

1/10/2008

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Groundwater and Wastewater Services File Imaging Project

May 2007

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Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 6486 B WASPS App #: 730

Primary ES assigned to project: Gina Buchanan

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: _____

Comments:

_____

_____

_____

_____

_____

Application received date: 5-1-06 ES assigned date: CB Permit issued date: 5-1-06

Well approval date: N/A Number of days to complete project: 10-2-06 ≈ 150 days

Review performed by: Joshua R. Sellers Date performed: 12-19-06

Attention! Cina Buchanan

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2473

1. WELL CONTRACTOR:

Michael Francis
Well Contractor (Individual) Name

Francis Well & Pump Co.
Well Contractor Company Name

STREET ADDRESS 1501 Mt. Zion Ch. Rd

Iron Station N.C. 28080
City or Town State Zip Code

704, 394 9952
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 10000730

DWQ or OTHER PERMIT # (if applicable)

WELL USE (check applicable use): Monitoring (Residential) Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation

Other (please specify)

3. WELL LOCATION:

COUNTY Meck QUADRANGLE NAME:

NEAREST TOWN Denita

(Street, Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHY / LANDSCAPE: Slope Valley (Flat) Ridge Other
(Check appropriate setting)

LATITUDE N 35° 18.282

LONGITUDE W 80° 48.834

Must 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 residential well skip 4a, complete 4b. well contractor information only.)

FACILITY ID (if applicable)

NAME OF FACILITY

STREET ADDRESS

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME

STREET ADDRESS

City or Town State Zip Code

( ) -
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 85' ft. b. Diameter 2" in.

b. Water Level Below Measuring Point: 18' ft.

Measuring point is 1' ft. above land surface

6. CASING: Length Diameter

a. Casing Depth (if known): ft. in.

b. Casing Removed ft. in.

7. DISINFECTION: 1 cup

(Amount of 5%-25% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement ____ lb.
Water ____ gal.

Sand Cement

Cement ____ lb.
Water ____ gal.

Bentonite

Bentonite ____ lb.
Type: Slurry Pellets
Water ____ gal.

Other

Type material: Concrete
Amount 6 bags 480 lbs

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIALS:

Shovel by hand

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back or on this form. Include surface cap depth, depth and diameter of screens if any, grout, seals, backfill, type and depth of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 9-30-06

I HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C .0113, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PRESENTED TO THE WELL OWNER.

Michael Francis 10-2-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be provided a copy of this record. Signature by the well owner is not required by rule, but is encouraged.)

Michael Francis
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the individual in charge of the well.

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#: 10000730 **Tax Parcel #:** 043-251-01
Property Owner: C. Roberts, Inc.
Job Location Address:3512 GIBBON RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28269
Permit Issuance Date: 5/1/2006
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 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:

No additional requirements prescribed per ARGU review. DFT 5/2/2006

Cina Buchanan RS
Authorized Agent: Print Name

Cina Buchanan RS
Signature:

C.N. Roberts owner
Owner/Legal Agent: Print Name

C.N. Roberts owner
Signature:

FROM : C. ROBERTS, INC. FAX NO. : 7045980247 Apr. 27 2006 [illegible]

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: _____
CRT [ ]

WELL FEE _____
DATE: _____
CRT [ ]

FILE # 646B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

CWR

JOB LOCATION INFORMATION:

TAX/PARCEL #: 04325101
STREET ADDRESS: 3512 Gibbon Rd
CITY: Charlotte
STATE: NC ZIP: 28269
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

1937

BUILDING INFORMATION:

T.O Dennis for review 5/2/06

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 872
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT W/O KNOWN 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: C. Roberts, Inc.
ADDRESS: 3725-A Gibbon Rd
CITY: Charlotte
STATE: NC ZIP: 28269
HOME PHONE: WORK PHONE: 704-597-0042
MOBILE PHONE: FAX: 704-598-0247

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-23-06
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.

C.N. Roberts 4-27-06
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 311
CHARLOTTE, NC 28202 704-336-5037 FAX: 704-336-4564

Chuck

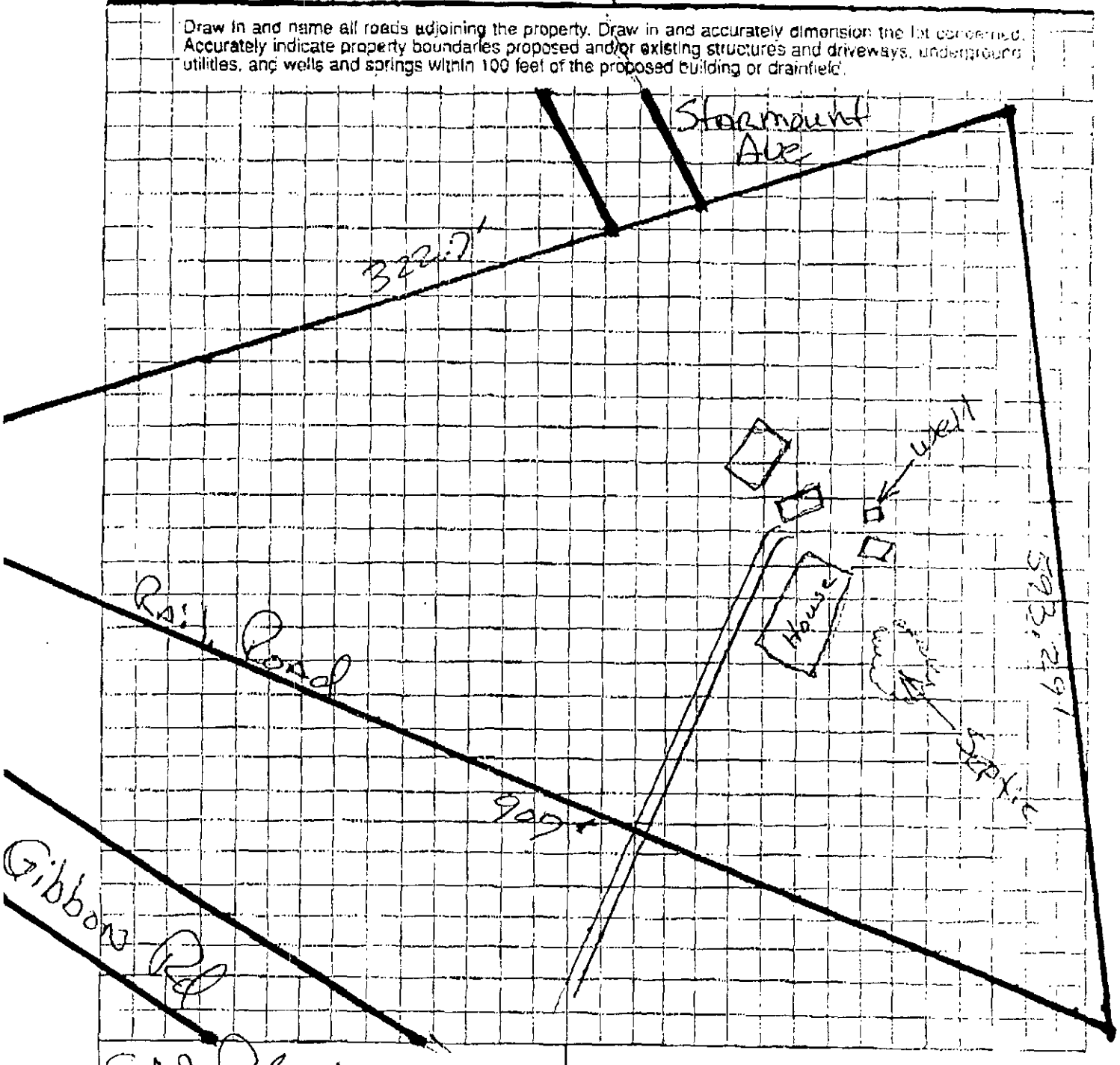
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TO: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



C. W. Roberts
OWNER/AGENT SIGNATURE

DATE 4-27-06

APPROVAL DATE _____

White - Health Department's Copy Canary - S&I.S. Copy Pink - Owner's Copy