(Maria)
11:30



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for 628 Lakeview Shores Lp. (CL&T Sect. 8, Lot 248)
House Footprint: See Site Plan
Building Setback: 35' front, 15' side, 50' lake
Water Source: Well
Number of Bedrooms: 5/600gpd
Proposed LTAR: 0.3 gpd/ft2
Suggested system type: PPBPS
Distribution: Low Pressure-Central Valve Box
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Length
Blue 1	*58'*
Pink 2	*61'*
Yellow 3	*66'*
Green 4	*69'*
Orange 5	*76'*
Yellow 6	**80'**
White 7	**75'**
Blue 8	**60'**
Orange 9	**60'**
Yellow 10	**60'**
Green 11	*35'*

Initial system: 335' ***Repair system:*** *365'*

Comments: The fill in the area of pit 4 must be removed. Pit 3 shows the edge of a filled gully. The fill is deeper at on end of the pit and then shallows to 6" at the opposite end of the pit. The drainfield has been adjusted to stay out of this area.

LOT 248 - SEPTIC

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2211

43033102

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 IREDELL QUADRANGLE NAME
NEAREST TOWN: MOORESVILLE
628 LAKEVIEW SHORES LOOP
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other
(Circle appropriate setting)
LATITUDE 35° 34.411'
LONGITUDE 80° 57.012'
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 The Hoke Co.
STREET ADDRESS P.O. Box 4448
Mooresville, NC 28117
City or Town State Zip Code
(704) - 799-7495
Area code - Phone number

5. WELL DETAILS:
a. Total Depth: 120 ft. Diameter: 6 in.
b. Water Level (Below Measuring Point): 24 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 1850 lb.
Type: Slurry Pellets ✓
Water gal.

Other
Type material
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:
POURED PELLETS DOWN CASING

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 10-13-07

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 Flores 10-15-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

10-15-07
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
Joe Vermeulen

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