

7205 LAWYERS RD

10943101

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 #: 68523 WASPS App #: 1609

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Kim Garrett

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:

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: 11/3/06 ES assigned date: _____ Permit issued date: 11/9/06

Well approval date: 1/8/07 Number of days to complete project: 41

Review performed by: Kim Garrett Date performed: 1/17/07

11 MAY 2006 10:24 MCCALL BROTHERS → 7043396804 NO. 783 P. 1

PROPERTY OWNERS, INC. ACCOUNT MAP 10103 #1609

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

CHRIS BUS STATION (704) 336-6594

SEPTIC FEE
DATE
CK #

WELL FEE
DATE
CK #

FILE # 6852B

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 #: 10943101
STREET ADDRESS: 7205 LAWYERS Rd
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: Well #1
TOWNSHIP:

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

1940

BUILDING INFORMATION: DT. for review

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: 3
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 WATERLINES	☑ 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: KNOTTS DEVELOPMENT RESOURCES, INC
ADDRESS: P.O. BOX 687
CITY: PINEVILLE
STATE: N.C. ZIP: 28134
HOME PHONE: WORK PHONE: 704 542-9486
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 enter 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 enter onto the property for the purpose of processing this request.

Joe McAlpine 11-3-06
Owner's/Agent's Signature Date

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

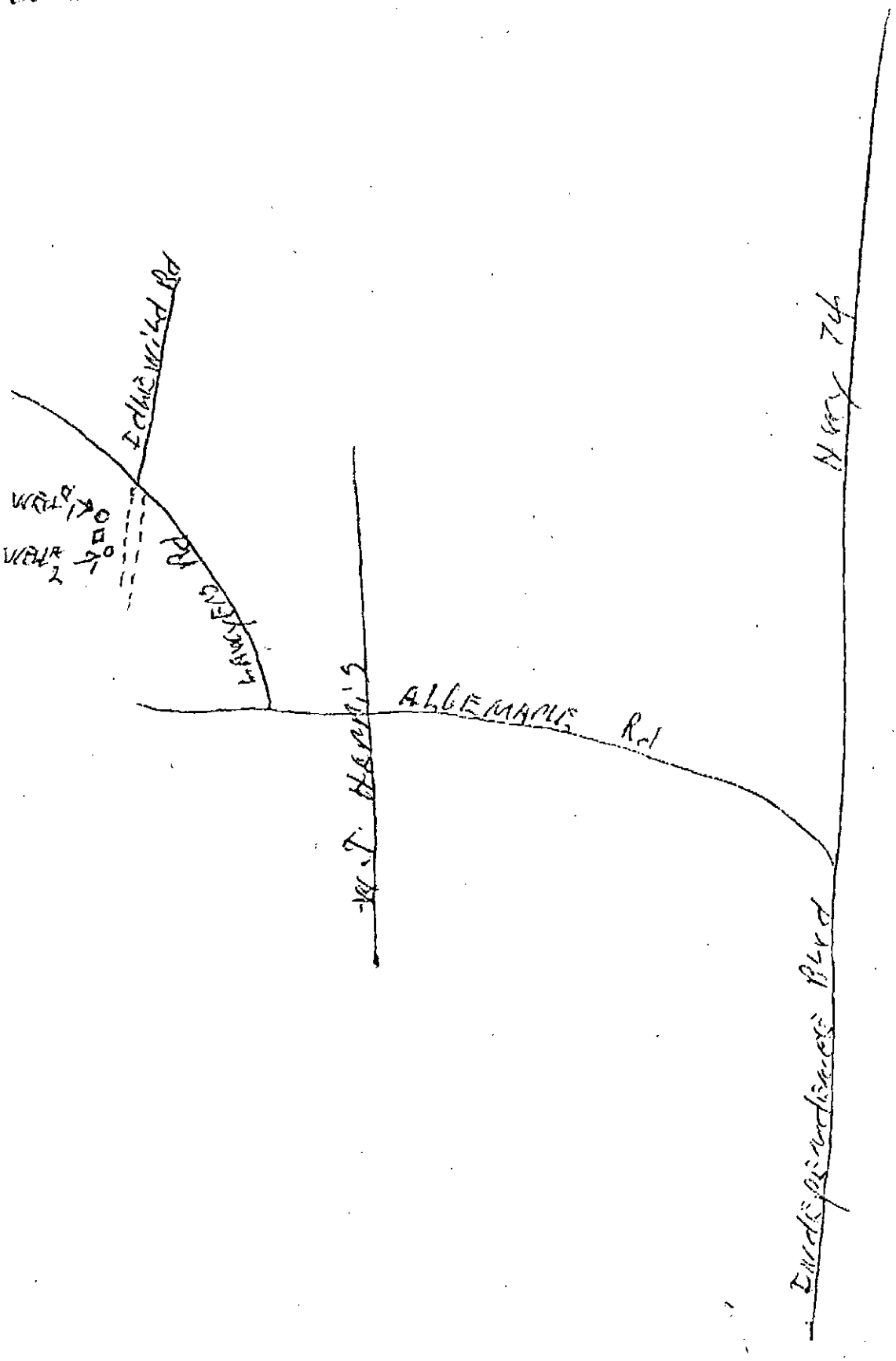
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

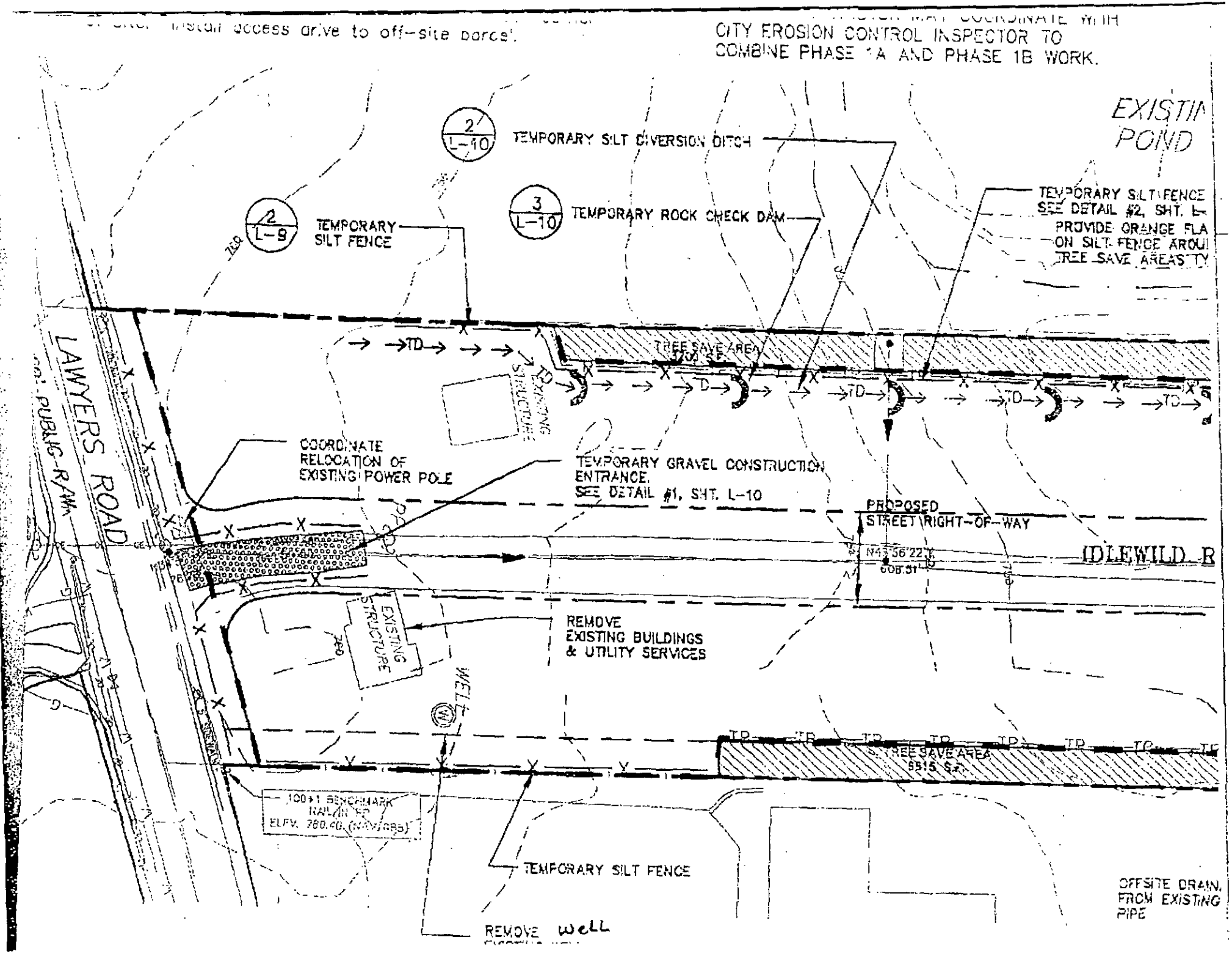
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.

Name Krolls DEX

Address

Location




CITY EROSION CONTROL INSPECTOR TO COMBINE PHASE 1A AND PHASE 1B WORK.
2/L-10
TEMPORARY SILT DIVERSION DITCH
2/L-9
TEMPORARY SILT FENCE
3/L-10
TEMPORARY ROCK CHECK DAM
EXISTING POND
TEMPORARY SILT FENCE SEE DETAIL #2, SHT. L-
PROVIDE ORANGE FLA ON SILT FENCE AROU TREE SAVE AREAS TY
TREE SAVE AREA
LAWYERS ROAD
COORDINATE RELOCATION OF EXISTING POWER POLE
TEMPORARY GRAVEL CONSTRUCTION ENTRANCE. SEE DETAIL #1, SHT. L-10
PROPOSED STREET RIGHT-OF-WAY
IDLEWILD R
EXISTING STRUCTURE
REMOVE EXISTING BUILDINGS & UTILITY SERVICES
WELL
TREE SAVE AREA 5515 S.F.
100+1 BENCHMARK
TEMPORARY SILT FENCE
REMOVE well
OFFSITE DRAIN FROM EXISTING PIPE

6852B
Well #1

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#: 10001609 **Tax Parcel #:** 109-431-01
Property Owner: KNOTTS DEVELOPMENT RESOURCES
Job Location Address: 7205 LAWYERS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 11/9/2006
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):

- [X] 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:

DAVID CORNELIUS
Authorized Agent Print Name

Signature

McCall Brothers, Inc
Owner/Legal Agent: Print Name

Joe McCall
Signature:

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

1. WELL CONTRACTOR:

Pete 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, NC.
7205 Lawyers 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° 11.993
LONGITUDE 80° 48.273
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 Knotts Development Resources

STREET ADDRESS 7205 Lawyers Rd
Charlotte, NC 28227
City or Town State Zip Code

(704) 542-5486
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 20 ft. Diameter: 18 in.
b. Water Level (Below Measuring Point): DRY ft.
Measuring point is Ø ft. above land surface.

6. CASING: Length Diameter

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

7. DISINFECTION: None 3pc - as per conversation w/ Melinda - Oversite on Pete's side 1/9/07 Kearrett
(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 1.5 yds

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Poured from Mixer Truck

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 12-8-06

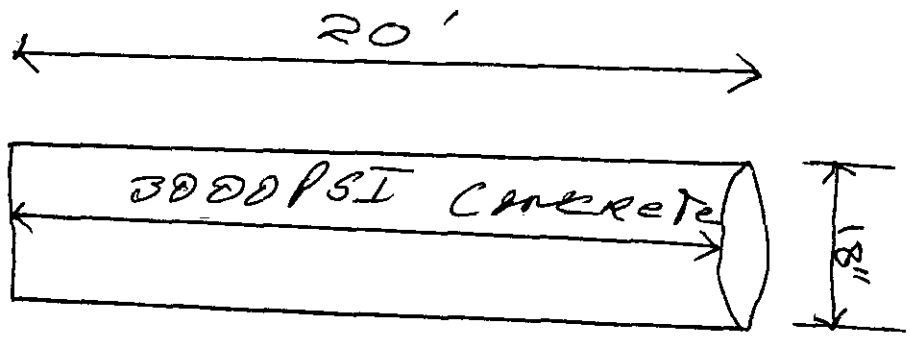
I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Pete Florea 12-13-06
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.)
Donnie Puckett
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.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06


20'
3000PSI Concrete
18"

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 68528 WASPS App #: 11610

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Kim Garrett

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:

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: 11/3/06 ES assigned date: _____ Permit issued date: 11/9/07

Well approval date: 1/9/07 Number of days to complete project: 42

Review performed by: Kim Garrett Date performed: 11/17/07

11-03-2006 10:24 MCCALL BROTHERS → 7043356694 NO. 932 P. 003

MCCALL BROTHERS, INC. MCCALL TAX 1610 #1610

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 TEC
DATE
CRC

CONS. RTS. APP. DATE
PROP. SEP. DATE
WELL TEC
DATE
CRC

FILE # 6852B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR DT. for review

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 10943101
STREET ADDRESS: 7205 LAWYERS Rd
CITY: CHARLOTTE
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: Well # 2
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☑ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL 940

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: 3
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: KNOTTS DEVELOPMENT RESOURCES, LLC
ADDRESS: P.O. Box 687
CITY: PINEVILLE
STATE: N.C. ZIP: 28134
HOME PHONE: WORK PHONE: 704 542-5436
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: 704 399 1506
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 enter 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 enter onto the property for the purpose of processing this request.

Joe McAlpine 11-3-06
Owner's/Agent's Signature Date

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

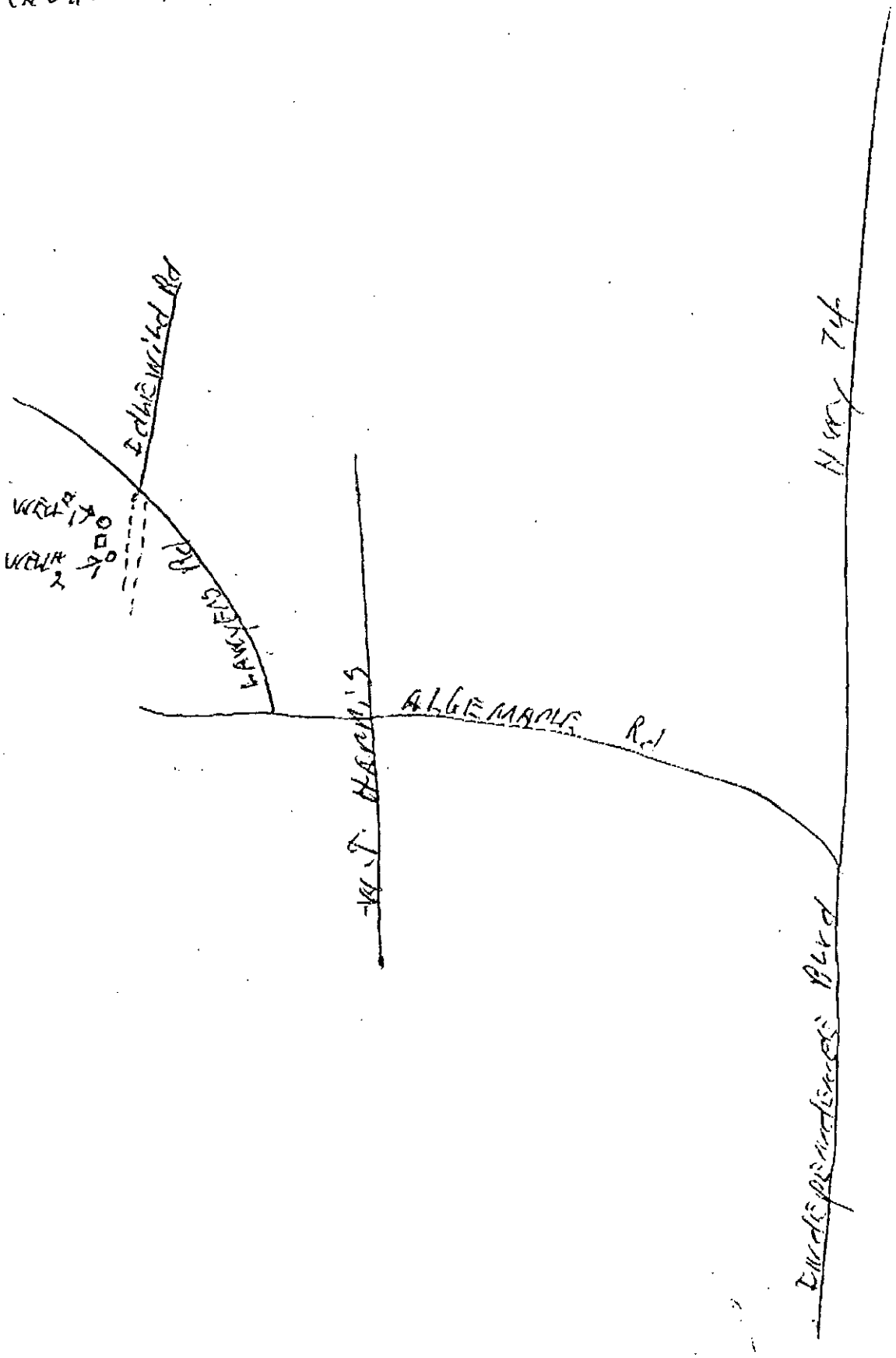
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
[illegible] / FAX: 704-336-8504

WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.

Name Kroll's DEX

Address

Location



6852B
Well #2

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#: 10001610 **Tax Parcel #:** 109-431-01
Property Owner: KNOTTS DEVELOPNMENT RESOURCES
Job Location Address: 7205 LAWYERS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28227
Permit Issuance Date: 11/9/2006
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):

- [X] 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:

DAVID CORNELIOS
Authorized Agent: Print Name
Signature:

McCall Brothers Inc.
Owner/Legal Agent: Print Name
Joe McAlpine
Signature:

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

1. WELL CONTRACTOR:
Pete 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, NC.
7205 Lawyers 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° 11.997
LONGITUDE 80° 43.216
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 Knotts Development Resources
STREET ADDRESS 7205 Lawyers Rd
Charlotte, NC 28227
City or Town State Zip Code
(704) 542-5486
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 50 ft. Diameter: 2 in.
b. Water Level (Below Measuring Point): 17 ft.
Measuring point is ϕ ft. above land surface.

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

7. DISINFECTION: 2oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement 94 lb.
Water 7 gal.

Sand Cement
Cement lb.
Water gal.

Bentonite
Bentonite 50 lb.
Type: Slurry Pellets ✓
Water gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
Pumped from Mixer via Tremmy

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 12-8-06

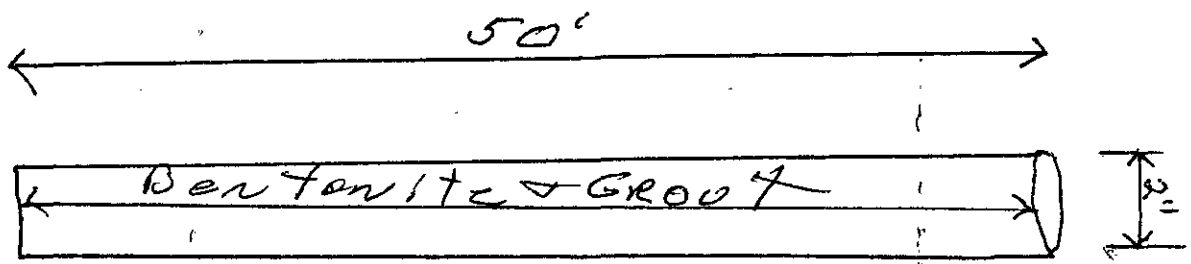
I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 12-13-06

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.)
Donnie Puckett
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.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06


50'
Bentonite Grout
3"