JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

MOORESVILLE REGIONAL OFFICE

DIVISION OF WATER QUALITY
Groundwater Section

September 13, 2000

B&K Well Drilling
132 Mt. Mourne Loop
Mooresville, North Carolina 28117
Attention: Al Kiesling

RE: Request for Variance -
NORTH CAROLINA WELL CONSTRUCTION STANDARDS
Rule 15A NCAC 2C .0107(a)(2)(N)
Michael Levine Well
Iredell County, N.C.

Dear Mr. Kiesling:

This is in response to your letter of September 11, 2000 requesting approval of a variance from the referenced Rule, which requires a minimum 50 foot horizontal separation between a well and a surface water body. You stated in your letter, that the subject well could not be constructed in accordance with the Rule because of limited space on the lot for the location of a well that would meet the regulatory requirements for location of a residential structure and surface water.

Factors which would act to mitigate any potential problems, which could adversely affect human health and/or the effective operation of this well, as a result of not meeting the regulatory requirements and because the well will be located less than 50 feet from the surface water, are as follows:

1. Galvanized casing will be used;

2. The casing will be seated at least twenty (20) feet down into consolidated rock;

3. The bottommost string of casing shall be provided with a drive shoe meeting the specifications of Rule 15A NCAC 2C .0107(d)(3)(F); and

3:00 pm

4. A copy of this variance shall be attached to the required WELL CONSTRUCTION RECORD (Form GW-1, copy attached).

Based on my review of the available information, it is my finding that the combination of factors specified above are sufficient to satisfy the conditions for approval of a variance as defined in 15A NCAC 2C .0118.

On that basis, the requested variance is hereby granted. The granting of this variance does not affect any of the other requirements of the WELL CONSTRUCTION STANDARDS or of the requirements of any other applicable laws or rules.

Sincerely,

Barbara S. Christian

Barbara S. Christian, P.G.
Regional Groundwater Supervisor

Attachment

cc: Groundwater Section - Raleigh
Iredell County Health Department

MAF/levine.var

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - Teflon Mail
Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Nathan Bolling / B & K well Drilling
WELL CONTRACTOR CERTIFICATION # 2659

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 Mooresville County Iredell
Kemp Rd. Quadrangle No.
(Road Name and Number, Community, Subdivision, Lot No.)

3. OWNER: Len Baker

4. ADDRESS: 245 Kemp Rd.

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat

6. TOTAL DEPTH: 68' (circle one) DIAMETER 2"

7. CASING REMOVED:
feet: 4 — Diameter: 2"

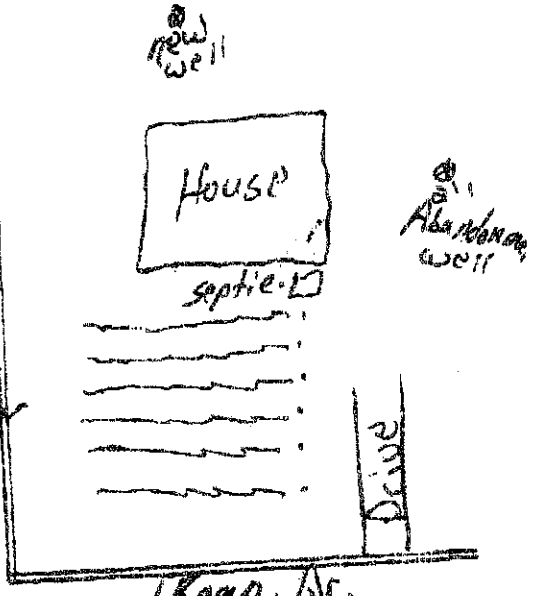
8. DISINFECTION: Calcox 1 gal
(Amount of 70% hypochlorite used.)

9. SEALING MATERIAL:
Neat Cement
bags of cement
gallons of water
Sand Cement
bags of cement 8
gallons of water 16
Other
Type material: Portland
Amount 1 shovel per bag of Sand Cement

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.

11. DATE WELL ABANDONED 6-18-01

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, perforated intervals of casing perforations, and depths and types of fill materials used.



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 person abandoning the well Nathan Bolling Date 6-19-01

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

GW-30 Revised 12/99

Jul 10 00 09:56a MILLS&LEVINE (704)660-1775 p.4
1-07-1995 2:50AM FROM WALTERS/MILLER/MILLSE
08/29/00 THU 10:31 FAX 7048982208 003
P.10

(9)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5365 MOORESVILLE 704-664-52[illegible]

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION No. 24939 DATE 8/30/96 TAX MAP NO. 2E 3A 175 Water Obtained: Yes No

OWNER OR CONTRACTOR Tonya Lundy PHONE: Business Home 662-8294

ADDRESS 745 Kamp Rd. Mooresville, NC. 28115

LOCATION Mooresville, TL 2AM Kamp Rd to #745 on (R)

SUBDIVISION C L & T BLOCK / SECTION 8 LOT 175 LOT AREA 1.55 SITE CLASS DESIGN FLOW: 360 L.T.A.R.

Septic Tank Concrete Size Date

Pump Tank Fiberglass Septam Date

Pump Make Model Serial No.

Notification Hrs: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair System Type: I II III IV V

System Description: Existing Bed

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☒ Residential Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/gravity flow

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments: Repair area above existing bed. Install 1 Ld. 1 Ht above ground and fence.

INITIAL SITE SKETCH

AS BUILT SKETCH

Neighbor's well 27' 27'

Proposed House Location

Kamp Rd

I understand that this permit can be suspended or revoked if any false information is supplied hereon concerning the permit/any unauthorized changes are made to the system/ unsatisfactory changes are made in the installation of the system.

Signed: Kamp Rd

Improvement Permit by: date

Existing System Inspection by: Tonya Langston Wesley Sparks date 8/30/96

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTOR COPY (PINK): GREEN OWNER COPY (CANARY): YELLOW INSPECTION COPY (PINK): PINK OWNER COPY (GOLDENROD): GOLD