐ NO

PROPERTY OWNER:

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ADDRESS: 6636 EAST W.T. HARRIS BLVD

CITY: CHARLOTTE

STATE: NC ZIP: 28215

HOME PHONE: WORK PHONE: (704) 531-5232

MOBILE PHONE: FAX:

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NAME: MCCALL BROS INC

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CITY: CHARLOTTE

STATE: NC ZIP: 28216

HOME PHONE: WORK PHONE: 704-399-1566

MOBILE PHONE: FAX:

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