North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

3
3b

WELL ABANDONMENT RECORD

WELL CONTRACTOR Luther E. Bailey

WELL CONTRACTOR CERTIFICATION # 3,380

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
151 Patternote
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Rick LeaKlear

4. ADDRESS: 151 Patternote, Mooresville, NC 28117

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat (circle one)

6. TOTAL DEPTH: 90 ft DIAMETER 2"

7. CASING REMOVED:

feet	diameter
4 ft	2"

8. DISINFECTION: 15 Clorine Tabbs
(Amount of 70% hypochlorite used:)

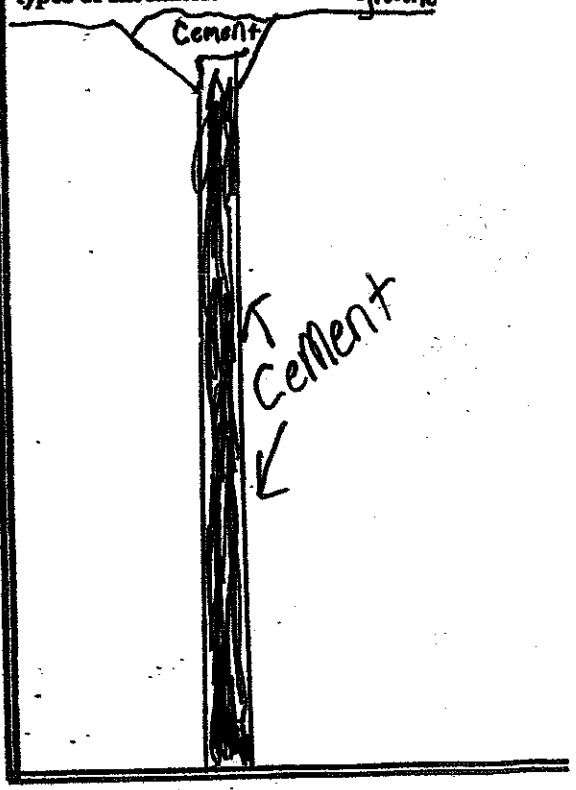
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement _____	bags of cement 2
gallons of water _____	gallons of water 1

Other
Type material None
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Mixed Water and cement and pored in well

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



11. DATE WELL ABANDONED 5-13-2004

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Luther Ellis Bailey Date 5/13/04

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 from completion of abandonment.

GW-30 Revised 12/99

10757

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ricky Lockhart DATE Nov. 22, '89 PERMIT NO. 2L-5-A-157

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 (Blume) TR 1240 (Patternote) 2 mile on left S. R. No. _____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 157 SECTION OR BLOCK NO. 9

House ( ) Mobile Home (✓) Business ( ) Other Replacing existing M.H. with another same # of bedrooms

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil _____

Garbage Disposal Unit Yes ( ) No (✓) LAKE Percolation Rate _____

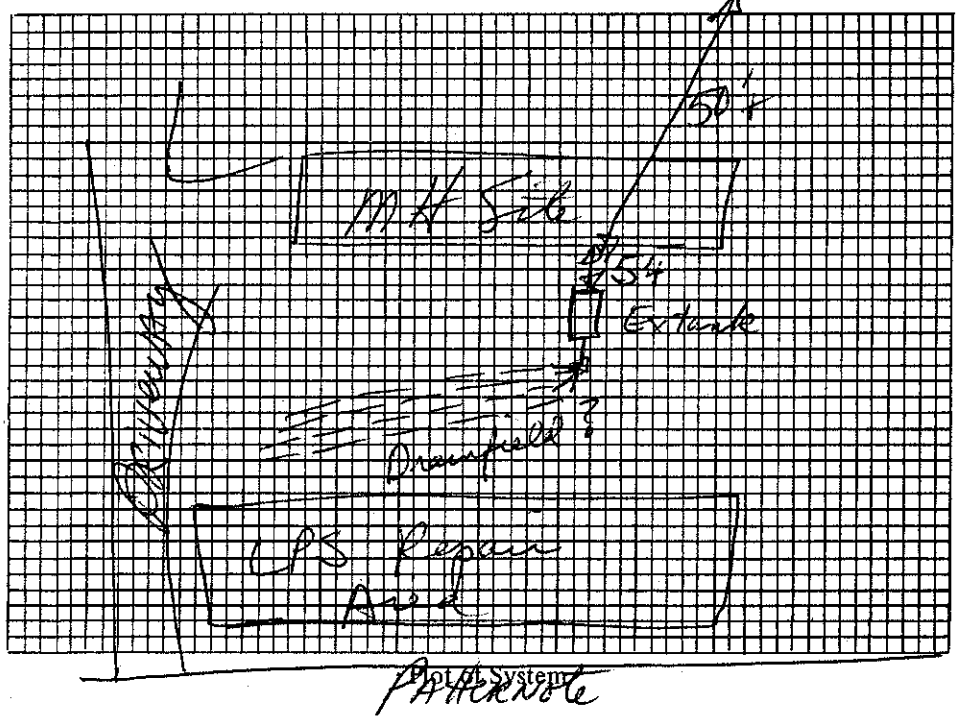
Auto. Dishwasher Yes (✓) No ( ) Topography _____

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table _____

Site Suitable Yes ( ) No ( ) Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage seen at time of inspection. Drainfield deeper than could be reached with probe. Any future repair will require use of a LPS system

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: R. L. Hanson R.S. DATE 11-22-89

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold