

13640 PINE HARBOR RD

19908572

7/10/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Close Print

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P.O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, NC 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SYSTEM

Name of Owner/Tenant:	Saxon	**Source of Sample:**	Well
Address:	Pine Harbor Rd. Charlotte, NC	**Type of Sampling Point:** **Type of Analysis:**	Well head Private

County:	MECKLENB		
Report To:	Mecklenburg Co. Env. Health 700 North Tryon St., Suite 208 Charlotte, NC 28202	**Attn:** **Courier:**	Garrett, Kim (704) 336-5101 05-16-21

Signed By: Garrett, Kim
Collected By: KG **Date:** 3/8/2006 **Time:** 1:52:00 PM
Comments:

Bacteriologic Analysis

Contaminants	**Result**
Fecal/E. coli	Absent
Total Coliform (ColilertRoutine)	Present

Date Received:	3/9/2006	**Report Date:**	3/10/2006	**Reported By:**	
Today's Date:	3/13/2006	**Login Batch:**	06030007	**Sample Number:**	AA92928

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Saxon, Lisa
Address: 13640 Pine Harbor Rd
Charlotte, NC **Zip:** 28278
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Z. Peterson
(704) 336-5101

Collected By: Z. PETERSON **Date:** 2/16/2006 **Time:** 1:07:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	2/16/2006
Nitrate as N	<1.0	mg/l	2/16/2006

NCPH

North Carolina Public Health
State Laboratory of Public Health

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 4.5 °C
Date Received: 2/16/2006 **Report Date:** 3/1/2006 **Reported By:** M. King
Today's Date: 3/1/2006 **Reference:** 2279 **Login Batch** 06020035 **Sample Number:** AB38420

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Saxon, Lisa **County:** Mecklenburg

Address: 13640 Pine Harbor Charlotte,NC **ZIP:** 28278

Source: Well **Type of Sampling Point:** Well head

Collected By: ZP **Date:** 2/16/2006 **Time:** 1:07 PM

Signed By: Petetson, Z **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Invalid Sample

Sample No: AA92472 **Date Received:** 2/16/2006 **Time Received:** 8:00:00 AM

Date Reported: 2/17/2006 **Today's Date:** 2/17/2006

Comments: Incorrect date of collection given with sample

NCPH

North Carolina Public Health
State Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Petetson, Z
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier 05-16-21

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

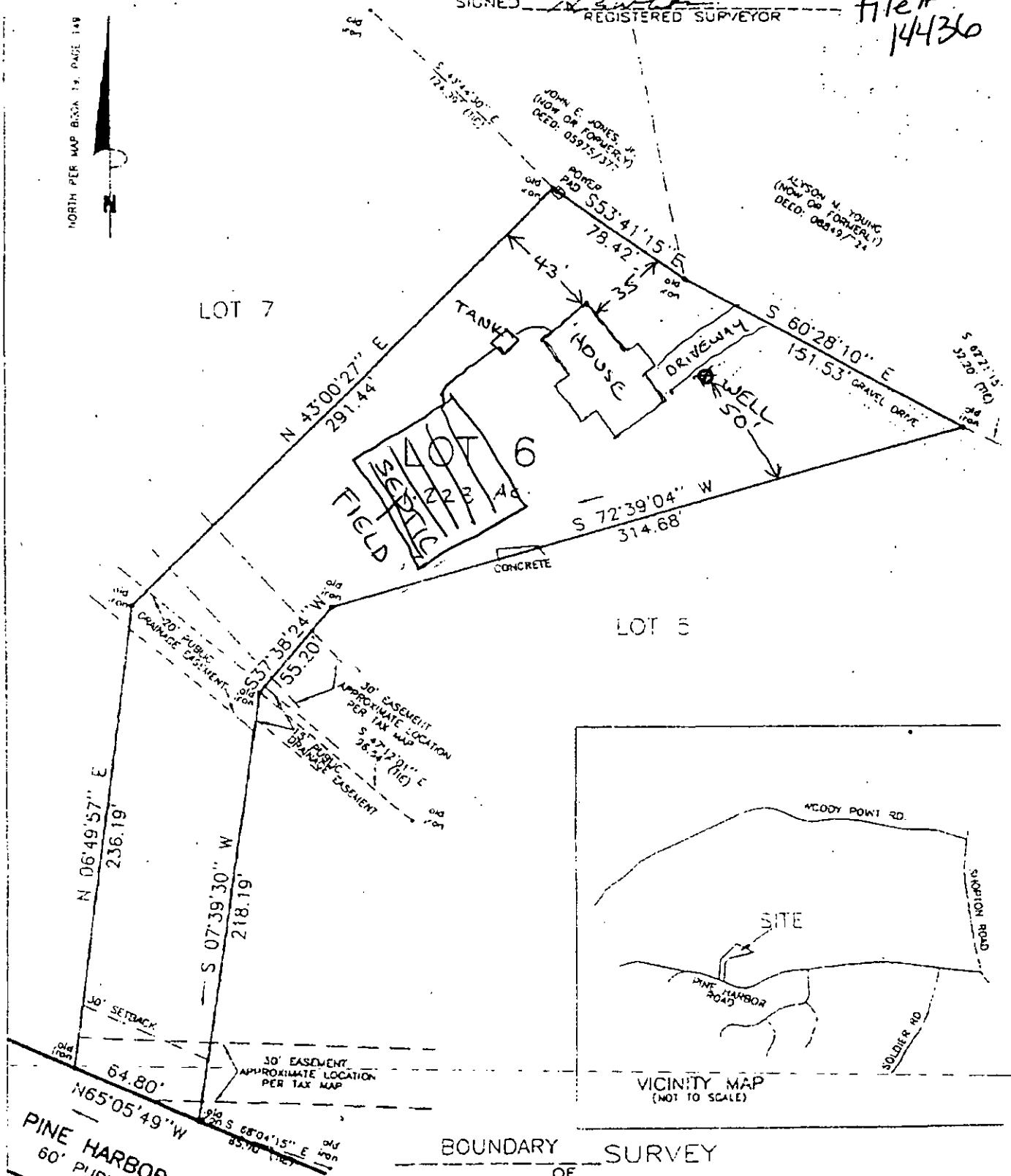
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Arsenic	0.01 mg/l	Lead	0.015 mg/l
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Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

THIS IS TO CERTIFY THAT ON THE 15th DAY OF JULY 2002, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED _____ REGISTERED SURVEYOR

File # 14436



BOUNDARY SURVEY
OF
Lot 6 PINE HARBOR ESTATES

STEELE CREEK TOWNSHIP, MECKLENBURG COUNTY, N.C.

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134

SCALE 1" = 60'
0 30 60

SURVEYED FOR Thomas and Lisa Swan

MAP RECORDED IN BOOK _____ AT PAGE _____ DEED RECORDED BOOK _____ PAGE _____

DRAWN BY JB CHECKED BY _____ FIELD WORK EW FIELD BOOK # _____
2002\P

8091-L

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	13640 Pine Harbor Road
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Zach Peterson
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#:

Sampled By (Print Name)
Kim Garrett

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Nitrate	Analyses Requested: Nitrite
G-14436	kg	3/7/06	N/A	N		[redacted]				X	500 ml		1			X				[redacted]	X	
	[redacted]	3/7/06	N/A	N		[redacted]				X	125 ml		1	X								X
			N/A																			

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: **Nitrate and Nitrate Analysis Requested**

Relinquished By (Signature)	Received By (Signature)	Date	Time

Form Revision 07; effective 02/16/2006

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
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Send Report To:
Zach Peterson
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#:

Sampled By (Print Name)
Kim Garrett

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G-14436	kg	3/7/06	N/A N/A	N	N/A					X	100 ml		2						X		X

Instructions:
Complete all yellow shaded sections

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Lab Codes: REAL=Real Estate, PRIV=Private Well, NEW=New Permitted Well, TNC=Transient Non-Community, AMB=Ambient, LM=Landfill

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 CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000152 **File #:** 14436 **Tax Parcel #:** 199-085-72
Property Owner: Tom & Lisa Saxon
Job Location Address: 13640 PINE HARBOR RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 2/23/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction 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.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- 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. ☐ Casing to bedrock

☐ 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)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

Zachary Peterson Fax # 704-336-6894

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh,N.C. 27699-1636-Phone (919) 733-3221

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: Ronald Tegen
DRILLER REGISTRATION #: 2971
STATE WELL CONSTRUCTION PERMIT#:

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 sketch of the location below)
   Nearest Town: Charlotte County: Mecklenburg Co.
   13640 Pine Harbor Rd
   (Road, Community, or Subdivision and Lot No.)
3. OWNER J.C. Constr. Co.
   ADDRESS 13640 Pine Harbor Rd.
   (Street or Route No.)
   Charlotte, N.C.
   City or Town State Zip Code
4. DATE DRILLED: 10-12-05
5. TOTAL DEPTH 445
6. CUTTINGS COLLECTED YES ☐ NO ☐
7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
8. STATIC WATER LEVEL Below Top of Casing: 60 FT.
   (Use "+" if Above Top of Casing)
9. TOP OF CASING IS 1+ FT. Above Land Surface*

* Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118

10. YIELD (gpm): 10 METHOD OF TEST Air Lift
11. WATER ZONES (depth): 420' - 10 gpm
12. CHLORINATION: Type HTH Amount 10 oz
13. CASING:

	Depth From	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
	0	42 Ft.	6"		PVC
		Ft.			
		Ft.			

14. GROUT:

	Depth From	Depth To	Material	Method
	0	20 Ft.	Neat Cement	pump
		Ft.		

15. SCREEN:

	Depth From	Depth To	Diameter	Slot Size	Material
		Ft.	in.	in.	
		Ft.	in.	in.	
		Ft.	in.	in.	

16. SAND/GRAVEL PACK:

	Depth From	Depth To	Size	Material
		Ft.		
		Ft.		

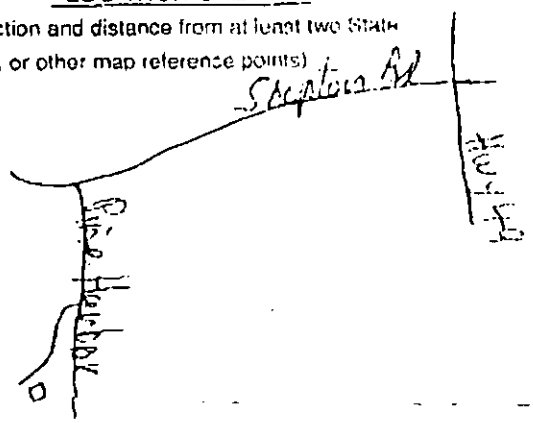
17. REMARK:

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	12	Clay
12	34	Sandy clay
34	40	soft rock
40	445	hard rock

If additional space is needed use back of form

LOCATION SKETCH

(Show direction and distance from at least two State Roads, or other map reference points)



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

Ronald Tegen
SIGNATURE OF CONTRACTOR OR AGENT DATE

Submit original to Division of Water Quality and copy to well owner.

GW-1 REV. 8/99

WASP # 152

NWR – RES APP 07/05

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 # 14436

SEPTIC FEE:
DATE:
CRT. [ ]

WELL FEE: $400.00 Visa
DATE: 9/14/05
CRT. [ ] AP 295479 V.W

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 199-085-72
STREET ADDRESS: 13640 PINE HARBOR RD.
CITY: CHARLOTTE, NC.
STATE: NC ZIP: 2
SUBDIVISION OR MOBILE HOME PARK NAME: PINE HARBOR ESTATE
LOT #: 6
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1,450 S.F.
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: N/A

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: (PRESENT ADDRESS)

NAME: TOM & LISA SAXON
ADDRESS: 731 JULIA ST.
CITY: FT. MILL, S.C. 29708
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 533-1345 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BUILDER - J.C. CONST. CO.
ADDRESS: 4861 VALITA RD.
CITY: YORK, S.C. 29745
STATE: ZIP:
~~HOME PHONE:~~ 803-831-2096 WORK PHONE:
MOBILE PHONE: 704-517-1023 FAX: 803-831-2096

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? BY PRESENT OWNERS
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? OWNED FOR APPROX. 5 YRS

*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.

John T. Carlson for J.C. Const. 9/14/05
Owner's/Agent's Signature Date

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

*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.

John T. Carlson for J.C. Const. 9/14/05
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704 336-6894

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/14/05	**Amount:**	400.00
Receipt #:	36937	**Tendered:**	0.00
Check / Auth #:	VISA 295479	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #:	200000
Contractor:	COCKER JOHN T.
Attn:	
Address:	4861 VALITA ROAD
Address:	
City/State/Zip:	YORK, SC 29745

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 13640 PINE HARBOR ROAD		1	400.00	400.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

CHARLOTTE-MECKLENBURG UTILITIES
LABORATORY SERVICES DIVISION
ANALYSIS REPORT

Date: 3/21/06

To: Zach Petersen

Thank you.

Masika T. Edwards
CMU-Lab Services

Office: (704) 336-5588
mtedwards@ci.charlotte.nc.us

Rev.-01: 08/02/05

CHARLOTTE.

Laboratory Analysis Report
Report Date: 3/21/2006 03:54 PM

LABORATORY SERVICES DIVISION

LOCATION: G-14436
LOC ID: G-NEW
SAMPLE DATE-TIME: 3/16/2006 12:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB66390
CHAIN OF CUSTODY #: 06030466

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB66390	**E. COLI-PA**	**absent**	**P/A**		SM 9223B	3/16/2006 13:05	KEK
AB66390	**Total Coliform**	**absent**	**P/A**		SM 9223B	3/16/2006 13:05	KEK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	13640 PINE HARBOR ROAD
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
ZACH PETERSEN
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 060330466

Sampled By (Print Name)
ZACH PETERSEN

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System: Y or N	Sample Temperature: Collection Temp °C	Sample Temperature: Receipt Temp °C	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	
G-14436	zp	1200 3/16/2006	N/A N/A	N	N/A					X	100 ml		1						X		X	
66390																						

Instructions:

Complete all yellow shaded sections

For each parameter requested circle the X to verify your request.

Nutrients include: Ammonia, TKN, Total Phosphorus, Nitrate/Nitrite

Metals: Itemize the individual metals requested here -

For Composite samples record the autosampler Begin date/time and End date/time, for Grab samples record the collect time as the Begin date/time only.

Blue is for lab use only

Comments: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	3/16/06	1:30
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

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North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

COLIFORM ANALYSIS - PRIVATE WATER SUPPLY

Name of Owner or Tenant: Saxon **County:** Mecklenburg

Address: Pine Harbor Rd. Charlotte, NC **ZIP:**

Source: Well **Type of Sampling Point:** Well head

Collected By: KG **Date:** 3/8/2006 **Time:** 1:52 PM

Signed By: Garrett, Kim **Analysis Type:** Private

Report To: Mecklenburg Co. Env. Health
700 North Tryon St., Suite 208
Charlotte, NC 28202 (704) 336-5101

BACTERIOLOGIC ANALYSIS

CONTAMINANTS	RESULT
Total Coliform (ColilertRoutine)	Present
Fecal/E. coli	Absent

Sample No: AA92928 **Date Received:** 3/9/2006 **Time Received:** 8:20:00 AM

Date Reported: 3/10/2006 **Today's Date:** 3/10/2006

Comments:

NCPH

State North Carolina Public Health Laboratory of Public Health

Mecklenburg Co. Env. Health
ATTN: Garrett, Kim
700 North Tryon St., Suite 208
Charlotte, NC 28202

Courier 05-16-21

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If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

3/21/06

File # 14436

13640 Pine Harbor Rd

Release Well Hold per
pc from Z. Peterson

3/21/06

File missing

Posse hold
retra
released

Zachary Peterson M 704-622-6000

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh,N.C. 27699-1636-Phone (919) 733-3221

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: Ronald Legan
DRILLER REGISTRATION #: 2771
STATE WELL CONSTRUCTION PERMIT#:

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 sketch of the location below)
Nearest Town: Charlotte County: Mecklenburg Co.
13640 Pine Harbor Rd
(Road, Community, or Subdivision and Lot No.)

3. OWNER J.C. Constr. Co.
ADDRESS 13640 Pine Harbor Rd.
(Street or Route No.)
Charlotte, N.C.
City or Town State Zip Code

4. DATE DRILLED 12-12-05
5. TOTAL DEPTH 445
6. CUTTINGS COLLECTED YES ☐ NO ☐
7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
8. STATIC WATER LEVEL Below Top of Casing: 60 FT.
9. TOP OF CASING IS 1+ (Use "+" if Above Top of Casing) FT. Above Land Surface*

* Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118

10. YIELD (gpm): 10 METHOD OF TEST Air Lift
11. WATER ZONES (depth): 420' - 10gpm
12. CHLORINATION: Type HTH Amount 10 oz
13. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 42	Ft.	6"		PVC
From	To	Ft.			
From	To	Ft.			

14. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Neat Cement	pump
From	To	Ft.		

15. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

16. SAND/GRAVEL PACK:

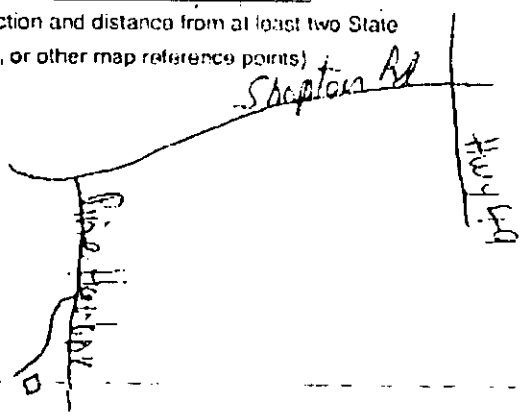
	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

17. REMARK :

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	12	Clay
12	34	Sandy clay
34	40	soft rock
40	445	hard rock

If additional space is needed use back of form

LOCATION SKETCH
(Show direction and distance from at least two State Roads, or other map reference points)



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

Ronald Legan
SIGNATURE OF CONTRACTOR OR AGENT DATE

Submit original to Division of Water Quality and copy to well owner

GW-1 REV. 8/99

New Well Construction Activity Checklist **Permit #: 10000152** Well Contractor Database

1. Application & Well Siting

☑ Well permit Issued.		9/14/2005
☑ Registered Well Driller. Certification Number:	Ronald Teague - #2971	10/5/2005

2. Onsite Inspection

☑ Observed ☐ Driller	Required setbacks satisfied, approved per permit.	10/5/2005

Grouting:

☑ Observed ☐ Driller	Grouted to a minimum of 20 ft. below land surface.	10/5/2005

Well Disinfection:

☑ Notification of disinfection	2/13/2006

Well Head:

☑ Well head construction approved.	2/13/2006

3. Well Sampling

☑ Appropriate water samples collected as required by permit.	3/21/2006

4. Approval

☑ Well construction form (GW-1) on file	2/13/2006
☐ Construction approval granted.	
☐ Construction approval denied.	

5. Additional Comments / Observations

2/16/06 Nitrate and nitrite samples taken, 3/1/06 report returns with lower than reportable levels for both. 3/13/06 zp
3/8/06: Well sampled for TC. (ksg); Bacteria results fecal Absent, Total Coliform PRESENT 3/13/06 zp
3/21/06: Well tested negative for both fecal and Total Bacteria. zp

Submit

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 CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000152 **File #:** 14436 **Tax Parcel #:** 199-085-72
Property Owner: Tom & Lisa Saxon
Job Location Address: 13640 PINE HARBOR RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 3/22/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction 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.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- 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. ☐ Casing to bedrock

☐ Initial water sample to be 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)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

App. #: 152

Septic Fee: 0.00

Date:

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 14436

Well Fee: 400.00

Date: 9/14/2005

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 199-085-72 [ ] PO

STREET ADDRESS: 13640 PINE HARBOR RD

CITY: CHARLOTTE

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 6

TOWNSHIP: MECKLENBURG

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 1450

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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: Tom & Lisa Saxon

ADDRESS: 731 Julia Street

CITY: Fort Mill

STATE: SOUTH CAROLINA ZIP: 29708

HOME PHONE: WORK:

MOBILE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: J.C. Construction Company

ADDRESS: 4861 Valita Road

CITY: York

STATE: SOUTH CAROLINA ZIP: 29745

HOME PHONE: 803-831-2096 WORK:

MOBILE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT | Update | Go to Front Counter