

14442 BEATTIES FORD RD

01502124

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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EH OJ

6486-B County Permit Review Worksheet

Reviewer KR

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-q)	Slope % Recorded?	✓									
.1939 (a)(2)	Texture Class Recorded?	✓									
.1939 (a)(2)	Structure type Recorded?	✓									
.1939 (a)(2)	Consistence Recorded?	✓									
.1939 (a)(3)	Mineralogy Recorded?	✓									
	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓									
.1939 (a)(6)	Sufficient Available Space Recorded?	✓									
.1937(m)	Are the Profile Locations Shown?	✓									
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	2									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	.275									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓									
.1945(b)	Proposed System Type stated-Repair	✓									
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	Is System design consistent with soil/site conditions?	✓									
.1937 (i)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓									
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	✓									
.1937(g)	Trench depth indicated?	✓									
.1937(g)	Trench width indicated?	✓									
.1937(g)	Trench length indicated?	✓									
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓									
G.S. 130A-336(a)(1)	Property line lengths shown?	✓									
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓									

If system design is incorrect or inconsistent with site conditions, indicate why for each below

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6436B Permit #: 671 Tax Parcel #: 015-021-24

Property Owner: STEPHEN FREENEY

Job Location Address: 14442 BEATTIES FORD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 4/18/07 Contractor Name: ROBBY RAY

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 548 feet

# of Lines: 7 @ VARY feet

Depth of Media: 12 inches (Type) CHAMBERS

Depth of Cover: 18 inches

Distribution Device: DROP CHAMBERS

Inspection Dates

Tank(s) Inspected: 4/18/07

Excavation Inspected: 4/18/07

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

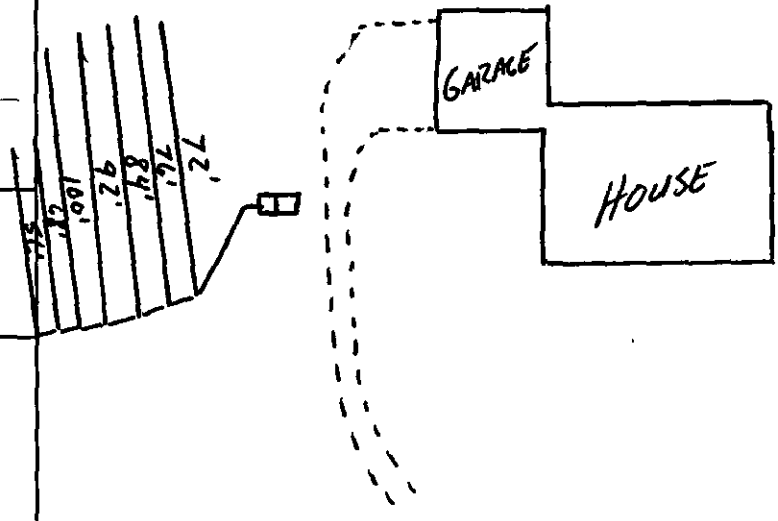
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 7100' feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III-g INNOVATIVE SYSTEM

MUST MEET MAINTENANCE AS SET IN 1961 15A NCAC 18A. 1961

DENR Authorized Agent: Jeremy Mickelow, R.S. Signature: Jeremy Mickelow, R.S.

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Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6436B Permit #: 671 Tax Parcel #: 015-021-24

Property Owner: STEPHEN FREENEY

Job Location Address: 14442 BEATTIES FORD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 4/16/07

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 600 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 545 feet

# of Lines: 7 @ Varying feet

Depth of Media: 12 inches (Type) 25% RED.

Distribution Device: DROP BOX

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

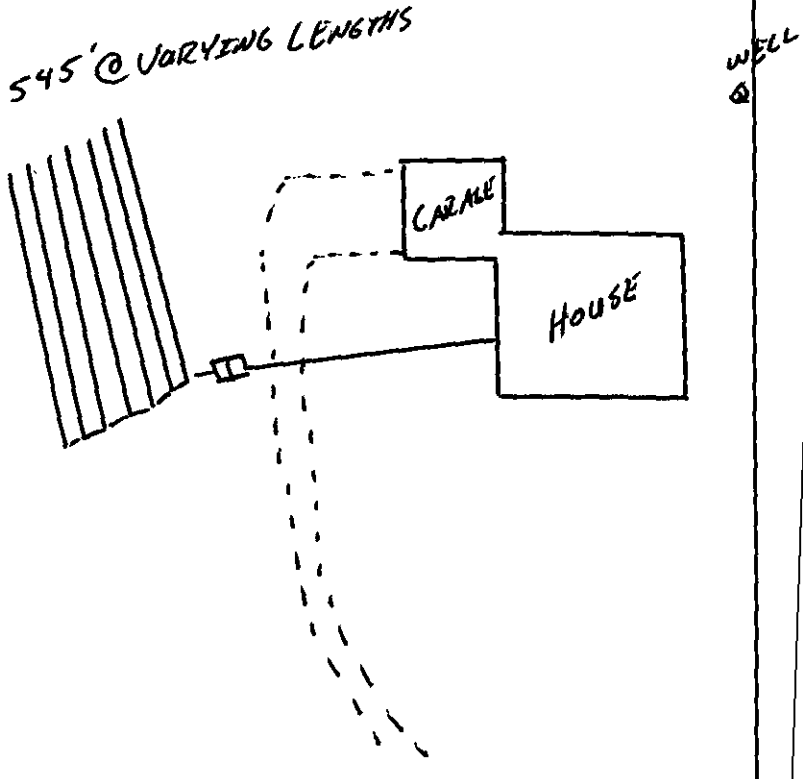
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg 25% REDUCTION SYSTEM

DENR Authorized Agent: Jeremy Nicholson R.S. Signature: Jeremy Nicholson, R.S.

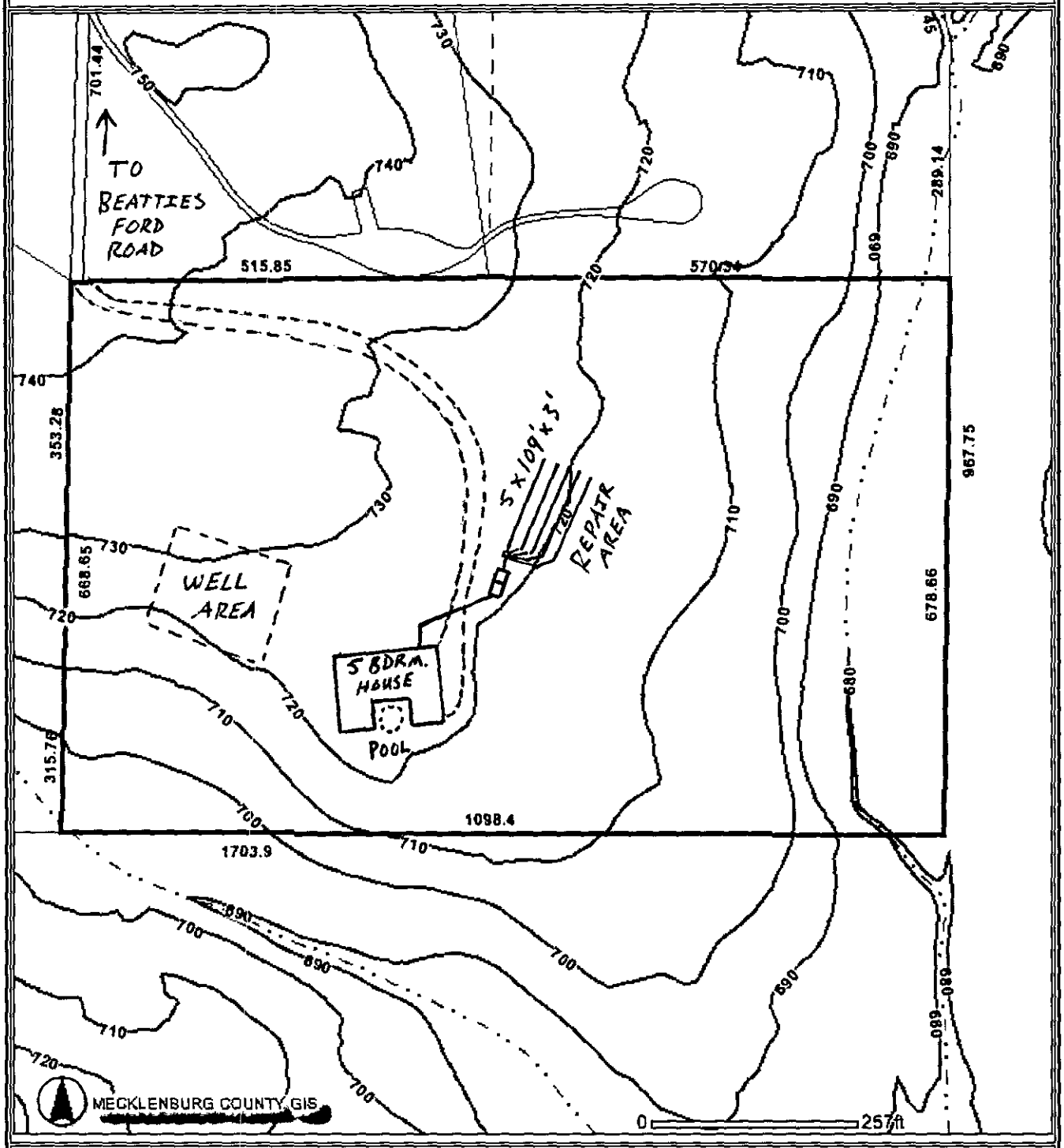
FILE # 6436B PARCEL # 015-021-24 14442 BEATTIES FORD ROAD

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Jul 27 10:02:33 EDT 2006



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

→ SYSTEM DESIGNED FOR FIVE BEDROOM HOUSE

→ 1500 GALLON SEPTIC TANK

→ 0.275 LTAR

→ INSTALL 5 LINES x 109' x 3' (545 TLF)

→ TYPE IIIg INNOVATIVE SYSTEM & REPAIR

Jimmy Mizell, RS. 7/27/06

X

FEE: 300.00

DATE: 7/28/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

2D

FILE NUMBER: 6436B

PERMIT NUMBER: 30000671

PARCEL NUMBER: 01502124

JOB LOCATION INFORMATION

ADDRESS: 14442 BEATTIES FORD RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: STEPHEN FREENEY

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 7/28/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000671, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 7/27/2011

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000671** GWS File #: **6436B** Tax Parcel #: **015-021-24**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 7/27/2011

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 3500 # Bedrooms: 5 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Innovative or Experimental **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545		
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box				

III. Repair System Type: Innovative or Experimental **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A		
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545		
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box				

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: STEPHEN P FREENEY

Signature: Jeremy Michelone, R.S. Signature: [signature]

Date Issued: 7/27/2006

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700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000671** GWS File #: **6436B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 7/27/2006

Owner/Legal Agent: STEPHEN P FREENEY
Print Name

Signature: Stephen P Freeney

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 015-021-24
Lot #:
File #: 6436B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Deborah Poston
Applicant: Stephen Freeney
Address: 9701 Warwick Drive, Charlotte, N. C. 28210
Date Evaluated: 4/25/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: Approx. 1.0a inv.
Location of Site: 14442 Beatties Ford Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS, 5	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-34	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		34-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-3	GR/CL	"	"	"	"	"	"
		3-32	SBK/C	FI/SEXP/S/P					
		32-48	SBK/CL	FR/SEXP/SS/SP					
3	LS, 8	0-6	GR/CL	"	"	"	"	"	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
4	"	0-10	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		10-48	SBK/C	FI/SEXP/S/P					
5	"	0-8	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
6	"	0-7	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		7-48	SBK/C	FI/SEXP/S/P					
7	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275GPD/FT^2	.275GPD/FT^2

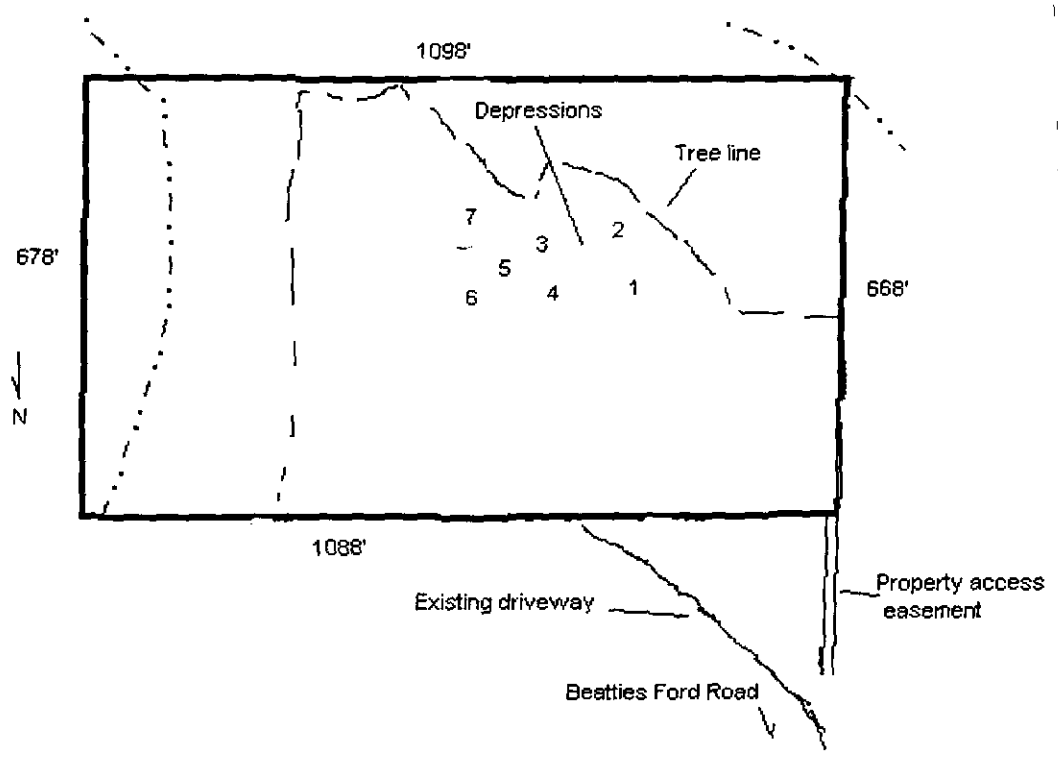
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 4/25/2006
Others Present: S. Freeney

COMMENTS:
Apopears to be 100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



CLIC# 5049 #671

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 4/14/06
CRT [ ] JC

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

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 6436B

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 #: 01502124
STREET ADDRESS: 14442 BEATTIES FORD RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: NONE
LOT #: NONE
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: 3000-3500
NUMBER OF BEDROOMS: ~~3-4~~ 5
NUMBER OF OCCUPANTS: 3

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:

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: DEBORAH POSTON
ADDRESS: 9701 WARWICK CIR
CITY: CHARLOTTE
STATE: NC ZIP: 28210
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

BUYER ~~LEGAL AGENT~~ FOR PROPERTY OWNER, IF APPLICABLE:

NAME: STEPHEN FREENEY
ADDRESS: 7847 BABE STILLWELL FARM RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: 704-948-7399 WORK PHONE:
MOBILE PHONE: 704-763-9269 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4-30-06

*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

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.

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

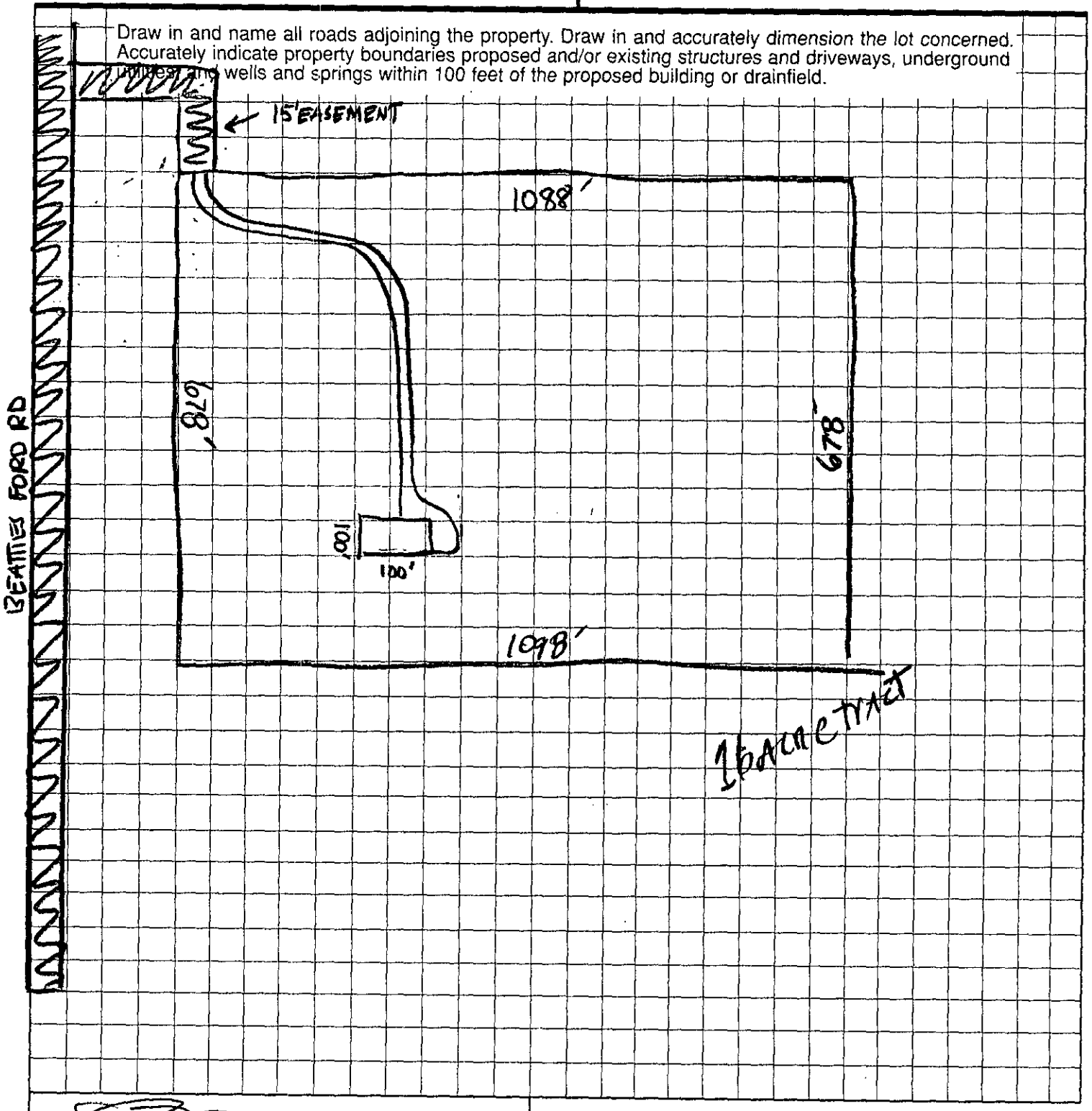
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 04/363

TC: 015-021-24

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 4-18-06

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

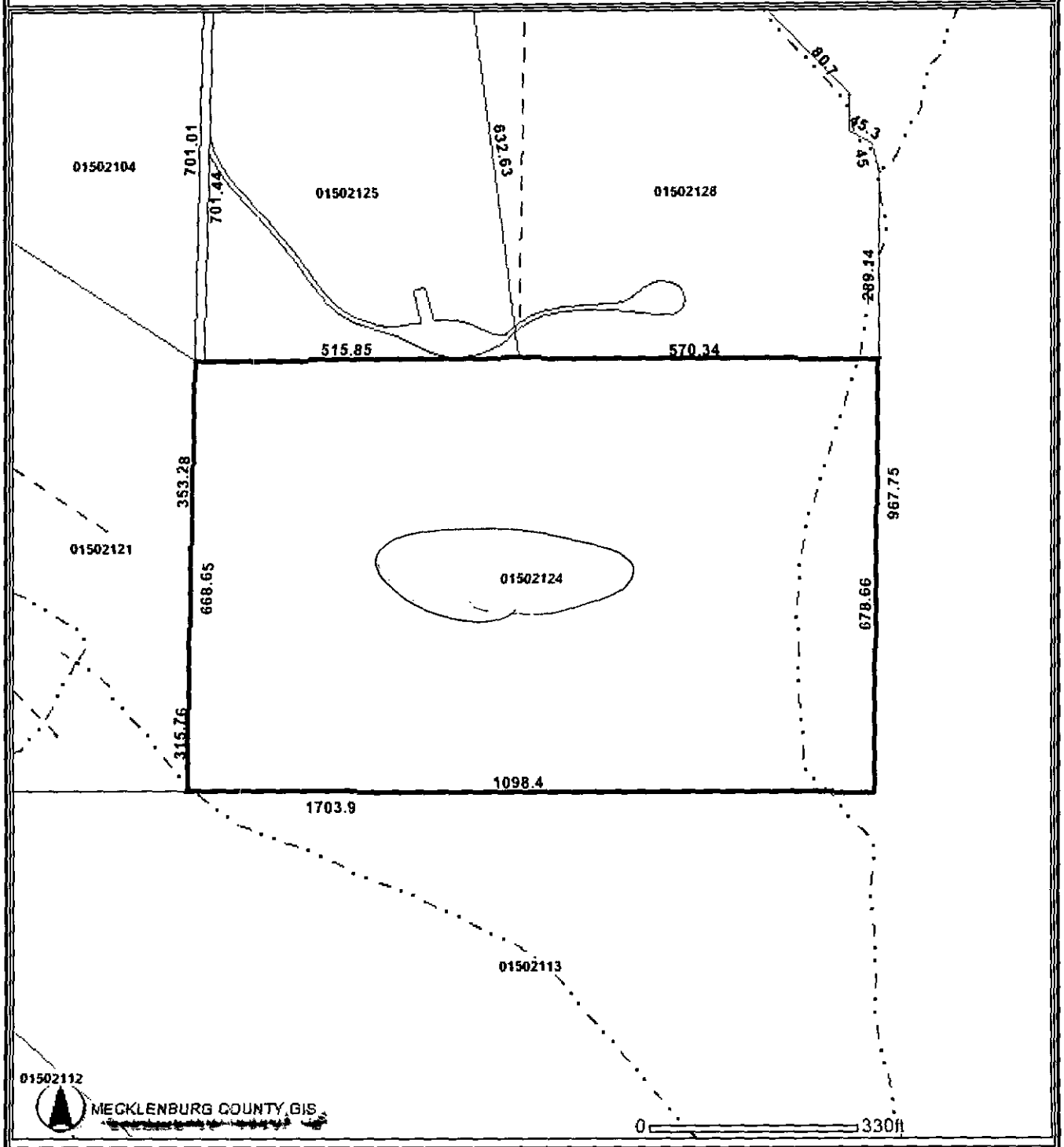
Pink - Owner's Copy

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Apr 18 13:18:45 EDT 2006



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

RESIDENTIAL WELL CONSTRUCTION RECORD

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

6436B D.H.

015-02I-24

WELL CONTRACTOR CERTIFICATION # 3265

1. WELL CONTRACTOR:
Ralph Bailey
Well Contractor (Individual) Name
B & K well Drilling INC,
Well Contractor Company Name
STREET ADDRESS 132 mt moore Ln
Mooresville NC. 28117
City or Town State Zip Code
(704) 892-6696
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT #(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 8/30/06
TIME COMPLETED 2:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Huntersville COUNTY: Mech.
Hwy 73 Beatys Ford Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING: 14442 Beatties Ford Rd
☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE
LONGITUDE
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)

4. WELL OWNER
OWNER'S NAME Steve Freeney
STREET ADDRESS 14442 Beatties Ford Rd.
Huntersville NC 28078
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 145
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 30 METHOD OF TEST open flow

f. DISINFECTION: Type CHLORO Amount 1/2 CP

g. WATER ZONES (depth):
From 90 To 95 From To
From 125 To 130 From To
From To From To

8. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 79	Ft	6"	SCH 40	PVC
From	To	Ft			
From	To	Ft			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft	SAND ACTIVE	POUR
From	To	Ft		
From	To	Ft		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft		
From	To	Ft		
From	To	Ft		

10. DRILLING LOG

From	To	Formation Description
0	25	RED CLAY
25	99	BROWN GRANITE
99	145	GREY GRANITE

11. REMARKS:

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.

Ralph Bailey 8/30/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Ralph Bailey
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 566.

Form GW-1b
Rev. 7/05

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 64368 WASPS App #: 671

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: Debra Howell

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: 0

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: 0

Comments:

Application received date: 7/27/06 ES assigned date: 7/28/06 Permit issued date: 7/31/06

Well approval date: 11/21/06 Number of days to complete project: 83

Review performed by: [signature] Date performed: 11/22/06

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3265

1. WELL CONTRACTOR:
Ralph Bailey
Well Contractor (Individual) Name
B & K well Drilling Inc
Well Contractor Company Name
STREET ADDRESS 132 mt mourne Dr
Mooresville NC. 28117
City or Town State Zip Code
(704) 892-6695
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT #(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 8/30/06
TIME COMPLETED 2:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: Huntersville COUNTY: Mecklenburg
HWY 73 Beatties Ford Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING: 14442 Beatties Ford Rd
☐Slope ☐Valley ☐Flat ☐Ridge ☐Other
(check appropriate box)
LATITUDE 3
LONGITUDE
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)

4. WELL OWNER
OWNER'S NAME Steve Freeney
STREET ADDRESS 14442 Beatties Ford Rd.
Huntersville NC. 28078
City or Town State Zip Code
( )
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 145
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 30 METHOD OF TEST open flow

6. DISINFECTION: Type CHLOR Amount 1/2 cup

8. WATER ZONES (depth):
From 90 To 95
From 125 To 130
From ____ To ____
From ____ To ____
From ____ To ____
From ____ To ____

9. CASING:

From	To	Depth	Diameter	Thickness of Material (Weight)	Material
0	79	Ft	6"	sch 40	PVC
		Ft			
		Ft			

7. GROUT:

From	To	Depth	Material	Method
0	20	Ft	Sand mix	Pour
		Ft		
		Ft		

8. SCREEN:

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

9. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
		Ft		
		Ft		
		Ft		

10. DRILLING LOG

From	To	Formation Description
0	25	RED CLAY
25	99	BROWN BOULDERS
99	145	GREY GRANITE

11. REMARKS:

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.

Ralph Bailey 8/30/06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Ralph Bailey
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.

Form GW-1n
Rev. 7/05

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 11/21/2006 10:43 AM

LABORATORY SERVICES DIVISION

LOCATION: g-671
LOC ID: G-NEW
SAMPLE DATE-TIME: 11/14/2006 14:25 CHAIN OF CUSTODY #: 061114153832
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/	Time	Analyst
AB93615	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	11/15/2006	8:25	MKV
AB93615	**Total Coliform- P/A**	**Absent**	**P/A**		SM 9223B	11/15/2006	8:25	MKV

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - *Groundwater & Wastewater Services***
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	14442 Beatties Ford Rd., Charlotte, NC 28078
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 001141538 32

Sampled By (Print Name)
Debra Howell

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-671	DH	11-14-06 2:25pm	N/A N/A	N	NA					X	100 ml		1						X		X

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
Debra Howell	[illegible]	11-14-06	1534
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

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.
CHARLOTTE-MECKLENBURG UTILITIES

Laboratory Analysis Report
Report Date: 9/20/2006 12:46 PM

LABORATORY SERVICES DIVISION

LOCATION: G-671
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/14/2006 11:25
SAMPLE DESCRIPTION: Grab

CHAIN OF CUSTODY #: 06090269

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB86214	**E. COLI-PA**	**Absent**	**P/A**		SM 9223B	9/14/2006 14:15	NVR
AB86214	**Total Coliform**	**Present**	**P/A**		SM 9223B	9/14/2006 14:15	NVR

Comment:

Laboratory Supervisor: Keith Grant (AK.)

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

CHAIN OF CUSTODY RECORD

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

PAGE 1 OF 1

CLIENT:	**Mecklenburg County, LUESA - Groundwater & Wastewater Services**
FACILITY:	Groundwater **(Potable Water)**
ADDRESS:	14442 Beatties Ford Rd., Huntersville, NC 28078
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06090269
Sampled By (Print Name)
Debra Howell

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-671 AB86214	DH	9-14-06 11:25am	N/A N/A	N	NA	1.4				X	100 ml		1						X		X

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
Debra Howell		9/14/06	1343
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

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.

Laboratory Analysis Report
Report Date: 10/16/2006 01:31 PM

LABORATORY SERVICES DIVISION

LOCATION: G-671
LOC ID: G-NEW
SAMPLE DATE-TIME: 9/14/2006 11:25 CHAIN OF CUSTODY #: 06090270
SAMPLE DESCRIPTION: Grab

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB86215	**NITRATE**	**0.25**	**mg/L**	0.05	EPA 353.2	9/15/2006 10:47	MLB
AB86215	**NITRITE OUTSIDE LAB**	**<0.10**		0.10		9/14/2006 22:29	

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

CHAIN OF CUSTODY RECORD

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

CLIENT:	***Mecklenburg County, LUESA - Groundwater & Wastewater Services***
FACILITY:	*Groundwater* **(Potable Water)**
ADDRESS:	14442 Beatties Ford Rd., Huntersville, NC 28078
LAB CODE:	REAL PRIV (NEW) TNC MPL PME AMB LM OTHER

Send Report To:
Debra Howell
700 N. Tryon St., Suite 211
Charlotte, NC 28202

COC#: 06090270

Sampled By (Print Name)
Debra Howell

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-671 AB36215	DH	9-14-06 11:25am	N/A N/A	N	2.2°	2.4				X	500 ml		1			X				√	X	
G-671	DH	9-14-06 11:25am	N/A N/A	N	2.2°	2.4				X	125 ml		1	X								X

Instructions:
Complete all yellow shaded sections
For each parameter requested circle the X to verify your request.
Nutrients include:
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: ****Nitrate and Nitrate Analysis Requested****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Debra Howell		9/14/06	1343

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

OCT 12 2006

Case Narrative

PRISM
LABORATORIES, INC.

Date:	10/04/06	**Client Project ID:**	LUESA - Surface Water
Company:	City of Charlotte/System Protection Div	**Prism COC Group No:**	G0906344
Contact:	Myra Zabec	**Collection Date(s):**	09/14/06
Address:	5100 Brookshire Blvd.	**Lab Submittal Date(s):**	09/14/06
	Charlotte, NC 28216	**Client Project Name Or No:**	Surface Water 0010

This data package contains the analytical results for the project identified above and includes a Case Narrative and Laboratory Report totaling 5 pages. A chain-of-custody is also attached for the samples submitted to Prism for this project.

Data qualifiers are flagged individually on each sample. A key reference for the data qualifiers appears at the end of this case narrative. Quality control statements and/or sample specific remarks are included in the sample comments section of the laboratory report for each sample affected.

Semi Volatile Analysis

N/A

Volatile Analysis

N/A

Metals Analysis

N/A

Wet Lab and Micro Analysis

No Anomalies Reported

Please call if you have any questions relating to this analytical report.

Date Reviewed by:	Robbi A. Jones	**Project Manager:**	Susan M. Mullen
Signature:	Robbi A. Jones	**Signature:**	Susan M. Mullen
Review Date:	10/04/06	**Approval Date:**	10/04/06

Data Qualifiers Key Reference:

B: Compound also detected in the method blank.
#: Result outside of the QC limits.
DO: Compound diluted out.
E: Estimated concentration, calibration range exceeded.
J: The analyte was positively identified but the value is estimated below the reporting limit.
H: Estimated concentration with a high bias.
L: Estimated concentration with a low bias.
M: A matrix effect is present.

Notes: This report should not be reproduced, except in its entirety, without the writtten consent of Prism Laboratories, Inc. The results in this report relate only to the samples submitted for analysis.

449 Springbrook Road, P.O. Box 240543, Charlotte NC 28224-0403
Phone: 704/529-6364 Toll Free: 800/529-6364 Fax: 704/529-0409

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

10/03/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB86213 GW-8409
Prism Sample ID: 161066
COC Group: G0906344
Time Collected: 09/14/06 11:20
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	**BRL**	mg/L	0.10	0.0034	1	300.0	09/14/06 22:29	mlandreth	Q17830

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.



Angela D. Overcash, V.P. Laboratory Services

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449 Springbrook Road - P.O. Box 240543 - Charlotte, NC 28224-0543
Phone: 704/529-6364 - Toll Free Number: 1-800/529-6364 - Fax: 704/525-0409

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

10/03/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB86215 G-671
Prism Sample ID: 161067
COC Group: G0906344
Time Collected: 09/14/06 11:25
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	**BRL**	mg/L	0.10	0.0034	1	300.0	09/14/06 22:49	mlandreth	Q17830

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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Angela D. Overcash, V.P. Laboratory Services

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Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

10/03/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB86217 G-233
Prism Sample ID: 161068
COC Group: G0906344
Time Collected: 09/14/06 12:05
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	**BRL**	mg/L	0.10	0.0034	1	300.0	09/14/06 23:08	mlandreth	Q17830

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

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Angela D. Overcash, V.P. Laboratory Services

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449 Springbrook Road - P.O. Box 240543 - Charlotte, NC 28224-0543
Phone: 704/529-6364 - Toll Free Number: 1-800/529-6364 - Fax: 704/525-0409

Full Service Analytical & Environmental Solutions

NC Certification No. 402
SC Certification No. 99012
NC Drinking Water Cert. No. 37735

Laboratory Report

10/03/06

City of Charlotte/System Protection Div
Attn: Myra Zabec
5100 Brookshire Blvd.
Charlotte, NC 28216

Project Name: Surface Water
Project ID: LUESA - Surface Water
Project No.: 0010
Sample Matrix: Water

Client Sample ID: AB86219 G-1009
Prism Sample ID: 161069
COC Group: G0906344
Time Collected: 09/14/06 13:15
Time Submitted: 09/14/06 16:00

Parameter	Result	Units	Report Limit	MDL	Dilution Factor	Method	Analysis Date/Time	Analyst	Batch ID
Nitrite by Ion Chromatography									
Nitrite	**BRL**	mg/L	0.10	0.0034	1	300.0	09/14/06 23:28	mlandreth	Q17830

Sample Comment(s):

BRL = Below Reporting Limit

J = Estimated value between the Reporting Limit and the MDL

The results in this report relate only to the samples submitted for analysis and meet state certification requirements other than NELAC certification except for those instances indicated in the case narrative and/or test comments.

Angela D. Overcash, V.P. Laboratory Services

This report should not be reproduced, except in its entirety, without the written consent of Prism Laboratories, Inc.
449 Springbrook Road - P.O. Box 240543 - Charlotte, NC 28224-0543
Phone: 704/529-6364 - Toll Free Number: 1-800/529-6364 - Fax: 704/525-0409

CHAIN OF CUSTODY RECORD

PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

PAGE 1 OF 1 QUOTE # TO ENSURE PROPER BILLING: _____

Project Name: LUESA G-New

Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)

*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements

Invoice To: CMU

Address: 6

Client Company Name: CMU

Report To/Contact Name: Rhonda Hixon

Reporting Address: 5100 Brookshire Blvd Charlotte, NC 28216

Phone: _____ Fax (Yes) (No): _____

Email (Yes) (No) Email Address _____

EDD Type: ___ PDF ___ Excel ___ Other

Site Location Name: _____

Site Location Physical Address: _____

Purchase Order No./Billing Reference 62102094/06-01

Requested Due Date ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days

"Working Days" ☐ 6-9 Days ☑ Standard 10 days

Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?	✓		
Received ON WET ICE? Temp 3.1	✓		
PROPER PRESERVATIVES indicated?			✓
Received WITHIN HOLDING TIMES?	✓		
CUSTODY SEALS INTACT?			✓
VOLATILES rec'd W/OUT HEADSPACE?			✓
PROPER CONTAINERS used?	✓		

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC ___ USACE ___ FL ___ NC ✓
SC ___ OTHER ___ N/A ___

Water Chlorinated: YES ___ NO ✓

Sample Iced Upon Collection: YES ✓ NO ___

CLIENT SAMPLE DESCRIPTION	DATE COLLECTED	TIME COLLECTED MILITARY HOURS	MATRIX (SOIL, WATER OR SLUDGE)	SAMPLE CONTAINER *TYPE SEE BELOW	NO.	SIZE	PRESERVATIVES	ANALYSES REQUESTED NO 2	NO 3					REMARKS	PRISM LAB ID NO.
AB56213	9/14/06	1120	water	P	1	100	none	X						GW-8404	161066
~~AB56213~~	~~9/14/06~~	1120 ERROR	~~water~~	~~P~~	~~1~~	~~500~~	~~H_2SO_4~~		X					~~GW-8404~~	
AB86215	9/14/06	1125	water	P	1	100	none	X						G-671	161067
AB86217	9/14/06	1205	water	P	1	100	none	X						G-233	161068
AB86219	9/14/06	1315	water	P	1	100	none	X						G-1009	161069

Sampler's Signature _____ Sampled By (Print Name) _____ Affiliation LUESA

PRESS DOWN FIRMLY - 3 COPIES

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

Relinquished By: (Signature)	Received By: (Signature)	Date	Military/Hours
		9/14/06	1515
Relinquished By: (Signature)	Received By: (Signature)	Date	
Relinquished By: (Signature)	Received For Prism Laboratories By:	Date	
		9-14-06	1600

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

☐ Fed Ex ☐ UPS ☐ Hand-delivered ☑ Prism Field Service ☐ Other _____

Log-In Group No. G0906344

Additional Comments:

PRISM USE ONLY

Site Arrival Time:

Site Departure Time:

Field Tech Fee:

Mileage:

NPDES:	UST:	GROUNDWATER:	DRINKING WATER:	SOLID WASTE:	RCRA:	CERCLA	LANDFILL	OTHER:
☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☒ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC	☐ NC ☐ SC
☐	☐	☐	☐	☐	☐	☐	☐	☐

*CONTAINER TYPE CODES: A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL

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 #: 10000671 **File #:** 64368 **Tax Parcel #:** 015-021-24
Property Owner: STEPHEN FREENEY
Job Location Address: 14442 BEATTIES FORD RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 7/31/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: New System

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:

Jeremy Michlore R.S.
Authorized Agent Print Name
Jeremy Michlore R.S.
Signature

STEPHEN P FREENEY
Owner/Legal Agent. Print Name
Signature:

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 #: 10000671 **File #:** 6436B **Tax Parcel #:** 015-021-24
Property Owner: STEPHEN FREENEY
Job Location Address: 14442 BEATTIES FORD RD
City/ETJ: HUNTERSVILLE **State:** NC **Zip Code:** 28078
Permit Issuance Date: 7/31/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: New System

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.
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- 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:

Jeremy Michalove, R.S.
Authorized Agent: Print Name

Jeremy Michalove, R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

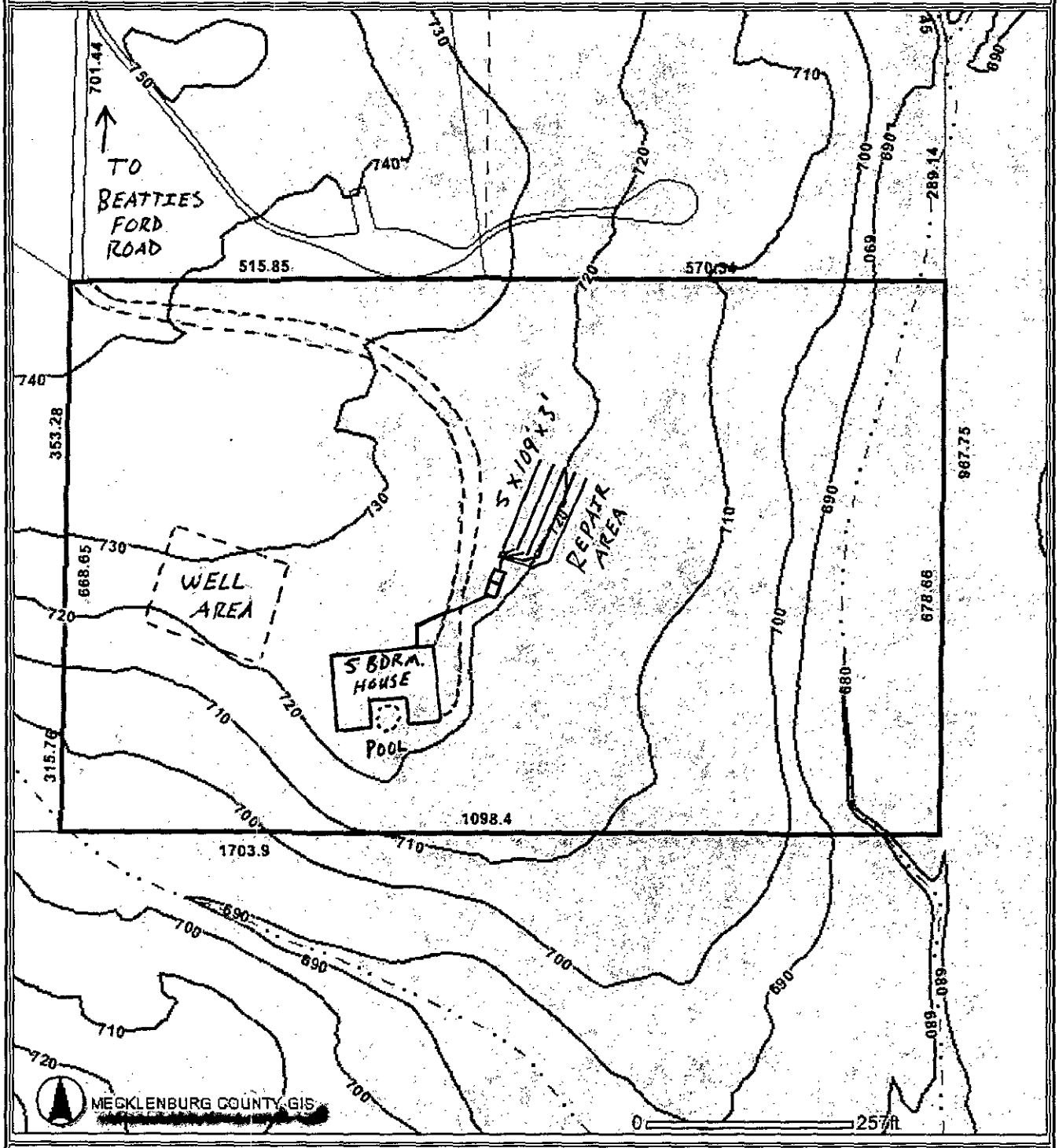
FILE # 6436B PARCEL # 015-021-24 14442 BEATTIES FORD ROAD

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Jul 27 10:02:33 EDT 2006



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

→ SYSTEM DESIGNED FOR FIVE BEDROOM HOUSE Jimmy Mills, RS. 7/27/06
→ 1500 GALLON SEPTIC TANK
→ 0.275 LTAR
→ INSTALL 5 LINES x 109' x 3' (545 TLF) X
→ TYPE III, INNOVATIVE SYSTEM & REPAIR

CK# 5049 #671

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 7/28/06
CRT [ ] JC

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

CK# 1360.00

WELL FEE: 400.
DATE: 7/28/06
CRT [ ] JC

FILE # 64368

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

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

COPY

JOB LOCATION INFORMATION:

TAX/PARCEL #: 01502124
STREET ADDRESS: 14442 BEATTIES FORD RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: NONE
LOT #: NONE
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: 3000-3500
NUMBER OF BEDROOMS: ~~3-4~~ 5
NUMBER OF OCCUPANTS: 3

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:

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: DEBORAH POSTON
ADDRESS: 9701 WARWICK CIR
CITY: CHARLOTTE
STATE: NC ZIP: 28210
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

BUYER ~~LEGAL AGENT~~ FOR PROPERTY OWNER, IF APPLICABLE:

NAME: STEPHEN FREENEY
ADDRESS: 7843 BABE STILLWELL FARM RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
HOME PHONE: 704-948-7399 WORK PHONE:
MOBILE PHONE: 704-763-9269 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4-30-06

*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

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.

Owner's/Agent's Signature 7/28/06 Date

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

FILE # 6436B PARCEL # 015-021-24 14442 BEATTIES FORD ROAD

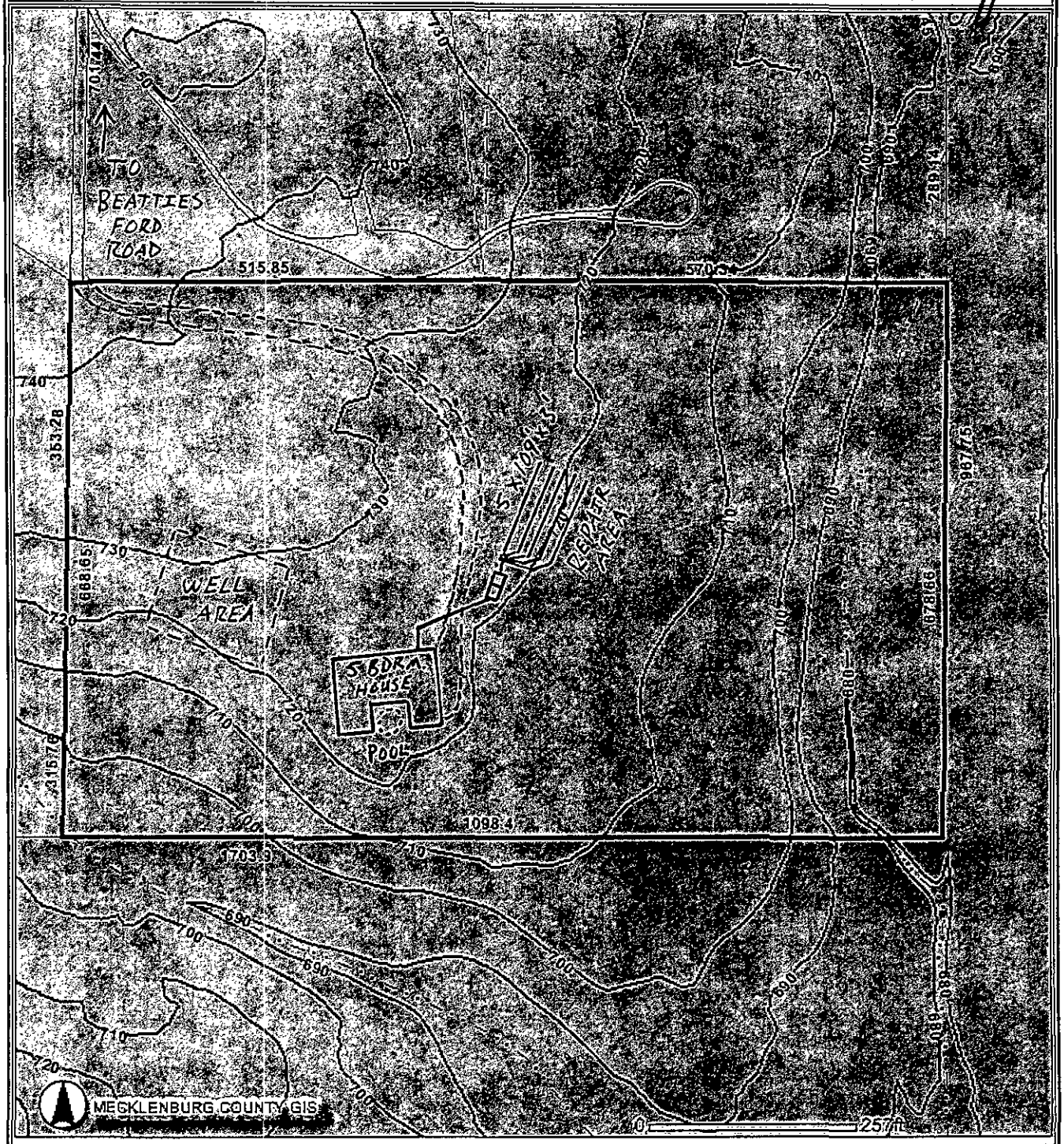
Mecklenburg County, North Carolina

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Jimmy Mills, RS. 7/27/06

X _____