

13520 BALLANTYNE CORPORATE PL

22315109

1/10/2008

duponbj

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 67078 WASPS App #: 1258

Primary ES assigned to project: Debora Howell

Secondary ES assigned to project: _____

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: 8/10/06 ES assigned date: 8/10/06 *Permit issued date:* 8/10/06

Well approval date: 3/28/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 3/28/07

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: GWO 72346 **County:** Mecklenburg

Address: 13520 Ballantyne Corp. Pl Charlotte **ZIP:** 28277

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

Collected By: DH **Date:** 3/7/2007 **Time:** 1:30 PM

Signed By: Howell, Debra **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)	Absent

Sample No: AB00186 **Date Received:** 3/8/2007 **Time Received:** 8:05:00 AM

Date Reported: 3/9/2007 **Today's Date:** 3/9/2007

Comments:

Mecklenburg Co. Env. Health
ATTN: Howell, Debra
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.

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 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: GWO-72346
Address: 13520 Ballantyne Corp. Place
Charlotte, NC **Zip:** 28277
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:**
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

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

Collected By: DEBRA HOWELL **Date:** 3/7/2007 **Time:** 1:30:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	3/8/2007
Nitrate as N	<1.0	mg/l	3/8/2007

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: 5.0 °C
Date Received: 3/8/2007 **Report Date:** 3/27/2007 **Reported By:** [signature]
Today's Date: 3/27/2007 **Reference:** 3145 **Login Batch** 07030016 **Sample Number:** AB53986

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
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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

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

INORGANIC CHEMICAL ANALYSIS

Name of System: GWO-72346
Address: 13520 Ballantyne Corp. Place
Charlotte, NC 28277

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

County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202

Attn:
(704) 336-5101
Courier: 05-16-21

Collected By: DEBRA HOWELL **Date:** 3/7/2007 **Time:** 1:30:00 PM
Location of Sampling Point: Well Head
Remarks:

Test Results

Parameters	Results	Units	Date Analyzed
Nitrate as N	<1.0	mg/l	3/8/2007
Nitrite as N	<0.10	mg/l	3/8/2007

Date Received: 3/8/2007 **Report Date:** 3/27/2007 **Reported By:**
Today's Date: 3/28/2007 **Ref:** 3145 **Login Batch:** 07030016 **Sample Number:** AB53986

NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2226

1. WELL CONTRACTOR:
Carl Hoge
Well Contractor (Individual) Name
McCall Brothers
Well Contractor Company Name
STREET ADDRESS 6700 Brookshire
Charlotte N.C. 28216
City or Town State Zip Code
(704) 399-1506
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) N-A
STATE WELL PERMIT #(if applicable) 10001258
DWQ or OTHER PERMIT #(if applicable) N-A
WELL USE (Check Applicable Box) Monitoring ☐ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☑ Other ☐ (list use)
DATE DRILLED 9-18-06
TIME COMPLETED 12:00 AM ☐ PM ☐

3. WELL LOCATION:
CITY: Charlotte COUNTY Meck.
13820 Ballantyne Corp. Pl.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 03.828'
LONGITUDE 80. 51.108'
May be in degrees, minutes, seconds or in 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)

4. FACILITY - is the name of the business where the well is located.
FACILITY ID #(if applicable) N-A
NAME OF FACILITY Bissell Companies
STREET ADDRESS 13860 Ballantyne Corp Pl.
Charlotte N.C. 28277
City or Town State Zip Code
CONTACT PERSON Nelson Cato
MAILING ADDRESS same
same
City or Town State Zip Code
(704) 361-7889
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 520
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1.5 FT. above land surface
*Top of casing terminated at or below final surface grade is unacceptable unless approved in accordance with 15A NCAC 2C .0114
e. YIELD (gpm): 200 METHOD OF TEST air lift
f. DISINFECTION: Type Bio Zap Amount 2 gal
g. WATER ZONES (depth):
From 90 To 100 From 420 To 430
From 280 To 300 From ___ To ___
From 380 To 385 From ___ To ___

6. CASING:

From	To	Depth FT.	Diameter	Thickness/Weight	Material
0	34		6"	SCH 40	Steel

7. GROUT:

From	To	Depth FT.	Material	Method
0	32		Cement	Pump

8. SCREEN:

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

9. SAND/GRAVEL PACK:

From	To	Depth FT.	Size	Material

10. DRILLING LOG:

From	To	Formation Description
0	20	Sandy top soil
20	40	Grey Granite
40	100	Grey Granite with some Gneiss
100	300	Some Gneiss
300	400	Light tan Color Granite
400	500	Granite Gneiss
500	520	Schist

11. REMARKS:
Real good well

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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

GW-1 Rev 7/05

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 #: 10001258 **File #:** 6707B **Tax Parcel #:** 223-151-09
Property Owner: Bissell Companies Inc.
Job Location Address: 13520 BALLANTYNE CORPORATE PL
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28277
Permit Issuance Date: 8/10/2006
Use of Well: Irrigation
Type of Facility Served by Well:
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:

Debra Howell
Authorized Agent: Print Name

Debra Howell RSI 2034
Signature:

Joe McAlpine (McCall Bros Inc.)
Owner/Legal Agent: Print Name

Signature: Joe McAlpine

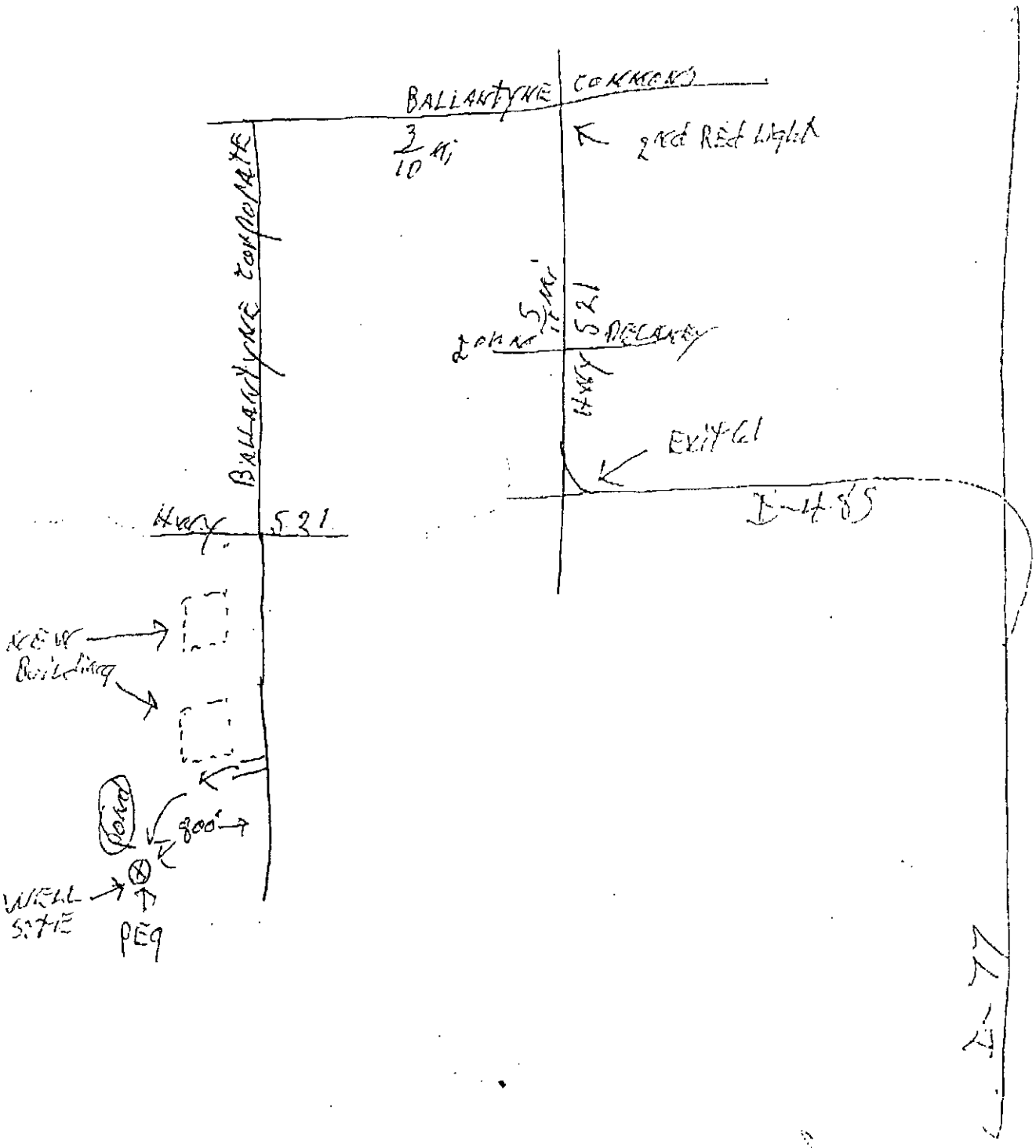
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACT NO.

Name BISSELL COMPANIES

Address

Location

4703284
67078



Salesman

#1258

MCCALL BROTHERS INC. ACCOUNT # X27070 FX 704 336 6894

w/ acct. X27070

PERMIT APPLICATION FOR A COMMERCIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6707B

SEPTIC FEE: DATE: CK #:

WELL FEE: 400.00 DATE: 8/10/06 CK #: 5C

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

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 223-151-09
STREET ADDRESS: 13520 Ballantyne Corp. Place
CITY: Charlotte
STATE: NC ZIP: 28277
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☐ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☐ TOILETS/URINALS ☐ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

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: Bissell Companies Inc
ADDRESS: 13560 Ballantyne Corp Place, St 300
CITY: Charlotte
STATE: NC ZIP: 28277
HOME PHONE:
WORK PHONE: (704) 248-2000
MOBILE PHONE:
FAX: 248-2002

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McCall Brothers, Inc.
ADDRESS: PO Box 668710
CITY: Charlotte
STATE: NC ZIP: 28266 (704)
HOME PHONE:
WORK PHONE: 364-1506
MOBILE PHONE:
FAX: 308-3605

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.

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
704-336-5193 / FAX: 704-336-4694

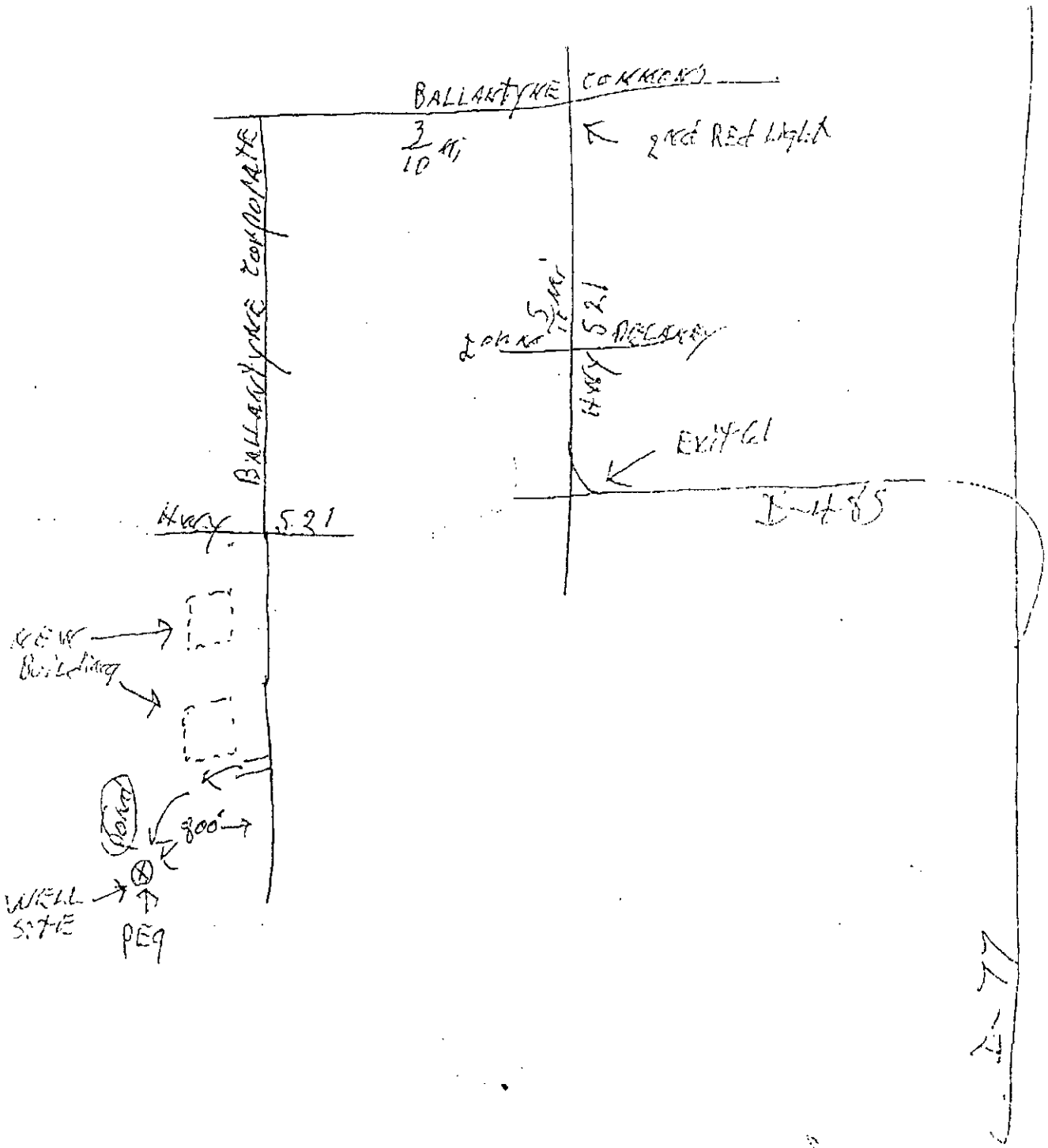
WELL DRILLING—PUMP INSTALLATION LOCATIONS & DIRECTIONS CONTRACTOR

Name BISSELL COMPANIES

Address

Location

4703284
6707B



Salesman