

6620 OLD STATESVILLE RD

04545109

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 #: 7113B WASPS App #: 2247

Primary ES assigned to project: Kim Garrett

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: _____

Comments: 5/8/07- please fax permit for signature JCS

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: 5/4/07 ES assigned date: _____ Permit issued date: 5/8/07

Well approval date: 6/26/07 Number of days to complete project: _____

Review performed by: [signature] Date performed: 6/26/07

WELL ABANDONMENT RECORD

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

App 2247
File 7113 B

WELL CONTRACTOR CERTIFICATION # 2211

1. WELL CONTRACTOR:
Peter Florea
Well Contractor (Individual) Name
McCall Bros. Inc.
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire Blvd.
Charlotte, NC 28216
City or Town State Zip Code
(704) 399-1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable)
COUNTY WELL PERMIT # (if applicable)
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
6620 OLD STATESville 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° 10.777'
LONGITUDE 80° 50.118'
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 and4b. (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 DANNY SEDBERRY
STREET ADDRESS 1269 Robedo RD.
MT. GILEAD, NC 27306
City or Town State Zip Code
(910) 572-2189
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 24 ft. Diameter: 24 in.
b. Water Level (Below Measuring Point): 16 ft.
Measuring point is 0 ft. above land surface.

6. CASING: Length Diameter
a. Casing Depth (if known): ____ ft. ____ in.
b. Casing Removed: ____ ft. ____ in.

7. DISINFECTION: 4 oz
(Amount of 65%-75% 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 3000 PSI Concrete
Amount 3 yds.

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Poured from mixing trk

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 5-10-07

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.

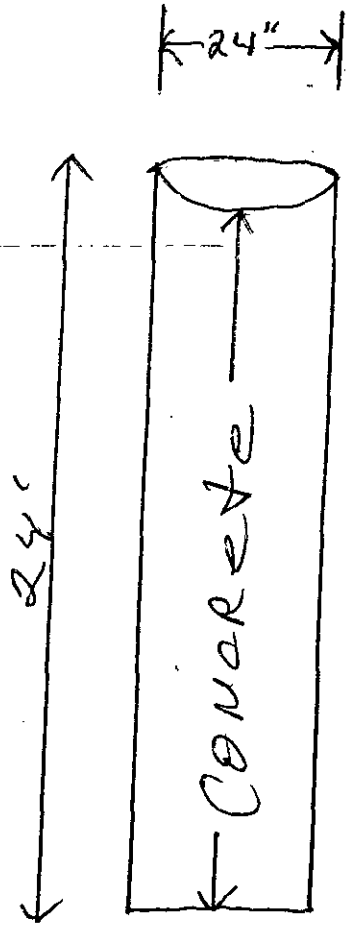
Pete Florea 5-10-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

PRINTED NAME OF PERSON ABANDONING THE WELL
Pete Florea

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06


24"
24'
Concrete

7113B

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#: **10002247** **Tax Parcel #:** 045-451 09
Property Owner: Sedberry Construction
Job Location Address:6620 OLD STATESVILLE RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28269
Permit Issuance Date: 5/8/2007
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 well abandonment requirements prescribed per ARGU review(DFT 5/4/2007).

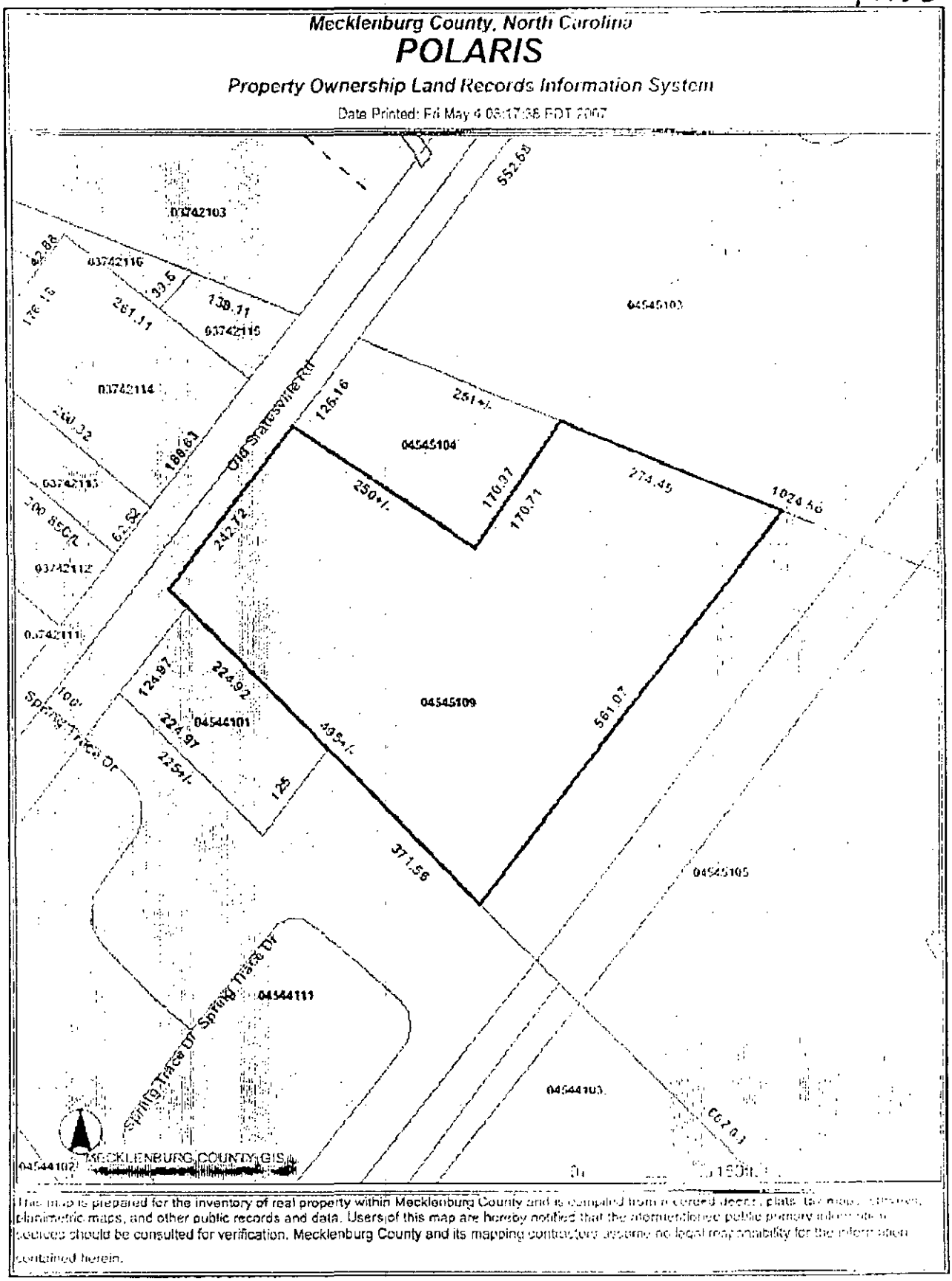
Kim Garrett, RSI
Authorized Agent: Print Name

Joe McAlpine
Owner/Legal Agent: Print Name

Kim Garrett, RSI
Signature:

Joe McAlpine
Signature:

7113B



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

EHS Review of Private Well Permit Application

Application #: 2247 Permit Type: **Well Abandonment**

Permit File #: 7113B

Permit to be Issued?: ○ Yes ○ No

Additonal Conditions:

Full Grouting

Casing to Bedrock

Sampling

Other Conditions of This Permit:

No additonal well abndonment requirements prescribed per ARGU review(DFT 5/4/2007).

MAY 04 2007 09:03 MCCALL BROTHERS → 7043356894

MCCALL BROTHERS, INC. MCCALL TAX ID NO

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 # 7113B ID# 2247

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

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

DT.

JOB LOCATION INFORMATION:

TAX/PARCEL #: 04534109

STREET ADDRESS: 6600 Old Statesville Rd.

CITY: Charlotte

STATE: NC ZIP: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ GROUP OF HOMES (G)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (M)
☐ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT W/ BLOCK WALLS
☐ CRAWL SPACE ☐ BASEMENT W/ CONCRETE WALLS

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 SPRING (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 (CUT/FILL)	☒ YES ☐ NO

PROPERTY OWNER:

NAME: Sudberry Constructions

ADDRESS: 1269 Rabedo Rd.

CITY: Hillsdale

STATE: NC ZIP: 27306

HOME PHONE: WORK PHONE:

MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers, Inc.

ADDRESS: PO Box 668710

CITY: Charlotte

STATE: NC ZIP: 28266

HOME PHONE: WORK PHONE: 704 3991506

MOBILE PHONE: FAX: 704 3982605

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 go onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

"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 go onto the property for the purpose of processing this request.

Scott McCall 5-04-07

Owner's/Agent's Signature Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 214
CHARLOTTE, NC 28202
704-336-5410 FAX 704-336-5499